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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 Corporation

Doing business as

Sharp Grossmont Hospital

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

F Name and address of principal officer

William S Evans

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

D Employer identification number

33-0449527

E Telephone number

(858) 499-5150

G Gross receipts \$ 772,394,416

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ www.sharp.com

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation

1991

M State of legal domicile

CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Grossmont Hospital provides inpatient and outpatient medical services to the community		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,149
	6 Total number of volunteers (estimate if necessary)	6	723
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	405,866
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	-342,098
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		41,891,405	31,077,320
		720,940,346	698,977,890
		10,473,267	5,373,551
		2,204,945	2,570,158
Expenses		775,509,963	737,998,919
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	625,299	359,874	
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)	312,799,783	333,410,475	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶987,550		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	357,132,878	338,484,245
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	670,557,960	672,254,594
	19 Revenue less expenses Subtract line 18 from line 12	104,952,003	65,744,325
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		895,993,610	951,211,185
		203,231,571	177,765,716
		692,762,039	773,445,469

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

2017-08-07

Signature of officer

Date

Daniel J Kindron CFO

Type or print name and title

Paid Preparer Use Only

Prnt/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 DrSuite 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 \$ 624,835,088 including grants of \$ 359,874) (Revenue \$ 698,977,890)
	See Additional Data



















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

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

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 624,835,088
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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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		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		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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,149
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
	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	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 921231489 (858) 499-5150	

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

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

Form **990** (2015)

[illegible]

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 ► 636

Section B. Independent Contractors

Form **990** (2015)

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	4,934,152			
	e	Government grants (contributions)	1e	25,973,226			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	169,942			
	g	Noncash contributions included in lines 1a-1f \$		25,691,357			
	h	Total. Add lines 1a-1f		31,077,320			
Program Service Revenue	2a	Medicare/Medicaid	Business Code 900099	386,688,481	386,688,481		
	b	Patient Services	900099	307,527,314	307,527,314		
	c	Medical Office Lease	531120	3,359,069	3,359,069		
	d	Reference Lab	621500	405,866		405,866	
	e	Rady Childrens Rent amd Other	900099	289,132	289,132		
	f	All other program service revenue		708,028	708,028		
	g	Total. Add lines 2a-2f		698,977,890			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,609,298		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	31,914,602 245,148			
		b	Less cost or other basis and sales expenses	34,193,727 201,770			
		c	Gain or (loss)	-2,279,125 43,378			
		d	Net gain or (loss)		-2,235,747		-2,235,747
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	Parking	812930	1,263,058			1,263,058	
b	Auxiliary	453220	862,266			862,266	
c	Alaris Settlement	900099	270,914			270,914	
d	All other revenue		173,920			173,920	
e	Total. Add lines 11a-11d		2,570,158				
12	Total revenue. See Instructions		737,998,919	698,572,024	405,866	7,943,709	

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	359,874	359,874		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,869,531	1,639,905	1,229,626	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	207,331	207,331		
7	Other salaries and wages	264,352,116	260,896,596	3,455,520	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,028,498	8,888,052	140,446	
9	Other employee benefits	37,330,810	36,490,446	840,364	
10	Payroll taxes	19,622,189	19,344,065	278,124	
11	Fees for services (non-employees)				
a	Management	22,455,510	21,078,743	1,376,767	
b	Legal	679,775	12,248	667,527	
c	Accounting	7,121,571		7,121,571	
d	Lobbying	41,069		41,069	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	285,956		285,956	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,629,688	53,016,036	1,613,652	
12	Advertising and promotion	5,349,501	83,524	5,265,977	
13	Office expenses	19,030,051	16,959,915	2,070,136	
14	Information technology	25,879,683	25,103,293	776,390	
15	Royalties				
16	Occupancy	9,328,057	7,405,765	1,922,292	
17	Travel	490,418	478,667	11,751	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	670,752	251,026	419,726	
20	Interest	3,295,421	2,682,800	612,621	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,165,936	21,709,437	6,456,499	
23	Insurance	3,141,282	2,668,512	472,770	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	UBI Taxes	-30,000		-30,000	
b	Medical Supplies	84,496,495	84,496,363	132	
c	Medi-Cal Provider Tax	39,479,484	39,479,484		
d	System Allocation	22,793,998	12,609,586	10,184,412	
e	All other expenses	11,179,598	8,973,420	1,218,628	987,550
25	Total functional expenses. Add lines 1 through 24e	672,254,594	624,835,088	46,431,956	987,550
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☒

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		41,551,543	1	32,776,077	
	2	Savings and temporary cash investments		14,313,069	2	10,404,519	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		96,581,297	4	94,854,113	
	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		12,631,253	8	12,926,507	
	9	Prepaid expenses and deferred charges		9,494,022	9	4,153,282	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	633,602,825			
	b	Less: accumulated depreciation	10b	268,941,738	342,849,367	10c	364,661,087
	11	Investments—publicly traded securities		352,297,553	11	399,922,689	
	12	Investments—other securities. See Part IV, line 11		1,267,507	12	1,243,415	
	13	Investments—program-related. See Part IV, line 11		21,898,971	13	23,753,147	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,109,028	15	6,516,349	
16	Total assets. Add lines 1 through 15 (must equal line 34)		895,993,610	16	951,211,185		
Liabilities	17	Accounts payable and accrued expenses		58,502,550	17	55,991,262	
	18	Grants payable			18		
	19	Deferred revenue		7,347,654	19	8,552,104	
	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		28,195,870	23	15,500,000	
	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		109,185,497	25	97,722,350	
	26	Total liabilities. Add lines 17 through 25		203,231,571	26	177,765,716	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		676,593,947	27	756,715,743	
	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 <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		692,762,039	33	773,445,469	
	34	Total liabilities and net assets/fund balances		895,993,610	34	951,211,185	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	737,998,919
2	Total expenses (must equal Part IX, column (A), line 25)	2	672,254,594
3	Revenue less expenses Subtract line 2 from line 1	3	65,744,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	692,762,039
5	Net unrealized gains (losses) on investments	5	21,089,715
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	-6,150,610
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	773,445,469

Part XII

Financial Statements and Reporting

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

☐

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

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$ 624,835,088 including grants of \$ 359,874) (Revenue \$ 698,977,890)
	Grossmont Hospital provides inpatient and outpatient services to the community Patient days were 130,592 and outpatient visits were 289,766 for the twelve months ended 9/30/16 See Community Benefits Report on Schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tom Cantor Secretary	2 00 0 00	X		X				0	0	0
Michael Emerson Director	4 00 0 00	X						0	0	0
William S Evans CEO-GH	50 00 0 00	X		X				0	558,074	35,180
Jerry Fazio Vice Chairman	2 00 0 00	X		X				0	0	0
Dave Grundstrom Chairman	3 00 0 00	X		X				0	0	0
Peter Hanson MD Director	6 00 1 00	X						27,313	0	0
Tom Karlo Director	2 00 1 00	X						0	0	0
Shakeel Kazi Director	1 00 0 00	X						0	0	0
Jay LaSuer Director	1 50 0 00	X						0	0	0
Randolph Lenac Director	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Moore MD Director	8 00 0 00	X						31,835	0	0
Michael W Murphy President & CEO - SHC	6 00 58 00	X		X				0	1,679,369	104,766
Shirley Murphy Director	2 00 0 00	X						0	0	0
Jim Parker Director	2 00 0 00	X						0	0	0
K Michael Peddecord PhD Director	2 00 0 00	X						0	0	0
Ann R Pumpian SR VP and CFO-SHC	2 00 48 00			X				0	890,348	49,708
Carlisle C Lewis III SR VP Legal/HR Svcs-SHC	10 00 45 00			X				0	734,929	57,661
Daniel J Kindron CFO - GH	50 00 0 00			X				0	211,859	8,740
Maryann C Cone COO - GH	41 00 0 00				X			0	405,303	37,813
Anthony M Damico COO - GH	55 00 0 00				X			0	272,474	21,523

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Louise A White VP Patient Care-GH	55 00 0 00				X			0	258,602	25,149
Suzanne K Johnson VP Hospice - GH	42 00 0 00				X			0	248,845	31,092
Kenneth H Schell Director Pharmacy-GH	50 00 0 00				X			206,439	0	19,640
Jason E Broad VP Performance Excellence	50 00 0 00				X			0	191,111	18,981
Vincent J Balesten Pharmacist	49 00 0 00					X		257,646	0	41,041
Gliceno M Cid Jr Advanced Clinician	70 00 0 00					X		251,156	0	16,101
Bruce D Schmidt Mgr Sharp Central Pharmacy	40 00 0 00					X		233,773	0	42,969
Patrick P Guo Medical Physicist	45 00 0 00					X		221,959	0	13,173
Pauline J Lew Pharmacist	42 00 0 00					X		209,024	0	34,538
Kari Cornicelli Former CFO-GH	0 00 60 00						X	0	286,779	37,213

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hoangmy E Nguyen Former Key Employee	0 00 40 00						X	0	248,755	15,317
Janet L Hanley Former Key Employee	0 00 40 00						X	0	234,643	28,479

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 Corporation

Employer identification number
33-0449527

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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). <input type="checkbox"/>		

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

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.

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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 Grossmont Hospital Corporation	Employer identification number 33-0449527
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		41,069
j	Total. Add lines 1c through 1i.			41,069
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		
2		
3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Grossmont Hospital Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA). CHA, HASDIC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes. GHC's FY 2016 portion of annual dues calculated to have been used for lobbying was \$41,069.

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 Corporation

Employer identification number
33-0449527

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" 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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 ▶

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		581,843		581,843
b Buildings		473,909,900	166,452,491	307,457,409
c Leasehold improvements		4,971,793	2,180,053	2,791,740
d Equipment		124,764,094	91,163,359	33,600,735
e Other		29,375,195	9,145,835	20,229,360
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				364,661,087

Schedule D (Form 990) 2015

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	728,227,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	21,089,715
b	Donated services and use of facilities	2b	6,616
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	167,611
e	Add lines 2a through 2d	2e	21,263,942
3	Subtract line 2e from line 1	3	706,963,344
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	285,956
b	Other (Describe in Part XIII)	4b	30,749,619
c	Add lines 4a and 4b	4c	31,035,575
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	737,998,919

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	670,995,181
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,616
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	167,611
e	Add lines 2a through 2d	2e	174,227
3	Subtract line 2e from line 1	3	670,820,954
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	285,956
b	Other (Describe in Part XIII)	4b	1,147,684
c	Add lines 4a and 4b	4c	1,433,640
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	672,254,594

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: 33-0449527
Name: Grossmont Hospital Corporation

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Grossmont Hospital Foundation holds 24 board designated and permanent endowments for Grossmont Hospital Corporation that are restricted for a variety of purposes, such as hospice and hospice homes, diabetes, nursing education, cancer treatment, hospital equipment and technology, and more

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Foundation Donations to Individuals 167,611

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Prop G - Donations of Capital/Donation for Capital Purchased 25,973,226 Donations of Capital/Donation for Capital Purchased 3,709,320 Medical Staff/Auxiliary Revenue 1,067,073

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Foundation Donations to Individuals 167,611

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Medical Staff/Auxiliary Expenses 1,147,684

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization Grossmont Hospital Corporation	Employer identification number 33-0449527
--	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,466,509		6,466,509	0 960 %
b Medicaid (from Worksheet 3, column a)			247,033,291	216,153,552	30,879,739	4 580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,724,396	1,406,898	317,498	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			255,224,196	217,560,450	37,663,746	5 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			786,272		786,272	0 120 %
f Health professions education (from Worksheet 5)			527,090		527,090	0 080 %
g Subsidized health services (from Worksheet 6)			84,057,674	69,753,056	14,304,618	2 120 %
h Research (from Worksheet 7)						0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			191,272		191,272	0 030 %
j Total. Other Benefits			85,562,308	69,753,056	15,809,252	2 350 %
k Total. Add lines 7d and 7j			340,786,504	287,313,506	53,472,998	7 940 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		50,995		50,995	0.010 %
2	Economic development					
3	Community support		41,923	46,781		0 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		92,918	46,781	50,995	0.010 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

6,543,500

3

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

3

4

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

Section B. Medicare

5

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

5

97,742,166

6

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

6

114,426,128

7

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

7

-16,683,962

8

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

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9a

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

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Grossmont Imaging LLC	Joint Venture-Diagnostic Imaging	50.000 %	0 %	50.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

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

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) See Part V, Section C b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	7 8 10	Yes
a If "Yes" (list url) See Part V, Section C b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

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

Part V Facility Information (continued)

Grossmont Hospital Corporation

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

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

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

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

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

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

Part VI

Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part VI, Line 2	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 20 years. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. SGH reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, SGH also considered the expertise and mission of its programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region. SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues. Beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. Obesity is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH:</p> <ul style="list-style-type: none"> * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers <p>These programs are detailed further in the SGH section of Sharp HealthCare's FY 2016 Community Benefit Plan and Report, available for public viewing/download at http://www.sharp.com/about/community/benefit-report.cfm. In addition, SGH:</p> <ul style="list-style-type: none"> * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Prepares and distributes information on community benefits programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments, to discuss, plan and implement community activities

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

Form and Line Reference	Explanation
Part VI, Line 4	<p>The community served by Sharp Grossmont Hospital includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire</p> <p>Approximately five percent of the population lives in remote or rural areas of this region 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 Healthy People 2020 (HP2020) national targets for health insurance coverage 91 3 percent of adults ages 18 to 64 had health insurance - failing to meet the HP2020 targets In the east region in 2015, 13 0 percent of adults ages 18 to 64 did not have a usual source of care and 12 1 percent of these adults had health insurance In addition, 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</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>Sharp Grossmont Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the costs of green practices and facilitate implementation of sustainable initiatives. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator 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. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. Throughout FY 2016, Sharp provided education and training to community members, staff and other health care professionals on emergency and disaster preparedness. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System, and training in Web Emergency Operations Center, a crisis information management system that provides secure real-time information sharing. In recent years, global endemic events had the potential to impact public health in the local San Diego community. Sharp continues to partner with community 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 continued delivery of uninterrupted care to the community in the face of public health threats.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 524 licensed beds, Sharp Grossmont Hospital is the largest provider of health care services in San Diego's East County, and operates one of the busiest emergency rooms in San Diego County. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Grossmont Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence.</p>

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

Form and Line Reference	Explanation
Part VI, Line 7	<p>Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHDP)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2016 is available online at www.sharp.com/about/community/community-benefits-health-needs.cfm No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III - 167,495,222 Medicare allowable costs reported on Parts I and III - 192,795,246 Shortfall included on Parts I and III - (25,300,024) Actual Medicare revenue received - 164,712,074 Actual Medicare cost - 206,789,618 Actual Medicare shortfall - (42,077,544) Additional Medicare shortfall not on Parts I and III - (16,777,520)</p>

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Grossmont Hospital Corporation 5555 Grossmont Center Drive La Mesa, CA 91942 www.sharp.com/grossmont 080000006	X	X				X			

2015

33-0449527

Schedule I (Form 990) 2015

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

Part IV

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

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

Additional Data

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

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
San Diego East County Chamber of Commerce 201 S Magnolia Ave El Cajon, CA 92020	95-1494069	501(c)(6)	6,400				Sponsorship - Health Fair, WILL Table, Breakfast
California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	48,037				Medi-Cal Program
Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489	33-0124488	501(c)(3)	261,500	125	FMV	Snacks for boats	Sponsorship - Continuing Medical Education, Gala, Golf Tournament, Regatta

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
Family Health Centers of San Diego 823 Gateway Center Way San Diego, CA 92102	95-2833205	501(c)(3)	7,500				Sponsorship - Mobile Medical Unit

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 Corporation

Employer identification number
33-0449527

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$350.
Part I, Line 4b	Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
Part II, Line 2, Column B(i)	Compensation was paid to Dr. Peter Hanson through Peter B. Hanson MD Inc. by Grossmont Hospital Corporation for medical director services.
Part II, Line 3, Column B(i)	Compensation was paid to Dr. Brian Moore through X-Ray Medical Group by Grossmont Hospital Corporation for past Chief of Staff services.

Additional Data

Software ID:

Software Version:

EIN: 33-0449527

Name: Grossmont Hospital Corporation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1William S EvansCEO- GH	(i)	0	0	0	0	0	0	0
	(ii)	540,981	15,000	2,093	19,688	15,492	593,254	0
1Peter Hanson MDDirector	(i)	27,313	0	0	0	0	27,313	0
	(ii)	0	0	0	0	0	0	0
2Bnan Moore MDDirector	(i)	31,835	0	0	0	0	31,835	0
	(ii)	0	0	0	0	0	0	0
3Michael W Murphy President & CEO - SHC	(i)	0	0	0	0	0	0	0
	(ii)	1,278,042	330,001	71,326	84,109	20,657	1,784,135	0
4Ann R Pumpian SR VP and CFO-SHC	(i)	0	0	0	0	0	0	0
	(ii)	721,938	135,971	32,439	34,068	15,640	940,056	0
5Carlisle C Lewis III SR VP Legal/HR Svcs-SHC	(i)	0	0	0	0	0	0	0
	(ii)	594,116	114,888	25,925	37,509	20,152	792,590	0
6Daniel J KindronCFO - GH	(i)	0	0	0	0	0	0	0
	(ii)	190,666	12,484	8,709	7,364	1,376	220,599	0
7Maryann C ConeCOO - GH	(i)	0	0	0	0	0	0	0
	(ii)	277,116	40,651	87,536	30,871	6,942	443,116	0
8Anthony M Damico COO - GH	(i)	0	0	0	0	0	0	0
	(ii)	226,274	26,989	19,211	13,309	8,214	293,997	0
9Louise A White VP Patient Care-GH	(i)	0	0	0	0	0	0	0
	(ii)	244,693	10,000	3,909	11,163	13,986	283,751	0
10Suzanne K Johnson VP Hospice - GH	(i)	0	0	0	0	0	0	0
	(ii)	196,240	39,250	13,355	12,470	18,622	279,937	0
11Kenneth H Schell Director Pharmacy-GH	(i)	194,980	10,178	1,281	5,970	13,670	226,079	0
	(ii)	0	0	0	0	0	0	0
12Jason E Broad VP Performance Excellence	(i)	0	0	0	0	0	0	0
	(ii)	165,097	25,675	339	11,125	7,856	210,092	0
13Vincent J Balesten Pharmacist	(i)	253,072	2,561	2,013	33,323	7,718	298,687	0
	(ii)	0	0	0	0	0	0	0
14Gliceno M Cid Jr Advanced Clinician	(i)	246,157	611	4,388	8,630	7,471	267,257	0
	(ii)	0	0	0	0	0	0	0
15Bruce D Schmidt Mgr Sharp Central Pharmacy	(i)	209,858	21,785	2,130	24,408	18,561	276,742	0
	(ii)	0	0	0	0	0	0	0
16Patrick P Guo Medical Physicist	(i)	212,712	603	8,644	11,511	1,662	235,132	0
	(ii)	0	0	0	0	0	0	0
17Pauline J LewPharmacist	(i)	208,057	603	364	16,212	18,326	243,562	0
	(ii)	0	0	0	0	0	0	0
18Kan Cornicelli Former CFO-GH	(i)	0	0	0	0	0	0	0
	(ii)	224,255	43,286	19,238	18,368	18,845	323,992	0
19Hoangmy E Nguyen Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	224,893	23,336	526	6,885	8,432	264,072	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Janet L Hanley Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	199,543	34,123	977	14,713	-	-	0
						13,766	263,122	

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	Stephen Hanley, an employee of Grossmont Hospital Corporation, is the son of Janet Hanley, a former key employee of Grossmont Hospital Corporation Eli Pumpian, an employee of Grossmont Hospital Corporation, is the son of Ann Pumpian, an officer of Grossmont Hospital Corporation Mary Ann Peddecord, an employee of Grossmont Hospital Corporation, is the spouse of Kenneth Peddecord, who sits on the Grossmont Hospital Corporation Board of Directors Grossmont Hospital Corporation purchased equipment and service agreements from contributor #6 from Schedule B, a substantial contributor of Grossmont Hospital Corporation Grossmont Hospital Corporation purchased equipment and service agreements from contributor #7 from Schedule B, a substantial contributor of Grossmont Hospital Corporation

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Stephen Hanley	See Part V	56,504	Employment		No
(1) Eli Pumpian	See Part V	59,521	Employment		No
(2) Mary Ann Peddecord	See Part V	91,306	Employment		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) Contributor #6 from Schedule B	See Part V	367,438	See Part V		No
(1) Contributor #7 from Schedule B	See Part V	337,573	See Part V		No
(2)					No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶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

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Central Power Plant)	X	12	11,073,169	Cost
26	Other ▶ (Heart/Vas Center)	X	12	8,988,638	Cost
27	Other ▶ (East Tower)	X	11	5,459,608	Cost
28	Other ▶ (Equipment)	X	2	169,942	Cost
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			Yes	No
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		32a		No
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part 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)	Number of Contributions

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Grossmont Hospital Corporation**Employer identification number**

33-0449527

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Grossmont Hospital has a written conflict of interest policy which has been reviewed and approved by the Grossmont Hospital governing board. Grossmont Hospital is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp. One component of the written conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements. In addition, all Vice Presidents and any employees in the Purchasing/Supply Chain, Audit and Compliance, and Case Management/Discharge Planning departments are required to complete an online conflict of interest questionnaire annually that is reviewed by the Conflict Review Committee comprised of employees from Sharp's Legal, Compliance, and Internal Audit departments. In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts. Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement. Upon disclosure of the financial interest and all material facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board. The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code. This can generally be done on a "for cause or a "no cause" basis by the action of the member.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2015.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A	Sharp Grossmont Hospital executives' salaries and wages are paid under Sharp HealthCare's tax ID number (EIN 95-6077327), and as such are also reported on Sharp HealthCare's Form 990

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Change in Minimum Pension Liability -8,004,786 Beneficial Interest in Grossmont Hospital Foundation 1,854,176

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>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 entrusted 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 make our patients, their families and our community our highest priorities. - Michael W. Murphy, President and Chief Executive Officer, Sharp HealthCare</p> <p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees.</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed 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 department (ED) and is the closest hospital to the busiest international border in the world. SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC. Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services. 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 Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation.</p> <p>THREE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the largest privately operated psychiatric hospital in San Diego, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy (SRS) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported within SGH</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves</p> <p>Values * 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, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Making * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operational and Service Excellence, Cost E</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>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 sw eeping organization-w ide performance-and-experience-improve ment initiative called The Sharp Experience, the entire Sharp team has recommitted to purp oseful, w orthw hile w ork and creating the kind of health care people w ant and deserve This w ork 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 *</p> <p>The best place to w ork Attracting and retai ning highly skilled and passionate staff members w ho are focused on providing quality heal th care and building a culture of teamw ork, recognition, celebration, and professional and personal grow th This commitment to serving patients and supporting one another w ill make Sharp "the best health system in the universe " * The best place to practice medicine Cr eating an environment in w hich physicians enjoy positive, collaborative relationships w ith 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 *</p> <p>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 w ho see it as their priv ilege to exceed the expectations of every patient - treating them w ith 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 w ill cont inue to live its mission to care for all people, w ith 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 Pillars of Excellence In support of Sharp's organizational commitment to tr ansform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framew ork and alignment for everything Sharp does In 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued jo urney tow ard excellence</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: o Sensitivity to operations o A reluctance to simplify o Preoccupation with failure o Deference to expertise o Resilience. Applying 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, Service, 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 continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> Quality: Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations. Safety: Keep patients, employees and physicians safe and free from harm. Service: Create exceptional experiences at every touch point for customers, physicians 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 provide quality health care services, new technology and investment in the organization. Growth: Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Community: Be an exemplary community citizen by improving the health and well-being of the community and supporting the stewardship of our environment. <p>Awards: Below please find a selection of recognitions Sharp has received in recent years. 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 think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp 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 new comer's list. Sharp was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2015 "Best of San Diego" Readers Poll. In 2016, Sharp ranked second in the same category.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>category, while SMH ranked second for "Best Hospital and SMBHWN and SGH ranked third and fourth. Also in 2016, Sharp Community Medical Group (SCMG) and SRS ranked first and third, respectively, as San Diego's "Best Medical Group." In 2016, SMH and SMBHWN were named on The Leapfrog Group's Top 115 Hospitals list recognizing facilities that meet the highest standards of patient safety, care quality and efficiency. SGH and SMH have both received MAGNET(r) Designation for Nursing Excellence by the American Nurses Credentialing Center (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 redesignated in March 2013. Sharp was named one of the nation's "Most Wired" health care systems from 1999 to 2009, and again from 2012 to 2016 by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. Planetree is a coalition 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 Hospital and is the only hospital in the state to be redesignated twice, occurring in both 2010 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 Planetree Patient-Centered Hospital Designation. In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015. In 2014, SCVMC joined SCHHC and SMH in Planetree recognition. In 2013, both SCHHC and SCVMC received 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, 2011, 2013 and 2015. San Diego Gas & Electric (SDG&E) recognized Sharp for outstanding results in energy efficiency and conservation. Sharp was named San Diego's "Healthcare 2014 Energy 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 annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste reduction programs in 2013. Sharp was one of five awardees 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 donation and</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>d source reduction efforts in partnership with the Sodexo Food and Nutrition team. The EMI ES, 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 list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families. In 2015, Sharp Best Health received the American Heart Association(r) (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community. From 2013 to 2016, the Press 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 95th percent tile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employee Engagement, SMBHWN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHWN and SMV for Physician Engagement. Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence AwardSM (formerly named the Beacon of Excellence 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 Clinical 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>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 2014-2015, which rated health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. SHP also received the highest level "Excellent" Accreditation status from the NCQA for the third year in a row (2013-2015). The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. SHP was also rated highest in California among reporting 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 Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance. From 2013 to 2016, Sharp has ranked in the top 10 of the large employers 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 Award(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 symbol of excellence in customer experience awarded by the collective voice of women. For the third year in a row, and the fourth time in five years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Government's (SANDAG's) iCommute Rideshare 2015 Challenge. The 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 program 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 Provider 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 world to a Sharp hospital. Patient Access to Care Programs: Uninsured patients without the ability to pay and insured patients with inadequate coverage receive financial assistance for medically necessary services.</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient receiving care in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow Sharp staff to have an informed 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 through the maze of government health coverage programs while ensuring that each patient's dignity was maintained throughout the process. In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In FY 2016, Sharp secured 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 general community with navigating the Covered California website (CoveredCA.com) and plan enrollment. In collaboration with San Diego-based CSI Financial Services, Sharp offers a more 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 unpaid accounts from going to collections. In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team. The Patient Assistance Team helps those in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports or referred through case management, social work, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of access to medication.</p>

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Form 990, Part III, Line 4a (continued)	<p>The team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Also in 2016, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals with an inability to pay their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, Sharp provided patients with education during their hospital stay, and also helped them to understand their health insurance benefits, access care, as well as provided payment options. Public Resource Specialists, new to the Patient Financial Services (PFS) team, also offered support to uninsured and underinsured patients at all Sharp hospitals needing extra guidance on available funding options. The Public Resource Specialists performed field calls (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 team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh/SNAP (Supplemental Nutrition Assistance Program) benefits prior to hospital discharge, dramatically increasing 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 CalFresh benefits. As a result of the success from this 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 provide financial assistance to both insured and unfunded families with Neonatal Intensive Care 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 evaluating those families for Supplemental Security Income (SSI) eligibility. The program provided assistance for the newborn's costs of care both within and outside of the hospital. Public Resource Specialists have assisted more than 60 families through the process of applying for SSI.</p>

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Form 990, Part III, Line 4a (continued)	<p>In a targeted effort to provide exceptional care for vulnerable populations, since 2013, Sharp 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 Partnership (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 for three years by the Centers for Medicare and Medicaid Services to provide comprehensive patient-centered, hospital and community-based services. The goals of CCTP included:</p> <ul style="list-style-type: none"> * Improve transition from the inpatient hospital setting to community * Improve quality of care * Reduce readmissions for high risk beneficiaries * Document measurable savings to the Medicare program <p>CCTP improves transition from hospital to home by providing patients with tools and support that promote knowledge and self-management of their condition. Sharp's Transition coaches functioned as facilitators, coaching patients and their caregivers in order 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 home 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 collectively through 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 may receive services such as assistance with transportation and placement, connections to community 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 patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge. Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, help scheduling specialty appointments, assistance with CalFresh applications, and connections to community resources including programs that support continued sobriety and residential treatment. In addition, a social worker provides referrals for permanent 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 valuable asset to the community.</p>

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Form 990, Part III, Line 4a (continued)	<p>Sharp demonstrates a deep investment in these potential and new est 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 system 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, physical 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 Southw estern 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 Hours 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 & New borns 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</p>

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Form 990, Part III, Line 4a (continued)	<p>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 careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world application of their school-based knowledge and skills. This collaboration prepares 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 curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRS sites. Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotation, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, 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 Health and Social Justice.</p>

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Form 990, Part III, Line 4a (continued)	<p>In FY 2016, approximately 450 HSHMC students - including 280 Level I students and 150 Level 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 nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, endoscopy, engineering, nutrition, infection control, pulmonary services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2016, the HSHMC program graduated 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-term sustainability. Although many HSHMC students face financial hardship - the free and reduced-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 and a future career. In 2016, 90 percent of the HSHMC graduating class went on to attend two- 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 Classroom for the Future Foundation as the most innovative education program in SDC. Each year, Classroom for the Future Foundation awards education programs across SDC in four categories: innovate, inspire, achieve and impact. HSHMC is also a 2016 U.S. News & World Report 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 significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is ongoing, job-embedded learning for the adults who serve those students. HSHMC was one in approximately 200 schools and districts in the U.S. and Canada, and the first school in SDC, to receive this honor. In addition, HSHMC is a 2014 National School Safety Advocacy Council award winner. Lectures and Continuing Education Sharp contributes to the academic environment of colleges and universities throughout San Diego. In FY 2016, Sharp staff provided hundreds of academic</p>

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Form 990, Part III, Line 4a (continued)	<p>mic hours in lectures, courses and presentations on numerous college and university campuses. 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 health care setting at SDSU, advance care planning, Physician Orders for Life-Sustaining Treatment (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 students from CSUSM, and a variety of health administration lectures to public health graduate students at SDSU. Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2016, Sharp's CME Department invested 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, osteopathic medicine, and advances in OB/GYN, as well as presentations on sepsis, hip arthroscopy, infection prevention and clinical documentation improvement. Research Sharp Center for Research Innovation is critical to the future of health care. The Sharp Center for Research (Center for Research) supports innovation through its commitment to safe, high quality research initiatives that provide valuable knowledge to the San Diego health care community, and positively impact patients and community members. The Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI). Human Research Protection Program and Institutional Review Board. In FY 2016, Sharp was one of eight organizations worldwide to receive accreditation by the Association for the Accreditation of Human Research Protection Programs. The accreditation acts as a public affirmation of the HRPP's commitment to following rigorous standards 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 responsible for the ethical and regulatory oversight of research conducted at Sharp. The HRPP includes three components: the organization, the researchers and the IRB. The IRB is the largest component of the HRPP and seeks to promote a culture of safety and respect for those participating in research.</p>

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Form 990, Part III, Line 4a (continued)	<p>research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct. In FY 2016, a dedicated IRB committee of 17 - including physicians, psychologists, research nurses, pharmacists, and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research is conducted during all phases of drug and device development and spans across the life cycle - from research with newborns to older adults. This includes clinical trials that 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 care, infectious disease, newborn care, heart and vascular, neurology, orthopedics and oncology - the latter of which comprises the majority of Sharp's clinical trials. The HRPP provides education and support for researchers across Sharp as well as the broader San Diego health 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 included Investigator Quality Improvement Activities and Assessments, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, Research Community Outreach, Understanding Privacy and Confidentiality in Research, and Clinical Trials Coverage Analysis. Outcomes Research Institute (ORI) Sharp's ORI began in 2010 as a pilot initiative funded by the Sharp HealthCare Foundation. The ORI measures the long-term results of care to continue to develop and promote best practices in health care delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC. The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions.</p>

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Form 990, Part III, Line 4a (continued)	<p>The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. Beginning in September 2016, the ORI expanded its capabilities by adding a full-time post-doctoral clinical psychology 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 mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children'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 full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program. The EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel. The nine-month program culminated with a community conference and graduation ceremony in November, at which the project results of all EBPI fellows were shared. Thirty fellows graduated 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 anxiety in pediatric post-operative patients, implementing a health literacy protocol, debriefing after resuscitation, and bedside pressure mapping for ulcer prevention. Volunteer Service Sharp Lends a Hand. In FY 2016, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC. Seventeen projects were selected for FY 2016. San Diego Blood Bank, S</p>

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Form 990, Part III, Line 4a (continued)	<p>an Diego Food Bank (Food Bank), the American Diabetes Association (ADA) Tour de Cure, 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 Veterans, 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 Garden, San Diego River Garden, Coastal Habitat Restoration and River Kids Discovery Days. More than 2,000 Sharp employees, family members and friends volunteered over 6,570 hours in support of these projects. With more than 100,000 walkers across 95 cities nationwide, the ADA Step Out Walk to Stop Diabetes is the signature fundraising walk of the ADA. In October 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 volunteering their time, SLAH participants helped to ensure that more funds go toward the ADA's mission to prevent, cure and improve the lives of all people affected by diabetes. SLAH volunteers 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, education and advocacy in support of the ADA. For two days in April, approximately 25 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution and first aid. The Ssubi Foundation's Greening for Good project collects discarded but 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 prepare 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 37th annual Blood Drive in Mission Valley. The event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood. Volunteers specifically included nurses and certified phlebotomists who assisted with blood typing (determining the blood type of an individual). The Special Olympics Southern California - San Diego County program offers free, year-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 score-keeping, time-keeping, lunch service and the awards ceremony. In addition to building homes.</p>

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Form 990, Part III, Line 4a (continued)	<p>n partnership with local people in need, San Diego Habitat for Humanity operates two 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 to customers while helping fund the construction of Habitat homes throughout SDC. For one weekend in December, 30 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center. The Food Bank feeds San Diegans in need, advocates for the hungry, and educates 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 San Diegans. Weekend backpacks full of food are provided to more than 1,400 chronically hungry schoolchildren at 31 elementary schools every Friday during the school year, and more than 8,400 low-income seniors receive a box of groceries and staple food items at 48 distribution sites throughout SDC. Over two weeks between March and August 2016, more than 330 SLAH 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 registration, 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 Chapter, 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 Fund, Team Red, White and Blue, Toys for Joy, Sienna's PlayGarden, Mama's Kitchen, Race Guards, 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 countywide 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 throughout SDC, including San Eljo State Beach, Miramar Lake, Mission Bay, Pacific Beach, Lake Murray, Mast Park, Eastlake and Coronado City Beach.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 permanent 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 volunteers - 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 organization's award-winning program, They Will Surf Again, paraplegics and quadriplegics can experience mobility through surfing with support from adaptive equipment and volunteers. In September, 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 the community in the fight against hunger by efficiently providing access to food and nutritious meals. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. Every week, the organization feeds more than 63,000 children, families and seniors in need. On seven days in 2016, approximately 340 SLAH volunteers contributed their time to bag, box and distribute food for FSD. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 60 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the San Diego River Garden in Mission Valley in November and the Point Loma Native Plant 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 restore 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, and providing trail maintenance. In March, more than 40 volunteers participated in the San Diego River Park Foundation's second annual River Kids Discovery Days. This free event provided river education and service events to teach more than 1,000 kids and families about protecting the Earth's natural resources. Sharp Humanitarian Service Program in FY 2016, the Sharp Humanitarian Service P</p>

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Form 990, Part III, Line 4a (continued)	<p>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, Mexico, Paraguay, Peru and other countries throughout the world. A Sharp pharmacist participated in two medical missions through the Peruvian American Medical Society (PAMS), an organization 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 specifically provided assistance to villagers living along the Rio Momon in the Amazon Jungle. Each day, the mission team served approximately 75 patients in desperate need of medical attention. In addition, in June, the team traveled to the city of Tambo in Ayacucho, Peru, where they provided medical examinations and medications for approximately 75 to 100 villagers 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 Escondido, Oaxaca in Mexico, along with a team of physicians, pharmacists, nurses, educators and interpreters. The team provided oral and medical care, medication, glasses and health education to more than 200 patients. In March, a Sharp team member participated in a week-and-a-half long trip to Haiti through the Rock Church Global Outreach program. The mission 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 humanitarian 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 refrigerator, enhancing the kitchen and serving areas, fixing the water supply system, adding new windows, and painting various areas of the building. Additionally, the missionaries sang and provided ministry in alleyways, churches and schools as well as visited nursing homes and a girls orphanage. A Sharp speech pathologist also spent 10 days in Jamaica to provide 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 hearing aids and speech and language services to approximately 50 deaf children. The team also trained six deaf teachers on how to perform speech and language activities for children with hearing aids. In July, a</p>

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Form 990, Part III, Line 4a (continued)	<p>Sharp team member joined Su Refugio Ministries - an organization dedicated to caring for orphans and widows - to assist local doctors and dentists in caring for more than one thousand residents of Tobati, Paraguay. During the ten-day mission, the team organized a community health clinic to provide medical, vision, and dental services as well as spiritual care, self-defense training for high school girls, and a social services fair. Since 2009, Experience Camp has provided one-week camps for youth throughout the U.S. who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2016, a Sharp team member served as a clinician with Experience Camp to help develop programs to meet the emotional needs of the camp's youth and provide support for other volunteer clinicians and 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 & Stroke 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 build healthier lives, free of cardiovascular diseases and stroke. Teams raised funds through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp 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 Sharp'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 general public and are an essential element to many of Sharp's programs, events and initiatives.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 at Sharp each month in FY 2016, contributing a total of approximately 273,000 hours of service to Sharp and its initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. More than 17,400 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support.</p> <p>Table 2: Sharp Volunteers and Volunteer Hours - FY 2016</p> <table><tr><th>Entity</th><th>Average Active Volunteers per Month</th><th>Total Volunteer Hours</th></tr><tr><td>Sharp Chula Vista Medical Center</td><td>374</td><td>51,877</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center</td><td>70</td><td>9,224</td></tr><tr><td>Sharp Grossmont Hospital</td><td>647</td><td>81,426</td></tr><tr><td>Sharp HospiceCare</td><td>76</td><td>11,183</td></tr><tr><td>Sharp Metropolitan Medical Campus</td><td>632</td><td>81,426</td></tr><tr><td>TOTAL</td><td>1,799</td><td>264,999</td></tr></table> <p>In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers supported various events, such as annual golf tournaments and galas. In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. Program requirements vary, however all require high grade point averages and long-term commitments of at least 100 hours. Junior volunteers serve in a wide range of roles throughout Sharp. They enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. In FY 2016, more than 515 high school students contributed a total 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 dedicated 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 provide program oversight, administration and decision-making regarding financial resources. In FY 2016, nearly 120 volunteers contributed their time to Sharp's boards. Sharp employees also donate time as volunteers.</p>	Entity	Average Active Volunteers per Month	Total Volunteer Hours	Sharp Chula Vista Medical Center	374	51,877	Sharp Coronado Hospital and Healthcare Center	70	9,224	Sharp Grossmont Hospital	647	81,426	Sharp HospiceCare	76	11,183	Sharp Metropolitan Medical Campus	632	81,426	TOTAL	1,799	264,999
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Form 990, Part III, Line 4a (continued)	<p>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 joint Liver Transplantation and Bone Marrow Transplant Programs. This section describes the achievements of various Sharp volunteer programs in FY 2016.</p> <p>Sharp HospiceCare Volunteer Programs Sharp HospiceCare provided various volunteer training opportunities in FY 2016. Hospice volunteers are often working towards a career in the medical field and gain valuable knowledge and experience through volunteering. Volunteers dedicate their time to the hospice organization and those they serve, including companionship to those near the end of life, support for families and caregivers, and help with community outreach. 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 HospiceCare's Teen Volunteer program in FY 2016, through which teens are assigned special projects in 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 provides the 11th Hour Program to ensure that no patient dies alone. Through the program, a Sharp HospiceCare volunteer accompanies patients who are in their final moments and who do not have family members present. The volunteer offers comfort by holding the patient's hand, reading softly to them and simply being by their side. Families who are present with their dying loved one may also prefer the comfort of a volunteer as their loved one passes away. Nearly 40 volunteers were trained through the 11th Hour Program in FY 2016. To expand their volunteers' skills, in FY 2016, Sharp HospiceCare trained 20 volunteers in integrative therapies to promote relaxation and restful sleep, and to enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and 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</p>

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Form 990, Part III, Line 4a (continued)	<p>ganization (NHPCO) in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide veteran-centric education and training that qualifies volunteers to identify and work with veteran patients as well as provide weekly support for caregivers of veterans. This includes the Vet-to-Vet Volunteer Program, which aims to pair volunteers with military experience with veteran patients, as well as honoring veteran patients through special pinning ceremonies that present veterans with a WHV pin and certificate of appreciation for their services. In FY 2016, volunteers 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 community members who have lost a loved one. Through the program, volunteers create teddy bears out of the garments from those who have passed on. The bears serve as special keepsakes and permanent reminders of the grieving individual's loved one. In FY 2016, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 280 families. Recognizing the valuable impact that volunteers have on the experience of its patients, family 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 contributions during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs 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 them 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 playing 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.</p>

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Form 990, Part III, Line 4a (continued)	<p>Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have offered the Health Information Ambassador Program to bring the library's services directly to patients and their families, and empower them to become involved in their health care. The Health Information Ambassadors are hospital volunteers who receive specialized training through the Community Health Library. Once trained, the volunteers ask patients at SMH, the SMH Rehabilitation Center and the perinatal special care unit at SMBHWN, if they or their family members would like to receive additional resources on their 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 have already conducted their own research are offered online access to a database of reliable 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 2016, the Health Information Ambassadors visited approximately 2,000 patient rooms and filled 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 significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and theater - to help improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, patients receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In FY 2016, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp.</p>

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Form 990, Part III, Line 4a (continued)	<p>events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, 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. Additionally, in collaboration with SMMC's social workers and palliative care nurses, Arts for Healing facilitated the donation of more than 220 blankets and quilts to patients receiving end-of-life care at SMH. Seventeen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also reduce anxiety and depression for those crafting and donating the blankets. In FY 2016, 38 volunteers, including students from various colleges and universities, facilitated art activities for patients 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 Healing team.</p> <p>Sharp Employee Volunteer Efforts In FY 2016, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees served the community this past year.</p> <p>The SGH Engineering Department engaged in a variety of volunteer initiatives in FY 2016. The team continued <i>This Bud's for You</i>, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting patients and their loved ones. Each week, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to visitors of both the hospital and Sharp's hospice homes. The team also regularly offers single-stem roses in a small bud vase to passers-by. In FY 2016, the team delivered three to five vases of flowers each day to patient rooms, with as many as 10 vases or more during peak flower season and upon additional requests. In addition, more than 30 vases of flowers were delivered to new mothers in the hospital on Mother's Day. The team also supports the SGH Senior Resource Center and Meals-on-Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors, as well as offers roses for SGH's annual patient remembrance service. Now in its sixth year, <i>This Bud's for You</i> has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of visitors to the hospital.</p> <p>The SGH Engineering Department further extends the spirit of caring through the creation of <i>Cheers Bouquets</i> for patients or visitors that appear to need encouragement or cheer. With help from Sodexo - the hospital's food service, housekeeping and engineering vendor - a bouquet is quickly assembled with balloons, ribbon, a teddy bear or Sodexo football and an inspirational quote, and is delivered. In FY 2016, the team assembled up to eight <i>Cheers Bouquets</i> per month, as well as provided</p>

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Form 990, Part III, Line 4a (continued)	<p>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 collaborated to bring The Shirt Off Our Backs Program to community members in need during the holidays Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults In FY 2016, volunteers filled three trucks with donated food and other essential items, including 200 handmade sandwiches, 500 water bottles, clothing, socks, shoes, hygiene kits, pet food, children's toys, towels, blankets and other household items The SGH landscape team also created the award-winning Heart 2 Heart project through which the team places stone hearts etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units 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 event 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 Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers Santa's Korner served 28 families - equivalent to 119 individuals - during the 2015 holiday season</p>

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Form 990, Part III, Line 4a (continued)	<p>In August, SGH nurses held their annual Backpack Drive in collaboration with Christie's Place, a non-profit that supports women, children and families affected by HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), to prepare children and teens for 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 provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week, labor and delivery team members fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend. The backpacks are also filled with weekly nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts. Since the start of the program in May 2013, the team has dedicated more than 180 weeks of service to filling 4,500 backpacks for approximately 25 elementary school children and their families per school year. More than 467,000 people in SDC face the threat of hunger every day. Each month, the Food Bank distributes emergency food to approximately 400,000 children and families, active duty military, and fixed income seniors living in poverty. For nearly 10 years now, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2015 holiday season, Sharp demonstrated its commitment to fighting hunger by hosting a food drive to 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 committed to improving the health of the environment and therefore the communities it serves. Understanding that a healthy environment can influence individual well-being, Sharp helps minimize adverse impacts on the environment by creating healthy green practices for its employees, physicians and patients. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the cost of green practices, and facilitate the implementation of sustainable initiatives. The All Ways Green(tm) logo was created in 2009 to brand Sharp's environmental activities and communicate sustainability throughout the organization and the San Diego community.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 efficiency, (2) water conservation, (3) waste minimization, (4) commuter solutions, and (5) sustainable food practices Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Established Green 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 Conservation The U.S. Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's CO2 emissions Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and provide service during power outages, natural disasters and other emergencies The EPA estimates that 30 percent of the health care sector's current energy use can be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources Sharp 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 installation, energy audits, elevator modernization, and energy-efficient motor and pump replacements Sharp remains firmly committed to identifying 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 Energy 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 increase in energy fees In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 18,000 metric tons of CO2 each year In 2013, Sharp was the first health care system in San Diego to implement a computer power management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity This software program has been installed on more than 16,000 computers, 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 for replacing inefficient hardware with energy efficient hardware in Sharp's centralized data center In addition, the so</p>

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Form 990, Part III, Line 4a (continued)	<p>firm identifies underutilized hardware, which can be permanently shut down or put to rest during periods of non-utilization. In May 2014, Sharp was named San Diego's HealthCare Energy Champion by SDG&E in recognition of the innovative programs that have been implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp participates in SDG&E's Major Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues. In addition, in June 2016, Sharp joined other major San Diego hospitals in the inaugural San Diego Healthcare Sustainability Collaborative, led by SDG&E. This initiative creates a platform for San Diego health care providers to advance energy conservation practices through best practice-sharing and new technology validation, with a goal of reducing operating costs and improving the health care facility environment for patients 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 rebates and incentives to reduce the overall costs of these efforts. All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrificing comfort or quality. According to the EPA, buildings that qualify for the ES certification typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015, and is expected to receive the award again for 2016. In addition, Sharp's SRS Downtown 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 specifications.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 generates enough electricity to meet up to 95 percent of SGH's electrical needs and reduces greenhouse 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 state and local standards for air emissions Table 3 below highlights Sharp's energy conservation 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 - yes 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 Energy 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 SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - yes SRS - no Cogeneration 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 Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Energy-efficient kitchen/café area appliances SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - 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/SMBHWN - 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 , hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U S On any given day, Sharp uses an average of 650,000 gallons of water Of this, approximately 35 percent is used for domestic purposes such as sinks, toilets 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 infrastructure changes and monitoring efforts Sharp has implemented to reduce its water consumption * Installation of motion-sensing faucets and toilets in public restrooms * Low-flow showerheads and toilets in patient and locker rooms * Mist eliminators, micro-fiber mops and other water-saving devices</p>

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Form 990, Part III, Line 4a (continued)	<p>* Installation of high-efficiency, low water use dishwashers * Installation of water-efficient chillers * Water monitoring and control systems * Water practice and utilization evaluations * Regular rounding to identify leaks * Installation of low-water sterile processing equipment To comply with mandatory water restrictions issued for California on April 1, 2015, Sharp made significant modifications to its landscape maintenance practices, including adjusting irrigation schedules, properly sizing sprinkler heads, installing water-sensing equipment and drip irrigation systems, xeriscaping, hardscaping, planting succulents and other drought-tolerant plants, and reducing watering times and frequency at all sites Each year Sharp uses over eight million pounds of textiles such as sheets, towels, scrubs and patient gowns Given the significant amount of laundry generated, Sharp selected Emerald Textiles 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 resources 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 Sharp's water-saving initiatives Table 4 Water Conservation Initiatives by Sharp HealthCare Entity Establish water use baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Drip irrigation systems SCHHC - 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 - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic low-flow faucets SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Evaluation of water utilization practices 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 - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Hardscaping 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 System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Moisture-sensitive sprinkler 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 col</p>

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Form 990, Part III, Line 4a (continued)	lection for use in fountains SCHHC - no SCVMC - no SGH - yes Sharp System Services - no S HP - no SMH/SMBHWN - no SMV/SMC - no SRS - no Water dispensers to replace bottled water S CHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SM V/SMC - yes SRS - yes Water-efficient dishwashing/ equip washing/ chemical dispensing sys tem SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - ye s SMV/SMC - no SRS - no

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Form 990, Part III, Line 4a (continued)	<p>* SCVMC and SGH generated nearly 44,000 pounds of green waste through the implementation of green waste recycling * More than 2.7 million pounds of trash were diverted from the landfill through recycling of non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Approximately 75,000 pounds of surgical instruments were collected, reprocessed and sterilized for further use * More than 153,000 pounds of plastic and cardboard were diverted from the landfill through the use of reusable sharps containers * More than 200,000 pounds of surgical blue wrap (recycled at all hospital entities) and disposable privacy curtains (recycled at SCVMC) were diverted from the landfill * Sharp continued to collaborate with Ssubi's Hope, a nonprofit charity organization that collects donated expired (though still safe and usable) medical equipment, to support a health center in rural Uganda Ssubi's Hope has collected more than 25 tons of supplies from Sharp facilities * Sharp continued to participate in Office Depot's GreenerOffice(tm) Delivery Service Through the program, paper bags composed of 40 percent postconsumer recycled material are used in place of small and mid-sized cardboard boxes The paper bags are then returned to Office Depot for reuse In addition, Office Depot and Sharp have arranged for 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 organizations in underserved communities * Sharp employees and hospital visitors donated approximately 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, Sharp received the Recycler of the Year award in 2013 and 2015 through the City of San Diego Environmental Services Department'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 Coronado 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 Per Year (lbs) 2,263,496 Total Waste Per Year (lbs) 5,931,577 Percent Recycled 38% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns Recycled Waste Per Year (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)</p>

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Form 990, Part III, Line 4a (continued)	<p>1,360,812 Total Waste Per Year (lbs) 3,014,080 Percent Recycled 45% Sharp Corporate Site s Recycled Waste Per Year (lbs) 1,557,524 Total Waste Per Year (lbs) 2,441,115 Percent Recycled 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 Sharp 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/SMBHWN - 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 recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes 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/SMC - yes SRS - yes Electronic cafeteria menus SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - 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 - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic and pharmaceutical waste recycling events 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 bins distribution SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Repurposing of unused medical supplies and equipment SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - yes Reusable sharps containers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Single serve paper napkins and plastic cutlery dispensers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - 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 Sustainable Food Practices Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been</p>

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Form 990, Part III, Line 4a (continued)	<p>an innovator 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. The goal of Sharp's Food and Nutrition Best Health Committee is to promote its food sustainability efforts throughout the health care system and within the greater San Diego community. This includes a focus on Sharp's Mindful food program to provide education and healthy 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 Mondays, 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 Community Supported Agriculture (CSA) - a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm - 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 Sharp in FY 2016 are described below.</p>

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Form 990, Part III, Line 4a (continued)	<p>* 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 through 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.</p> <p>* In February, Sharp launched a soup stock program which turns previously unused vegetable scraps into soup stock and saves an average of 174 pounds of food each week.</p> <p>* Each month, Sharp's imperfect produce program purchases an average of 700 pounds of surplus fruits and vegetables that are nutrient-rich and full of flavor but would otherwise be thrown away.</p> <p>* SCVMC started a food waste composting program through the Otay Landfill, joining SMH and SMV (participants through the Miramar Greenery 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. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. In total, Sharp'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 lifespan of the landfill from 2012 to at least 2022.</p> <p>* Sharp's cooking oil recycling program collected 11,824 pounds of oil for conversion into safe biodiesel oil.</p> <p>* SCHHC, SMV and SMH continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafeterias.</p> <p>* Sharp increased purchasing of 100 percent recycled goods at all sites as well as continued its systemwide recycling campaign.</p> <p>* Sharp has implemented 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 awarded 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 nonprofit organizations by minimizing liability. Sharp was among five organizations in SDC to receive the award for demonstrating exemplary practices in waste prevention, food donation, and composting and recycling. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative and facilitated by Community Health Improvement Partners (CHIP). In December 2015, seven SDC hospital representatives experienced a "Mindful Meal" at SCHHC's newly renovated cafeteria to learn how they can</p>

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Form 990, Part III, Line 4a (continued)	<p>implement similar best practice food initiatives at their organizations. Sharp participates in the Healthier Food Initiative sponsored by Practice Greenhealth's HHI. As a participant, Sharp manages and measures the impact of its food initiatives by (1) reducing the purchase of animal protein, (2) of the animal protein that is purchased, 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:</p> <p>1) Sharp reduced animal protein purchases by more than 150,000 pounds from FY 2015, and by more than 465,000 pounds from FY 2014. This represents an overall reduction in animal protein purchases of 25.5 percent since FY 2014.</p> <p>2) Sharp and Sodexo have made a concerted effort to increase the amount of locally grown produce in order to support community-based farmers and reduce the time and miles required to receive these products in Sharp's kitchens. Approximately 303,000 pounds of locally sourced produce were used in Sharp's kitchens in FY 2016, representing an increase of 16,200 pounds of locally sourced produce compared to FY 2015 (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 produce.</p> <p>3) Sharp purchased approximately 102,000 pounds of sustainable animal protein (including beef and cage-free chicken that are grass-fed and antibiotic and hormone free), representing a two percent increase from FY 2015 and a 16.3 percent increase from FY 2014.</p> <p>Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer carpool parking spaces, designated bike racks and lockers, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 34 electric vehicle chargers (EVCs) at its corporate office location, SCVMC and SMMC. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. 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.</p> <p>In its long-standing partnership with SANDAG, Sharp offers SANDAG's iCommute free online ride-matching tool, RideMatcher, to help employees find convenient carpool and vanpool partners and promote sustainable commuting. In addition, employees can use iCommute's TripTracker tool to log trips and monitor the cost and carbon savings resulting from their alternate</p>

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Form 990, Part III, Line 4a (continued)	<p>alternate commuting methods. In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling, and public transit. 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 fourth time in five years. Through the challenge, Sharp employees logged more than 8,000 trips, reduced CO2 emissions by approximately 177 tons, and saved more than \$104,000 in commuting costs. 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 educate employees on the benefits of ride sharing and other alternative modes of transportation. The committee has overseen the implementation of bike racks and designated car pool spots, as well as a Bicycle Commuter Benefit, which provides employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp participates in SANDAG's Bike to Work Day each year. In May 2016, Sharp employees 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 throughout SDC. Furthering Sharp's commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for nearly 500 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an onsite presence, such as information technology support, transcription, and human resources. Sharp also provides compressed work schedule options to eligible full-time employees enabling them to complete the basic eighty-hour biweekly work requirement in less than ten workdays, thus reducing commute costs, lowering parking demand, and helping the environment.</p>

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Form 990, Part III, Line 4a (continued)	<p>Sharp's ongoing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award winner consistently between 2001 and 2010, and again from 2013 through 2016. Education, Communication and Community Outreach Sharp conducted the following environmental community education and outreach activities in FY 2016:</p> <ul style="list-style-type: none"> * Sharp shared e-newsletters with employees throughout the year to highlight the organization's recycling efforts and accomplishments, as well as to provide 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 celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees 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 initiatives at Sharp. * Sharp continued to participate in SDG&E's Major Customer Advisory panel and Health Care Collaborative to provide input and education relating to energy reliability, fees and cost structure and their impacts on the health care environment. * In partnership 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 compliance and cost-effective disposal strategies. * Sharp provided confidential paper shredding through Shred-it, a secure paper shredding and document destruction service, at Sharp's annual Disaster expo. * Sharp's corporate office location served as a drop-off location during National Drug Take Back Day, a day dedicated to curbing prescription drug theft and abuse by providing safe, convenient and responsible methods of drug disposal. * Sharp continued to participate in San Diego's Gathering of Green Teams with other San Diego business leaders to identify and discuss sustainable best practices that can be replicated across industries. * Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC. * SCVMC is a member of the City of Chula Vista's CLEAN Business Program, demonstrating its commitment to reducing energy use, water use and waste, and purchasing more sustainable products. <p>Table 7 highlights Sharp's education and outreach to staff and the community. Table 7: Environmental Community Education and Outreach by Sharp HealthCare Entity.</p> <p>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 SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Earth Week activities: SCHH</p>

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Form 990, Part III, Line 4a (continued)	<p>C - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/S MC - 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 Green Team SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes No smoking policy SCHHC - yes SCVMC - yes SGH - yes Sharp 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 Organic gardens SCHHC - yes SCVMC - no SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Recycling education SCHHC - 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 Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Success Measurement All Ways 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 Report Card to communicate strategic sustainability initiatives, monitor results and gain input 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 goals All Ways Green(tm) remains committed to establishing sustainable and healthy practices that minimize Sharp's impact on the environment and promote the health of patients, employees, physicians, and the broader community Emergency and Disaster Preparedness Sharp contributes to the health and safety 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 community health professionals and partnered with numerous state and local organizations to prepare for an emergency or disaster Sharp's emergency preparedness team offered educational courses to health care providers and first responders throughout SDC This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System, and training in Web Emergency Operations Center, a crisis information management system that provides secure real-time information sharing In FY 2016, Sharp's emergency preparedness leadership donated their time to state and local organizations and committees including the San Diego County Civilian/Military Liaison Work Group, San Diego County Unified Disaster Council, County of San Diego Emergency Medical Care Committee (EMCC) and the California Hospital Association (CHA) Emergency Management Advisory Committee The leadership team also led the San Diego H</p>

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Form 990, Part III, Line 4a (continued)	<p>healthcare Disaster Coalition Subcommittee, a countywide work group that reviews hospital evacuation planning and identifies and shares best practices. In addition, Sharp's emergency preparedness leadership continued to participate in the Statewide Medical and Health Exercise Program - a work group of representatives from local, regional and state agencies including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, UC San Diego Health, Palomar Health, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station Miramar Fire Department and Fresenius Medical Centers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. Sharp supports safety efforts of California and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted.</p>

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Form 990, Part III, Line 4a (continued)	<p>In September, Sharp hosted its fifth Annual Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. 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 years, global endemic events had the potential to impact public health in the local San Diego community. Sharp continues to partner with community 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 continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, happiness and productivity of Sharp's workforce. Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their journey to attain their personal health goals. Each Sharp hospital as well as SRS has a dedicated Best Health committee that works to promote wellness at their individual worksite. Team members are encouraged to participate in on-site fitness classes, meditation workshops, micro-stretch breaks, and relaxation and stress management workshops. In addition, Sharp Best Health offers web-based resources to help team members stay fit and healthy, including interactive blogging, recipes, as well as education on biometric screenings, health risk assessments, mindfulness, healthy eating and active lifestyle development. Since 2013, Sharp Best Health has offered annual employee health screenings to raise awareness of important biometric health measures and help team members learn how to reduce their risk of related health issues. In FY 2016, more than 10,000 employees received health screenings for blood pressure, cholesterol, Body Mass Index (BMI), blood sugar and tobacco use. Sharp Best Health hosted a variety of wellness programs and events in FY 2016 for its employees, family and friends, including walking 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 attendees 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, engaging approximately 300 employees and their families. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society</p>

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Form 990, Part III, Line 4a (continued)	<p>(ACS) Great American Smoke Out, National Nutrition Month, National Fresh Fruits & Vegetables Month, the ADA Tour de Cure bike ride and National Walking Day Throughout 2016, Sharp continued its systemwide Mindful healthy food initiative in partnership with Sodexo With the Mindful program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff In collaboration with Sodexo and Specialty Produce - a local produce wholesale distributor - Sharp Best Health offered the Green Grocers Delivered to You program at six Sharp work sites in FY 2016 Through the program, employees can order seasonally available, locally-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-grown produce helps support local farmers and is considered a CSA service Sharp Best Health's free nutrition education programs help support employees and their family members with developing healthier eating habits In FY 2016, programs included classroom-style workshops 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 healthier food choices Sharp Best Health also hosted recipe-sharing and tasting events for employees, as well as provided healthy food options at system events</p> <p>Section 2 Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community 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 of 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 Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan</p> <p>Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For 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 medi</p>

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Form 990, Part III, Line 4a (continued)	<p>cal provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2016 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2016 * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the U.S. Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs This also included financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down 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 assistance for vulnerable and high-risk community members</p>

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Form 990, Part III, Line 4a (continued)	<p>* Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community. Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge. Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See Appendix A for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.</p> <p>* Health Research, Education and Training Programs included education and training 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 health-related research projects that were made available to the broader health care community.</p> <p>Economic Value of Community Benefit Provided in FY 2016 In FY 2016, Sharp provided a total of \$319,497,417 in community benefit programs and services that were unreimbursed. Table 8 displays a summary of unreimbursed 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. This 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 program totaling \$61.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2016 understate the true unreimbursed medical care services performed for the past fiscal year.</p> <p>Table 8 Sharp HealthCare Total 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-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 payments to third parties related to the specific population. Shortfall in Medicare - \$192,175,656 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios.</p>

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Form 990, Part III, Line 4a (continued)	<p>, 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 payments to third parties related to the specific population. Shortfall in San Diego County Indigent Medical Services - \$6,332,460. 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, offset by the actual payments 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 CHAMPVA/TRICARE - \$6,642,585. 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, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Charity Care - \$18,989,615. Note: Charity care reflects the unreimbursed 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 unreimbursed costs of providing services to patients without the ability to pay for services at 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 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 were estimated by each department responsible for providing the program or service. Other Benefits for the Broader Community: Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$2,062,814. Note: Unreimbursed 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 were estimated by each department responsible for providing the program or service. Health Research, Education and Training Programs: Education and training programs for students, interns and health care professionals - \$5,019,420. Note: Unreimbursed 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 were estimated by each department responsible for providing</p>

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Form 990, Part III, Line 4a (continued)	<p>ding the program or service TOTAL \$319,497,417 Table 9 shows a listing of these unreimbursed costs provided by each Sharp entity Table 9 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - 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 Hospital - \$98,464,086 Sharp Mary Birch Hospital for Women & Newborns - \$6,128,274 Sharp Memorial Hospital - \$125,218,185 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$15,015,699 Sharp Health Plan - \$75,000 TOTAL FOR ALL ENTITIES - \$319,497,417 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 costs of community benefit provided by each Sharp entity in FY 2016, see tables presented in Sections 4 through 5 Table 10 FY 2016 Detailed Economic Value of SB Bill 697 Categories Note Table shows Estimated FY 2016 Unreimbursed Costs and is presented by Sharp HealthCare entity and by SB 697 category Economic value is based on unreimbursed costs Sharp Chula Vista Medical Center Medical Care Services - \$59,362,219 Other Benefits for Vulnerable Populations - \$318,613 Other Benefits for the Broader Community - \$248,531 Health Research, Education and Training Programs - \$875,760 Total Estimated FY 2016 Unreimbursed Costs - \$60,805,123 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$13,346,669 Other Benefits for Vulnerable Populations - \$32,822 Other Benefits for the Broader Community - \$64,013 Health Research, Education and Training Programs - \$347,546 Total Estimated FY 2016 Unreimbursed Costs - \$13,791,050 Sharp Grossmont Hospital Medical Care Services - \$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 for Women & Newborns Medical Care Services - \$5,455,562 Other Benefits for Vulnerable Populations - \$51,104 Other Benefits for the Broader Community - \$300,746 Health Research, Education and Training Programs - \$320,862 Total Estimated FY 2016 Unreimbursed Costs - \$6,128,274</p>

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Form 990, Part III, Line 4a (continued)	<p>Sharp Memorial Hospital Medical Care Services - \$122,118,736 Other Benefits for Vulnerable Populations - \$828,317 Other Benefits for the Broader Community - \$549,428 Health Research, 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 Services - \$13,742,304 Other Benefits for Vulnerable Populations - \$608,878 Other Benefits for the Broader Community - \$213,934 Health Research, Education and Training Programs - \$450,583 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 the Broader Community - \$2,062,814 Health Research, Education and Training Programs - \$5,019,420 Total Estimated FY 2016 Unreimbursed Costs - \$319,497,417</p> <p>Section 3 Community Benefit Planning Process An exceptional community citizen listens to their community's needs, barriers to service and vision of 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 findings from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are used 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 Conduct the 2016 Sharp HealthCare Community Health Needs Assessment s Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community Since 1995, Sharp has participated in a countywide collaborative that includes 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 Protection 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 perspectives 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 programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in</p>

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Form 990, Part III, Line 4a (continued)	<p>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 Diego 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.hasdic.org To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and 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 served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) As such, the SMH 2016 CHNA summarizes 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 and services, especially for community 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 Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California, San Diego Health CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process Top 15 health needs based on 2013 initial quantitative analysis included * Acute Respiratory Infections * Asthma * Back Pain * Breast Cancer * Cardiovascular Disease * Colorectal Cancer * Dementia and Alzheimer's * Diabetes (Type 2) * High Risk Pregnancy * Lung Cancer * Mental Health/Mental Illness * Obesity * Prostate Cancer * Skin Cancer * Unintentional Injuries Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&IC CHNA model Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high</p>

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Form 990, Part III, Line 4a (continued)	<p>h-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect 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 maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. <p>Study Area Defined: 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. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at http://hasdic.org. As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, 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 Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org. For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. 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 analyzed in the 2016 CHNA processes are included in Table 11 below; variables were analyzed at the ZIP code level wherever possible.</p>

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Form 990, Part III, Line 4a (continued)	<p>Table 11 Data Variables in the HASD&IC and Sharp 2016 CHNAs * Hospital Utilization Inpatient discharges, ED and ambulatory care encounters * Community Clinic Visits * Demographic Data (socio-economic indicators) * Mortality and Morbidity Data * Regional Program Data (childhood obesity trends and community resource referral patterns) * Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical 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 conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted The number and type of community engagement activities conducted as part of the collaborative HASD&IC 2016 CHNA, including key informant interviews, facilitated discussions with care coordinators (community partner discussions), and community resident input through a Health Access and Navigation Survey, are outlined below HASD&IC 2016 CHNA Community Engagement Activities * 3 Behavioral Health Discussions * 19 Key Informant Interviews * 87 Community Partner Discussion Participants * 91 HHSA Regional Live Well Surveys * 235 Health Access & Navigation Surveys In addition, Sharp contracted with IPH to collect additional community input through three primary methods facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients More than 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts Findings The collaborative HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria 1 Magnitude or Prevalence 2 Severity 3 Health Disparities 4 Trends 5 Community Concern Using these criteria, IPH created a summary matrix for review by the CHNA Committee As a result, the CHNA Committee identified behavioral health as the number one health need in SDC In addition, cardiovascular 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 due to the overwhelming agreement</p>

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Form 990, Part III, Line 4a (continued)	<p>ent among all data sources and in recognition of the complexities within each health need. As the HASD&IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes, and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community. In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted 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 impact 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 system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Programs designed to address the needs identified in Sharp's 2016 CHNA are detailed in Sharp's FY 2017 - FY 2020 implementation plans, which are publicly available online at http://www.sharp.com/about/community/health-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 component of Sharp's community benefit report process, outlined below.</p> <p>Steps Completed to Prepare Sharp's Community Benefit Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report:</p> <ul style="list-style-type: none"> * Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs * Reports on activities conducted in the prior fiscal year - FY 2016 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2017 Plan * Reports and categorizes the economic value of community benefit provided in FY 2016, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year * Implement community benefit activities identified

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Form 990, Part III, Line 4a (continued)	<p>d for the upcoming fiscal year Ongoing Commitment to Collaboration Underscoring Sharp's on going commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association (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 Community Health Improvement Partners</p> <p>Section 4 Sharp Grossmont Hospital FY 2016 Community Benefit Program Highlights Sharp Grossmont Hospital (SGH) provided \$98,464,086 in community benefit in FY 2016 See Table 20 for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697) 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 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 Shortfall in Medicare - \$55,040,735 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, offset by the actual payments received Shortfall in San Diego County Indigent Medical Services 1 202,469 Shortfall in CHAMPVA/TRICARE 1 - \$1,242,332 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, offset by the actual payments received Charity Care - \$6,466,509 Note - Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt -\$1,118,869 Note - Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy - \$850,000</p>

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Form 990, Part III, Line 4a (continued)	<p>Note Unreimbursed 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 were estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$627,388 Note Unreimbursed 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 were estimated by each department responsible for providing the program or service Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$1,299,472 Note Unreimbursed 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 were estimated by each department responsible for providing the program or service TOTAL - \$98,464,086 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, the unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms 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 This resulted in an increased reimbursement of \$13.4 million to SGH This reimbursement helped offset prior years' unreimbursed 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 Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits, financial and other support to Neighborhood Healthcare, Project HELP, flu vaccination clinics for high-risk adults, including seniors, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego (FSD), Ssubilis 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), support services for discharged homeless patients in partner</p>

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Form 990, Part III, Line 4a (continued)	<p>ship with San Diego Rescue Mission (SDRM), the Care Transitions Intervention (CTI) program , and other assistance for vulnerable and high-risk community members * Other Benefits fo r the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, health screenings for stroke, blood pressure, diabetes, fall prevention, hand, lung function and carotid artery disease, community education and resources provided by the SGH Cancer Patient Navigator pr ogram, and specialized education and flu vaccinations offered through the SGH Senior Resou rce Center SGH also collaborated with local schools to promote interest in health care ca reers and donated meeting room space to community groups SGH staff actively participated in community boards, committees, and civic organizations, including the Association of Cal ifornia Nurse Leaders (ACNL), Neighborhood Healthcare, Meals-on-Wheels Greater San Diego E ast County Advisory Board, Caregiver Coalition of San Diego (the Caregiver Education Commi ttee), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advis ory Board, the Beacon Council's Patient Safety Collaborative, East County Action Netw ork (ECAN) and East County Senior Service Providers (ECSSP) See Appendix A for a listing of Sh arp's community involvement The category also incorporated costs associated with communit y benefit planning and administration, including community health needs assessments * Hea lth Research, Education and Training Programs included time devoted to education and train ing for health care professionals, student and intern supervision and time devoted to gene ralizable, health-related research projects that were made available to the broader health care community Definition of Community SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942 The community served by SGH includes the entire east region of Sa n Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove , La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna- Pine Valley and Mountain Empire Approximately five percent of the population lives in remote or rural areas of this region For SGH's 2016 Community Health Needs Assessment (CHNA) process, th e Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnera ble communities w ithin 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 healt h care access including education, income, culture/language, insurance and housing As suc h, the CNI demonstrates the link betw een community need, access to care and preventable ho spitalizations According to the CNI, communities served by SGH w ith especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon Description of C ommunity Health In SDC's east</p>

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Form 990, Part III, Line 4a (continued)	<p>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 Healthy People 2020 (HP2020) national targets for health insurance coverage 91.3 percent of adults 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 eligibility for Medi-Cal In the east region in 2015, 13.0 percent of adults ages 18 to 64 did not have a usual source of care and 12.1 percent of these adults had health insurance In addition, 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</p> <p>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% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 91.3% Year 2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 100% Year 2020 Target - 100% Children 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) Eligibility, Among Uninsured in SDC's East Region (Adults Ages 18 to 64 Years), 2015 35 Medi-Cal Eligible - 7.9% Not Eligible - 92.1% Source 2014-2015 CHIS In 2013, cancer and heart disease were the top two leading causes of death in SDC's east region See Table 23 for a summary of leading causes of death in the east region For additional demographic and health data for communities served by SGH, please refer to the SGH 2016 CHNA at http://www.sharp.com/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 Deaths - 23.8% Diseases of heart Number of Deaths - 877 Percent of Total Deaths - 23.0% Alzheimer's disease Number of Deaths - 250 Percent of Total Deaths - 6.6%</p>

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Form 990, Part III, Line 4a (continued)	<p>Chronic lower respiratory 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 Percent of Total Deaths - 1.8% Essential (primary) hypertension and hypertensive renal disease 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 Total Deaths - 100.0% Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch.</p> <p>Community Benefit Planning Process: In addition to the steps outlined in Section 3, Community Benefit Planning Process regarding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vaccinations * Prepares and distributes information on community benefit programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments to discuss, plan and implement community activities.</p> <p>Priority Community Needs Addressed in Community Benefit Report - SGH 2016 CHNA: SGH completed 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) 2016 CHNA process and findings, and details on those processes are available in Section 3, Community 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-assessments cfm.</p> <p>Through the SGH 2016 CHNA, the following priority health needs were identified for the communities served by SGH: * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health. In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health. SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including</p>

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Form 990, Part III, Line 4a (continued)	<p>g individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at SGH There are also programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC - including SDC's east region - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs For additional details on SGH programs that specifically address the needs identified in the 2016 CHNA, please refer to SGH's implementation 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 following priority health needs for community members served by SGH</p> <ul style="list-style-type: none"> * General community health education and wellness * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers <p>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 Stroke 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</p> <ul style="list-style-type: none"> * The SGH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular 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 disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC * According to

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Form 990, Part III, Line 4a (continued)	<p>data 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. About half of all Americans (49 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical 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 were 201 deaths due to cerebrovascular diseases in SDC's east region. The regions' age-adjusted death rate due to cerebrovascular disease was 37.4 per 100,000 population. This rate was the highest among all SDC regions and higher than the overall SDC age-adjusted death rate due to cerebrovascular disease of 33.1 per 100,000 population. * In 2013, there were 1,312 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 all SDC regions as well as higher than the overall SDC age-adjusted rate of 203.9 per 100,000 population. * In 2013, there were 256 stroke-related ED visits in SDC's east region. The age-adjusted rate of visits was 48.4 per 100,000 population. This rate has been decreasing 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 increase by 38 percent. * According to data presented in the HHSA 2014 LiveWell Community Health 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 of which are risk factors for stroke. * According to the 2012 HHSA report titled Critical Pathways: The Disease Continuum, the most common risk factors associated with stroke include physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes. * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016).</p>

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Form 990, Part III, Line 4a (continued)	<p>Objective * Provide stroke education, support and screening services for the east region o f SDC FY 2016 Report of Activities Note SGH is recognized with advanced certification by the Joint Commission as a Primary Stroke Center and was recertified in June 2014 The prog ram is nationally recognized for its outreach, education and thorough screening procedures , as well as documentation of its success rate SGH is a recipient of the American Heart A ssociation (AHA)/American Stroke Association's (ASA) Get With The Guidelines(r) (GWTG)-Str oke Gold Plus Quality Achievement Aw ard for excellence in stroke care as well as the Targe t 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) administration to eligible patients I n FY 2016, the SGH Stroke Center conducted 11 education and screening events in SDC's east region, providing more than 500 community members with information about stroke risk fact ors, warning signs, and appropriate interventions including arrival at the hospital within early onset of symptoms Events were held at various community sites, including but not limited to 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 Community Church, 11th annual It's How We Live! event at Spring Valley County Park, Santee Mobilehome Owners Action Committ ee's second annual Information and Health Fair at Mission del 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 of Commerce's Health Fair Saturd ay at Grossmont Center, and the La Mesa Community Center The SGH Stroke Center identified risk factors during the stroke screenings, provided education, and advised behavior modif ication - including smoking cessation, weight loss and stress reduction at all events In June, Sharp's systemwide Stroke Program participated in Strike Out Stroke Night at the Padres, held at Petco Park This annual event is organized by the San Diego County Stroke Con sortium, the HHSA, the San Diego Padres and other key partners to promote stroke aw areness and celebrate stroke survivors During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) - an easy way to remember the sudden signs of stroke Free giveaw ays were provided throughout the evening, while stroke education was displayed on t he JumboTron to the entire stadium of more than 25,500 community members In December, the SGH Stroke Center attended De</p>

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Form 990, Part III, Line 4a (continued)	<p>ember 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 to more than 170 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina. Educational 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 Senior Resource Center, the SGH Stroke Center and a Sharp interventional neuroradiologist presented on the recent advances in emergency treatment for stroke and provided resources to more than 30 community members at the Dr. William C. Herrick Community Health Care Library in 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 warning 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 that focused on brain injury survivors with aphasia or other speech or language difficulties. SGH also actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH continued collaborating with the County of San Diego Emergency Medical Services (EMS) for the 11th year to provide data for the SDC stroke registry. FY 2017 Plan SGH Stroke Center will do the following:</p> <ul style="list-style-type: none"> * Participate in stroke screening and education events in the east region of SDC * Provide education for individuals with identified stroke risk factors * Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department * Participate with other SDC hospitals in the San Diego County Stroke Consortium * Continue to provide data to the SDC stroke registry * Provide at least one physician speaking event around stroke care and prevention * Provide stroke education and screenings at the Sharp Women's Health Conference <p>Identified Community Need: 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 cardiovascular disease as one of six priority health issues affecting members of the communities served by SGH. The HASD&IC 2016 CHNA continued to identify cardiovascular disease as one 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 cardiovascular disease in more vulnerable communities within SDC's east region (e.g., El Cajon, Jacumba, etc.) (Dignity Health, SanGIS, Office of Statewide Health Planning and Development).</p>

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Form 990, Part III, Line 4a (continued)	<p>(OSHPD) & SpeedTrack Inc , 2015) * A cardiovascular health key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues facing cardiology patients: access to care, obtaining medications, understanding diet, understanding symptoms, and communicating their needs to providers. * The key informant interview identified the following as effective strategies for cardiology patients: taking time to teach patients about their disease and self-management, building relationships with patients, providing educational materials, Backline (a text messaging service connecting patients and providers) numbers for providers, education for general practitioners, and including a trained addictions 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 have substance use issues. * According to the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. * 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 region's age-adjusted death rate due to heart disease was 112.8 per 100,000 population. This was higher than the SDC overall age-adjusted death rate of 101.1 deaths per 100,000 population as well as the HP2020 target 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-adjusted average of 32.1 per 100,000 population. * According to the California Health Interview 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 percent.</p>

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Form 990, Part III, Line 4a (continued)	<p>* The 2015 CHS results showed that 33.7 percent of adults living in SDC's east region 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 2014 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 of which may increase the risk of developing coronary heart disease. * According to the 3-4-5 0 Chronic Disease in San Diego County 2010 report, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020 the total number of deaths from heart disease and stroke will both increase by 38 percent. * According to the 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, 2015). * In their 2016 statistical update, the AHA reported that in 2013 cardiovascular disease was listed as the underlying cause of death for 30.8 percent of all deaths in the U.S. Objectives: * Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors. * Provide expertise in cardiovascular care to community health care professionals through participation in professional conferences and collaboratives. * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease. FY 2016 Report of Activities: SGH is recognized as a Blue Distinction Center for Cardiac Care(r) by Blue Cross Blue Shield for demonstrated expertise in delivering quality cardiac health care. In FY 2016, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF). A free, monthly CHF class and support group provided approximately 70 individuals with a supportive environment to discuss various topics about living well with CHF. A free Heart and 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 280 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 reduce their risk of stroke. SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2016. Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and education and resources on cardiac health, including prevention, symptom recognition, evaluation and treatment. Events included the annual Sharp Women's Health Conference, the Sharp Disaster Preparedness Expo, SGH's 2016 Heart Health Expo and</p>

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Form 990, Part III, Line 4a (continued)	<p>d the AHA Heart & Stroke Walk The Cardiac Rehabilitation team also provided free flu shot s to more than 20 community seniors during a flu clinic held at the hospital in October I n February, the Cardiac Rehabilitation team collaborated w ith the SGH Senior Resource Cent er to educate 15 seniors at the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart Further, in March and April, SGH-a ffiliated cardiologists joined KUSI new s to discuss surprising w arning signs and risk fact ors for heart disease, and a new study show ing that heart attack patients are getting youn ger and more obese Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events This included SGH's seventh annual Heart and Vascular Conference in November, w here more than 400 health care professionals r eceived education on advances in cardiovascular care In November and May, SGH participate d in the ninth and 10th semiannual meetings of Southern California VOICe (Vascular Outcome s Improvement Collaborative), w hich included more than 40 regional vascular physicians, nu rses, epidemiologists, scientists and research personnel w orking together to collect and a nalyze vascular data in an effort to improve patient care SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care SGH also sh ared its expertise on data retrieval and analysis processes at the Society for Vascular Su rgery's 2016 Vascular Annual Meeting in Washington, D C In addition, SGH presented on its processes for prescribing appropriate medications at discharge and obtaining long-term fo llow-up data on patients at the Southern California Vascular Surgical Society Annual Meeti ng SGH continued to participate in programs to improve the care and outcomes of individua ls w ith heart and vascular disease To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to t he County of San Diego EMS Sharp HealthCare also hosted the quarterly County of San Diego EMS County Advisory Council for STEMI at Sharp's corporate office (Spectrum) Additionall y, SGH provided its Peripheral Vascular Disease Rehabilitation Program to provide educatio n and coaching on exercise, diet and medication to keep patients - particularly low -income patients - at the highest functional level The program is funded in part by donations co ntributed to the SGH Foundation, to help defray the cost for patients w ith limited resourc es SGH's cardiac team is committed to supporting future health care leaders through activ e participation in student training and internship programs In FY 2016, the team mentored more than 30 students from Azusa Pacific University (APU), San Diego State University (SD SU), University of California, San Diego (UCSD), Grossmont College, National University an d Western University of Health</p>

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Form 990, Part III, Line 4a (continued)	<p>Sciences, including students with an interest in a career as a nurse or cardiovascular technician. FY 2017 Plan SGH will do the following:</p> <ul style="list-style-type: none">* Provide a free monthly CHF class and support group* Provide free bimonthly Heart and Vascular Risk Factor Education classes* Provide cardiac and vascular risk factor education and screening at community events* Provide one cardiac health lecture and a Cardiovascular Expo for community members* Continue to participate in the Open Versus Endovascular Repair of Popliteal Artery Aneurysm trial for popliteal aneurysm patients* Pursue additional research opportunities to benefit patients and community members* Offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options, as invited* Provide a conference on heart and vascular disease for community physicians and other health care professionals in October 2016* Continue to provide student learning opportunities <p>Identified Community Need: Diabetes Education, Prevention and Support. 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:</p> <ul style="list-style-type: none">* The SGH 2016 CHNA 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 one 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 vulnerable communities within SDC's east region (e.g., El Cajon, Jacumba, etc.) (Dignity Health, 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 discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips, unmet behavioral health needs, food insecurity, and knowledge of benefits

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Form 990, Part III, Line 4a (continued)	<p>* According to data presented in the SGH 2016 CHNA, diabetes is a major cause of heart disease and stroke. The CDC also identifies diabetes as a leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of 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-related 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 individuals 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 were 120 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 22.9 per 100,000 population, higher than the overall SDC age-adjusted rate 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 was 184.5 per 100,000 population. 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 were 786 diabetes-related ED discharges in SDC's east region. The age-adjusted rate of visits was 157.5 per 100,000 population. The diabetes-related ED discharge rate in the east region was the third highest in SDC and higher than the age-adjusted rate of 143.9 ED discharges per 100,000 population for SDC overall. * According to the 2015 CHS, 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 CHS 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. * According to the 2012 report from the HHS titled Critical Pathways: The Disease Continuum, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot). Furthermore, 36.5 percent of Americans were obese during 2011-2014 (CDC, 2015). * The 2014 National Diabetes Statistics Report from the CDC reports that a total of 29.1 million people in the U.S. have diabetes. Of those individuals, 21 million are diagnosed while 8.1 million are undiagnosed. Objectives * Provide diabetes education, prevention and support in</p>

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Form 990, Part III, Line 4a (continued)	<p>the east region of SDC * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community FY 2016 Report of Activities The SGH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education The program provides individuals with the skills needed to successfully self-manage their diabetes and live a long, healthy life and includes blood sugar monitoring, medications and insulin pump training Small group and one-on-one classes are also offered In FY 2016, the SGH Diabetes Education Program provided four on-site pre-diabetes 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 Diabetes 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, the 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 Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS) to provide diabetes education to FHCS diabetes patients at multiple sites, including those in SDC's east region, through FHCS's Diabetes Management Care Coordination Project (DMCCP) DMCCP provides FHCS diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity including Zumba classes, one-on-one support from a nurse practitioner and encourages peer support and education from project "graduates" to current patients/project enrollees in English and Spanish The project monitors enrollees' A1C and blood glucose levels and physical activity, and has proven successful outcomes in lowering and maintaining these levels In FY 2016, the SHC Diabetes Education Program provided a diabetes lecture to 50 community members at the FHCS Lemon Grove site Topics included nutrition, physical activity, diabetes mellitus, self-management and 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 between UCSD's Student-Run Free Clinic Project, the Third Avenue Charitable Organization (TACO) and Baker Elementary School in Southeast San Diego The Diabetes Wellness Project screens adult clinic patients with Type 2 diabetes for food insecurity, and provides them with ongoing medical treatment and diabetes management through the clinic In addition, FSD provides</p>

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Form 990, Part III, Line 4a (continued)	<p>Diabetes Wellness Food Boxes to project participants, in conjunction with a monthly diabetes and nutrition education course as well as CalFresh/Supplemental Nutrition Assistance Program (SNAP) outreach. Through the project, the SHC Diabetes Education Program provided diabetes and nutrition education to more than 300 community members at both the TACO and Baker Elementary School sites. Approximately 200 participants are enrolled in the Diabetes Wellness Project, and evaluation will include pre- and post-assessment surveys for the patients regarding diabetes control, an A1C blood test, and other metrics. In further efforts recognizing the connection between access to healthy food and its impact on chronic health conditions such as diabetes, throughout the year the SHC Diabetes Education Program actively supported SuperFood Drive - a San Diego-based organization that focuses on improving the health of food insecure populations through outreach, education and encouragement of healthy, nutritious food donations. 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 Instagram account through weekly posts of pictures of affordable, diabetes-friendly meals as well as shares ideas for inexpensive meals from EatFresh.org, an online resource for CalFresh eligible individuals and families; further, the SHC diabetes specialist shares a "Wellness Wednesday" educational post on the nutritional value of specific foods every week. In addition, in support of SuperFood Drive, the SHC Diabetes Education Program participated in FSD's 2016 Nutrition Symposium. The theme of the symposium was Intersections: Families, Nutrition and Empowerment, designed to facilitate innovative solutions to serve the community 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.</p>

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Form 990, Part III, Line 4a (continued)	<p>The SHC Diabetes Education Program continued to educate and advise underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes on how to manage blood sugar levels. The SHC Diabetes Education Program collaborated with community clinics to provide patients with a variety of education and resources, including gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercising and weight management, monitoring fetal movement, and the risks of uncontrolled diabetes and complications. Clinic patients also received 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 community clinics' obstetrician/gynecologists (OB/GYN) to prevent complications. At SGH, the SHC Diabetes Education Program collaborated with the hospital's OB/GYN to assist more than 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 to meet the needs of San Diego's newly immigrated Iraqi Chaldean population. The program facilitated 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 Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, Food Groups, and Arabic language materials for pregnancy. Food diaries and logbooks 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 than 200 languages via the Stratus Video Interpreting iPad application. Education was also provided 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 pressure checks and sports physicals to nearly 65 Patrick Henry High School students. In addition, the SHC Diabetes Education program provided diabetes education to nurse practitioner 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 Diabetes Education Program hosted an inpatient diabetes conference for approximately 150 attendees 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</p>

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Form 990, Part III, Line 4a (continued)	<p>supports and encourages emerging therapeutic trends in glycemic management in the hospital setting FY 2017 Plan The SGH Diabetes Education Program will do the following *</p> <ul style="list-style-type: none"> Conduct diabetes education at various community venues in SDC's east region Continue to collaborate with FHCSO to provide and expand education to their diabetes patients through the DM CCP * Continue to provide gestational services and resources to underserved pregnant women - both at the hospital and in collaboration with community clinics Conduct monthly diabetes prevention classes Continue to foster relationships with community clinics to provide education and resources to community members Continue to participate in ADA's Step Out Walk to Stop Diabetes Keep current on resources to provide community members support with diabetes treatment and prevention - particularly language and culturally appropriate resources Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community * Conduct educational outpatient and inpatient symposiums for health care professionals Explore additional collaborations with FSD to assist and educate food insecure community members <p>Identified Community Need Health Education, Screening and Support for Seniors</p> <p>Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale *</p> <ul style="list-style-type: none"> The SGH 2016 CHNA continued to identify senior health as one of six priority health issues for community members served by SGH The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals As part of Sharp's 2016 CHNAs, discussions held with social workers and nurses from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: <ul style="list-style-type: none"> 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 understanding 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 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: <ul style="list-style-type: none"> 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 understanding 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 <p>Sharp senior health discussions held as part of the SGH 2016 CHNA process identified the most common</p>

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Form 990, Part III, Line 4a (continued)	<p>on health-related issues or needs as anxiety, cardiac disease, cognitive impairment and dementia, depression, diabetes, psychosis and chronic mental illness (specific to the population served by the Downtown Senior Health Center), hypertension, increased need for caregivers, isolation, contributing to poor diet, bad habits, and depression, loss of purpose, and substance abuse, particularly for prescription drugs * Seniors participating in the S GH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care understanding health insurance, including confusing terms, knowing where to go for care, especially understanding when to use the ED, urgent care and primary care, using health insurance, including understanding health care costs/bills and knowing what services are covered, getting health insurance, and follow-up care, including understanding next steps 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 proportion is higher than any other region Between 2015 and 2020, the east region's senior population is expected to grow by 20.7 percent, which is lower than the growth rate for SDC overall * In 2013, Alzheimer's disease was the third leading cause of death in SDC's east region * 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 older were hospitalized in SDC Seniors in SDC's east region experienced higher rates of hospitalization for falls, coronary heart disease (CHD), stroke, pneumonia, chronic obstructive 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 nearly one out of every three senior residents in SDC The top three causes of ED utilization 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 prehospital (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)</p>

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Form 990, Part III, Line 4a (continued)	<p>* A 2016 HHSA report titled Identifying Health Disparities to Achieve Health Equity in San Diego County Age found that seniors in SDC's east region have disproportionately high death 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 Report, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHSA, 2012) * According to the CDC, 2.8 million older adults 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 issues and difficulty with everyday tasks or living independently (CDC, 2016) * According to HHSA's 2016 report Alzheimer's Disease and Other Dementias in San Diego County, in 2013 there 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 Between 2013 and 2030, the number of east region residents living with ADOD is projected to increase 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 recommends annual vaccination against influenza for specialized groups, including people ages 50 and older, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu * Research shows that caregiving can have serious physical and mental health consequences Findings from the Stress in America survey show that caregivers to older relatives report poorer health and higher stress levels than the general population Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, Valuing the Invaluable, updated July 2015) * According to a report from the National Alliance for Caregiving and the 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 In addition, 60 percent of unpaid caregivers are female, and nearly one in 10 caregivers are ages 75 or older (AARP and The National Alliance 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 lose over \$25 billion annually due to lost productivity and absenteeism related to family caregiving among full-time working caregivers (AARP, 2015) * About six in 10 caregivers assist with medical/nursing tasks for their loved one, and 42 percent of these caregivers are performing those</p>

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Form 990, Part III, Line 4a (continued)	<p>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. The top four topics of concern to caregivers are keeping their loved 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 Alliance for Caregiving, 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 Standard. 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 quarterly activity calendars to community members * Provide daily telephone reassurance/welfare 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 referral resource to additional support services in the community for senior residents in SDC's east region * Provide education and community resources to caregivers * Maintain and grow partnerships with community organizations to expand community outreach and provide community members with updated information on available services and resources.</p> <p>FY 2016 Report of Activities: Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them - through email, phone and in-person consultations - to a variety of free and low-cost programs and services. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2016, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 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 provide emergency personnel with critical medical information for seniors and disabled people. In FY 2016, the SGH Senior Resource Center provided nearly 50 free health education programs at the SGH campus, the Grossmont HealthCare District Conference Center and several community 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, psychology, nutrition, nursing, cardiology, advance care planning (ACP), audiology, speech therapy, neuroradiology.</p>

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Form 990, Part III, Line 4a (continued)	<p>y, and law , as well as by experts from community organizations Educational topics include d diet and fitness for a healthy heart, diabetes, healthy eating, senior services, Vials o f Life, addressing financial issues, memory loss, caregiver resources, caring for the care giver, bereavement, hospice, ACP, Medicare, coping with grief during the holiday season, Parkinson's disease, Alzheimer's disease, maintaining a healthy voice, diabetes, bone health, cognitive decline and driving, how to talk to a doctor and safety In 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 disorders, advances in stroke treatment, and digital hearing aids Throughout the year, the SGH Senior Resource Center provided 11 health screening events at various sites in SDC's east 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 Resource 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 referred 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 Center and volunteers - place daily computerized phone calls to participants at regularly scheduled times In the event that staff members do not connect with participants, a phone call 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 community members, as well as more than 60 follow-up phone calls to family and friends</p>

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Form 990, Part III, Line 4a (continued)	<p>In FY 2016, the SGH Senior Resource Center collaborated with the Caregiver Coalition of San Diego and the City of La Mesa to provide 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 at the La Mesa Community Center included a resource fair as well as education on understanding dementia, Alzheimer's disease, caregiving and dementia care planning, including legal and financial basics. The Finding the Balance in Caregiving Caring for Veterans conference provided a resource fair and education on caring for caregivers, helping veterans and their caregivers, estate planning for veterans, and aid from the VA San Diego Healthcare System (VASDHS) at the La Mesa Community Center. In June, the SGH Senior Resource Center served approximately 400 community members at the County of San Diego Aging and Independence Services (AIS) 2016 Aging Summit Age Well San Diego. The event included presentations on housing, transportation and mobility, civic engagement, and the aging brain as well as offered resource exhibitors, including information from the SGH Senior Resource Center on Vials of Life and screening events and programs for seniors and caregivers. In April, the SGH Senior Resource Center partnered with Sharp Hospice Care and the City of La Mesa to provide a conference titled Life's Transitions Changing Health Care Needs through the Years for community seniors and their families. Held at the La Mesa Community Center, the free conference provided nearly 90 attendees with educational presentations from a physician, attorney, 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. Throughout FY 2016, the SGH Senior Resource Center participated in as well as hosted health fairs and events throughout SDC's east region. Through these events, the SGH Senior Resource 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 Magolia Mobile Home Park in Santee, Cameron's Mobile Estates in Santee, Johnson & Johnson employee health fair, Waterford Terrace Retirement Community, Jewish Family Service of San Diego's College Avenue Center, La Vida Real, Sunrise 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 Lesbian, Gay, Bisexual and Transgender (LGBT) seniors at the San Diego LGBT Community Center'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 provided Vials of Life as well as health and community resources for seniors and care</p>

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Form 990, Part III, Line 4a (continued)	<p>givers at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina. The SGH Senior Resource Center continued to coordinate the notification of availability and provision of seasonal flu vaccines in selected community settings. Seniors, caregivers and high-risk adults with limited access to care were alerted through activity reminders, collaborative outreach conducted by the flu clinic site, Sharp.com and paper and electronic newspaper notices. In FY 2016, the SGH Senior Resource Center provided more than 650 seasonal flu vaccinations at 11 community sites to high-risk adults with limited access to health care resources, including seniors without transportation, those with chronic illnesses and caregivers. 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 community members at the Senior Transportation and Wellness Expos at the La Mesa Community Center, which highlighted transportation and safety information for seniors and caregivers. In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center provided its activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, health screenings, Vials of Life, community senior programs and telephone reassurance calls. At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to pregnant women and high-risk community members, many of whom were uninsured or had limited access to transportation. Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking in SDC's east region and provide quality programming for seniors. Organizations included 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 County Advisory Board. FY 2017 Plan SGH Senior Resource Center will do the following:</p> <ul style="list-style-type: none"> * Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations. * Provide community health information and resources through educational programs, monthly blood pressure clinics and at least five health screenings. * Collaborate with Sharp experts and community partners to provide approximately 35 seminars that focus on issues of concern to seniors. * Provide six additional community presentations for senior services and caregiving. * Participate in 20 community health fairs and events targeting seniors. * Collaborate with the East County YMCA, County of San Diego AIS and ECAN to provide a healthy living conference for seniors. * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to f

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Form 990, Part III, Line 4a (continued)	<p>family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors * Provide telephone reassurance calls to seniors and disabled adults in SDC's east region * Provide approximately 4,000 Vials of Life to senior community members * Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers * Collaborate with community organizations to provide seasonal flu vaccinations to community members facing barriers to accessing care, including homeless persons * Maintain and grow active relationships with organizations that serve seniors in SDC's east region</p> <p>Identified Community Need Cancer Education and Support, and Participation in Clinical Trials</p> <p>Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale * The SGH 2016 CHNA identified cancer as one of six top priority health issues for community members served 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 for cancer patients in SDC (including patients in the east region) cultural differences and language barriers between patient and provider, health literacy, financial issues, knowing where to go for care, availability of reliable transportation, difficulty with end-of-life conversations, and lack of advance care directives among cancer patients * According to data presented in the SGH 2016 CHNA, in 2015, 152 (33.7 percent) of the 451 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources * According to Sharp oncology data presented in the SGH 2016 CHNA, the top observed cancers at SGH in 2015 were (in rank order) breast cancer, lung cancer, colorectal cancer, prostate cancer, and hematopoietic cancer * The cancer key informant interview conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients</p> <p>Additional issues include financial, legal, and survivorship issues, emotional, 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 issues</p>

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Form 990, Part III, Line 4a (continued)	<p>* The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process, community coordinators with knowledge of hospital needs and community resources, greater hospital and community partnerships, resources to educate providers on end-of-life and palliative care issues, personnel within the health 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 SGH 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 manager 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 patients 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 deaths that occurred in that year. * In 2013, there were 907 deaths due to cancer in SDC's east region. The east region's age-adjusted death rate due to cancer was 171.2 deaths per 100,000 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 100,000 population. * In 2013, 23 percent of all cancer deaths in SDC's east region were due to lung cancer, nine percent to colorectal cancer, six percent to female breast cancer, five percent to prostate cancer, and one percent to cervical cancer (LiveWell San Diego, 2013). * In 2013, the age-adjusted death rates for colorectal, lung, and cervical cancer were higher in the east region than the age-adjusted death rates for these cancers in SDC overall. * By 2018, total 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 Cancer 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 the CDC, from 2009-2013, SDC had an age-adjusted breast cancer incidence rate of 128.3 per 100,000 population. This is higher than the incidence rates for the same period in California or the U.S. (121.4 and 123.3, respectively). * According to the 2015 Susan G. Komen for the Cure(r) San Diego</p>

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Form 990, Part III, Line 4a (continued)	<p>Affiliate Community Profile Report, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women. It is expected that SDC will take approximately five years to meet the HP2020 target. * According to the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report, breast cancer mortality rates for African American women were the highest in SDC in 2013, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2). * The study findings from the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, 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 past 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 offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous growth is known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began. * The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. Some of the tasks a patient navigator may assist with include psychosocial support, assistance with treatment decisions, assistance with insurance issues, arrangement of transportation, coordination of additional services (i.e., fertility preservation), and tracking of interventions and outcomes. The navigator works with the patient 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 advances. 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 aspects of care, such as improving the quality of life for people with chronic illnesses. If clinical trials are to be successful, it is critical that more people are involved. Objectives: * Provide cancer education and support to patients and community members. * Provide cancer resources and education at community events. * Provide cancer patient navigation and support services to the community.</p>

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Form 990, Part III, Line 4a (continued)	<p>munity * 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 Accreditation 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 diseases of the breast The SGH Cancer Center is also accredited by the American College of Surgeons Commission on Cancer (CoC) as a Comprehensive Community Cancer Center CoC accreditation standards promote comprehensive cancer services, including consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists, resulting in improved patient care As part of its journey in comprehensive cancer care, the SGH Cancer Center provides patients with nutritional and genetic counseling The SGH Cancer Center provided education on cancer, breast self-examination demonstrations, and resources from the ACS and National Cancer Institute (NCI) to approximately 1,300 individuals at community events, including East County's 14th annual Spring Into Healthy 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 Sunrise Community Church, the Waterford Terrace Retirement Community Health Fair, Sharp's annual Women's Health Conference and the SGH Cancer Awareness Expo In addition, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October In FY 2016, the SGH Cancer Center collaborated with Chaldean and Middle-Eastern community leaders in El Cajon to determine the most common barriers to obtaining breast health care among the Middle-Eastern community as well as how to provide appropriate, culturally sensitive educational materials and trainings for this population</p>

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Form 990, Part III, Line 4a (continued)	<p>SGH helped raise community awareness of cancer through a variety of media outlets in FY 2016. In recognition of Breast Cancer Awareness Month in October, an SGH-affiliated oncologist and a former cancer patient joined a live news interview on San Diego CW6 news station to express the importance of awareness 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 tattoo. In addition, an SGH-affiliated oncologist discussed breast cancer risk factors and the importance of being vigilant to detect the disease early, for an article in The San Diego Union-Tribune. 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 stages of breast cancer - from recent diagnosis to treatment to cancer survivor - to share experiences and discover coping strategies. The lung cancer support group was offered monthly 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 treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of chat and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. Two new support groups were offered by the SGH Cancer in FY 2016, including a monthly Man Cave support group for men with cancer as well 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 community members facing cancer. Through the monthly Survivorship Lunch and Learn series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as coping with chemo brain, sexuality, adjusting to life after cancer, stress management, the role of genetics in cancer, and clinical trials - 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 women techniques to manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and boost self-confidence. Classes include a complimentary</p>

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Form 990, Part III, Line 4a (continued)	<p>ry makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs and headwear. Six classes were offered at the SGH Cancer Center in FY 2016, reaching approximately 36 women. Throughout the year, the SGH Cancer Center offered free workshops for patients and community members. This included free monthly Advance Care Planning workshops provided in collaboration with Sharp's ACP program. Led by a trained ACP facilitator, the workshops provided more than 40 community members with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones, and guidance with completing an advance health care directive. The SGH Cancer Center also offered a workshop focused on relaxation and quieting the mind to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis. New in FY 2016, a Managing Sleep and Fatigue Workshop offered patients and their family members strategies to help relax, improve sleep and manage persistent fatigue, which is a common side effect both during and after cancer treatment. Also new in FY 2016, a Chemo Brain Workshop Improving Memory and Concentration was offered to patients experiencing memory problems related to chemotherapy and other cancer treatments. The workshop provided more than 40 community members with tips and strategies to help manage 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 Center team offers a licensed clinical social worker (LCSW), a certified dietitian, genetics counselors and cancer patient navigators for breast and various other cancers. The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive 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 Cancer Alliance, Mama's Kitchen, 2-1-1 San Diego (2-1-1), FSD, Food Bank and Jewish Family Service of San Diego's Breast Cancer Case Management program, as well as other food and financial 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 regarding support groups and other SGH Cancer Center services and community resources. The breast health navigator is an RN certified in breast health who personally assists breast cancer patients and their families in their navigation of the health care system. The breast health navigator offers support, guidance, education, financial assistance</p>

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Form 990, Part III, Line 4a (continued)	<p>ce referrals and recommendations to community resources Through collaboration with community clinics - including FHCS, Neighborhood Healthcare and Borrego Health - the breast health navigator identifies patients who may financially benefit from the Breast and Cervical Cancer Treatment Program, a program offered through the California Department of Health Care Services The program provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients, and local clinics help facilitate the enrollment process Patients needing psychosocial support are referred to various local or national support groups, the Jewish Family Service of San Diego's Breast Cancer Case Management program or the SGH Cancer Center Radiation Oncology Department's LCSW 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 navigator 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 designated 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 complex care needs The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy The cancer patient navigator has assisted approximately 240 patients and their families since the inception of the program Two genetics counselors assist patients and family members at SGH and SMH through risk assessment, counseling, genetics testing for personal and family history of cancer, and referrals for high-risk patients From January 2015 to December 2016, the genetics counselors dedicated more than 3,100 hours to genetics counseling, including approximately 390 consultations 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 combined radiation and chemotherapy who are at high-risk for malnutrition This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers - including some cervical and rectal In FY 2016, the dietitian provided one-on-one nutrition assessments, education and follow-up to more than 130 patients</p>

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Form 990, Part III, Line 4a (continued)	<p>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 participation 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 the studies. In FY 2016, clinical trials focused on multiple types of cancer, including breast, lung, neurological, prostate, lymphomas and more. In FY 2016, the SGH Cancer Center supported learning opportunities for community physicians and other health care professionals through participation in a professional conference titled Advances and Controversies in Melanoma and Other Skin Cancers conference at the Rancho Bernardo Inn - a free, conference sponsored by SHC to promote strategies for skin cancer prevention and early cancer detection. 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:</p> <ul style="list-style-type: none"> * Continue to provide cancer education, resources and demonstrations on breast self-exams at community health fairs and events. * Continue to provide a free biweekly breast cancer support group for women in all stages of breast cancer. * Provide free community support groups, including a group for community members with lung cancer and their caregivers, a group for men with cancer, and an art-themed group. * Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones. * Provide six Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment. * Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones as they move through the continuum of care. * Provide education and resources to the community with patient navigators for breast, colon, brain and gynecologic cancers 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 collaboration 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 studies. * Provide educational information on cancers and available treatments through community residents and community physician lectures. * Provide internships to NU Radiation Therapy students. * Offer a multi-session couples communication workshop on legacy planning including creating a life story and ethical will. * Offer a daylong workshop on medical cannabis. * Provide support groups and education for the Chaldean and

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Form 990, Part III, Line 4a (continued)	<p>Middle-Eastern communities * Provide a free seminar to educate community members about lifestyle choices for reducing breast 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</p> <p>Identified Community Need Women's, Prenatal and Postpartum Health Services and Education 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 HASD&IC 2016 CHNA continued 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 infants 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 rate was 5.5 infant deaths per 1,000 live births, which is higher than the infant mortality rate for SDC overall * There were 673 hospitalizations due to maternal complications in SDC's east region in 2013 The east region's age-adjusted rate was 301.6 per 100,000 population, which was lower than the age-adjusted rate for SDC overall (306.7 per 100,000 population) * In 2013, there were 5,217 live births with early prenatal care in SDC's east region, which translates to 81.1 percent of live births for the region This was slightly lower than the percentage of live births receiving early prenatal care in SDC overall (84.8 percent), 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 increasing access to quality preconception and inter-conception care * A 2015 report from the Children's Initiative titled San Diego County Report Card on Children and Families identified the following barriers to utilization of prenatal care financial barriers, such as a lack of health insurance, the context of care, such as biased treatment from providers or a lack of cultural competence, 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 prenatal care include affordable health coverage, expedited health coverage for pregnant uninsured women, comprehensive insurance packages including health education and risk counseling, accessible and affordable prenatal services, use of safety net providers such as community clinics and Federally Qualified Health Centers, outreach to enroll women in health coverage and connect them with prenatal services, culturally an</p>

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Form 990, Part III, Line 4a (continued)	<p>d linguistically appropriate prenatal services, evidence-based home visiting programs for high-risk pregnant women, trained and certified doulas and community health workers to provide health education, coaching and support, evidence-based group care approaches to reduce costs and enhance the content of care, and transportation assistance such as vouchers for taxis or public transit (Children's Initiative, 2015) * According to the 2015 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease and decreases the rate and severity 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, ovarian, and uterine cancers, quicker recovery time postpartum, and less work missed due to child illness (Children's Initiative, 2015) * In California, SDC is ranked 20th out of 50 counties for exclusive breastfeeding (California WIC Association and University of California, Davis (UC Davis) Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016) * According to the CDC's 2016 Breastfeeding Report Card, 58.5 percent of mothers in California were breastfeeding at six months, while only 24.8 percent were exclusively breastfeeding at six months (CDC, 2016) * According to the CDC's 2016 Breastfeeding Report Card, breastfeeding provides many known benefits for infants, children, and mothers The early postpartum 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 that mothers who experience more supportive practices (such as early breastfeeding initiation and limited supplementation) are more likely to breastfeed exclusively in the hospital and beyond In California, 94 percent of mothers begin breastfeeding in the hospital, but 27 percent also feed their infants formula during their stay In-hospital lactation support is crucial to mothers' breastfeeding success following discharge (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016)</p>

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Form 990, Part III, Line 4a (continued)	<p>* The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012) *</p> <p>According 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) *</p> <p>According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy. In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation (CHCF), 2016) *</p> <p>According to a study in the JAMA, one in seven women have depression in the year after they give birth (JAMA, 2013) *</p> <p>According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015) *</p> <p>Contributing factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2015) Objectives *</p> <p>Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skills *</p> <p>Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding *</p> <p>Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services *</p> <p>Participate in professional associations related to women's services and prenatal health and disseminate research FY 2016 Report of Activities</p> <p>In FY 2016, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and new births throughout the community. Free support groups assisted women and families with the challenges and adaptations of having a new born. Offered twice per week, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home. Facilitated by RN lactation consultants, the group served more than 15 attendees per session in FY 2016, including fathers who were welcome to attend. A weekly postpartum support group, led by the SGH Women's Health Center's social workers, supported approximately 10 mothers per session in FY 2016. Through the support group, mothers with babies up to 12 months</p>

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Form 990, Part III, Line 4a (continued)	<p>of age who are suffering from "baby blues" symptoms, depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals. In addition, the weekly Little Wonders support group helped new parents transition into their role as a mother or father. Led by a perinatal educator, the group reached 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 classes covered a variety of parenting and newborn care topics. Through the breastfeeding class, moms-to-be learned basic breastfeeding tips, including understanding the advantages of breastfeeding, positioning and the use of breast pumps. Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling. Other offerings by the SGH Women's Health Center in FY 2016 included classes on Caesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new brothers, sisters and grandparents. The SGH Women's Health Center also supported the community through participation in community events. At the San Diego East County Chamber of 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 attendees. Further, since 2012, SGH has hosted an annual neonatal intensive care unit (NICU) Reunion 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 included a variety of activities, such as face painting, a photo booth (including framed pictures for the families), games, 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 through the Baby-Friendly Hospital Initiative (BFHI). Established in 1991 by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), the BFHI recognizes hospitals and birthing centers that offer high-quality, evidence-based breastfeeding practices. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. SGH has completed requirements for Baby-Friendly USA Designation, including training health care staff to properly implement a breastfeeding policy, providing education to pregnant women on the benefits of breastfeeding, demonstrating how to breastfeed and maintain lactation to new mothers, encouraging breastfeeding on demand, allowing mothers and infants to remain together 24 hours a day, and establishing breastfeeding support group.</p>

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Form 990, Part III, Line 4a (continued)	<p>ps and referring mothers to these resources following discharge from the hospital or clinic. The SGH Women's Health Center has implemented several critical process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community. This began in 2012 with implementation of the 10 Steps to Successful Breastfeeding, and continued through various other quality strategies to promote exclusive 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 been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breast milk volumes. Early intervention strategies were incorporated to promote the establishment of breast milk in the first couple of weeks. The SGH Women's Health Center also continued to track mothers of premature infants 28 to 34 weeks who established breast milk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive breastfeeding rate at discharge for new borns from 49 percent in 2011 to 68.9 percent in 2016. 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. The report became available for distribution in April 2016. In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) - an initiative of SDC's Live Well San Diego and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected out of six participating clinics as the pilot clinic to help establish Baby-Friendly USA guidelines around breastfeeding during the prenatal period and after discharge, and support other prenatal clinics in achieving Baby-Friendly USA standards. Though the pilot program ended in 2016, SGH continues its collaboration in the BFCHC to ensure sustainability of the model.</p>

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Form 990, Part III, Line 4a (continued)	<p>SGH delivers more than 800 babies from community clinics each year. The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2016, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This included approximately 1,570 hours of care for pregnant women five days per week. The SGH Prenatal Clinic also continued to participate in the California Department of Public Health (CDPH) Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered as part of this effort in order to reduce the number of women who reach gestational diabetic criteria. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH RD or the SGH Diabetes Education Program as appropriate. At-risk women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community. The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist drug-addicted patients with psychological and social issues during pregnancy. These approaches have been shown to reduce both LBW rates and health care costs in women and infants. The SGH Women's Health Center also provided women with referrals to a variety of community resources, including, but not limited to, California Teratogen Information Service (CTIS), WIC, and the SDC Public Health Nurse. In FY 2016, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including the local chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), WIC, CTIS, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, ACNL, the regional Perinatal Care Network, Perinatal Safety Collaborative, American Association of Critical-Care Nurses - Clinical Scene Investigator Academy, and the Public Health Nurse Advisory Board. The SGH Women's Health Center also recently joined the California Maternal Quality Care Collaborative to improve morbidity and mortality in women as well as the California Perinatal Quality Care Collaborative to improve antibiotic stewardship in the NICU. FY 2017 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Provide free breastfeeding, postpartum and new parent support groups * Provide parenting education classes * Participate

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Form 990, Part III, Line 4a (continued)	<p>e in wellness events for women with a focus on lifestyle tips to enhance overall health * Share evidence-based maternity care practices through presentations at professional conferences * Continue to implement evidence-based maternity care practices required to achieve Baby-Friendly USA Designation * Provide prenatal clinical and social services as well as education to vulnerable, community clinic patients through the SGH Prenatal Clinic * Provide a NICU graduate reunion for former NICU patients and their family members</p> <p>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 statistics unless otherwise indicated Rationale * The SGH 2016 CHNA identified cardiovascular disease, Type 2 diabetes, cancer and obesity among six priority health issues affecting members 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 injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases * The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food, access to care or services, homelessness/housing issues, physical activity, education/knowledge, cultural competency, 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 and stigma reduction, education on disease management and food insecurity, integrating physical 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 cardiovascular 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 data 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 CDC, about half of Americans (49 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors * The HHSA's LiveWell San Diego 3-4-50 initiative identified three behaviors (poor diet, physical inactivity, and</p>

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Form 990, Part III, Line 4a (continued)	<p>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 was 28.4 percent, which is lower than the rate for SDC overall of 23.5 percent. * In 2015, 13.9 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 overall of 12.3 percent (CHIS, 2015). * Obesity increases the risk of many health conditions, including coronary heart disease, stroke, Type 2 diabetes, and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015). * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. Between 2011 and 2014, 36.5 percent of Americans were obese (CDC, 2015). * Some of the risk factors for developing osteoporosis include body size, family history, age, sex hormone deficiencies, diet low in calcium and vitamin D, certain medications, physical inactivity, smoking and excessive alcohol use (NIH, 2014). * 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 education and services at events and sites throughout the community. * Offer health and wellness education to the community through various media outlets. FY 2016 Report of Activities: Throughout FY 2016, SGH participated in community events, offered presentations at neighborhood sites, and partnered with local media sources to educate community members about a variety of health and wellness topics.</p>

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Form 990, Part III, Line 4a (continued)	<p>In May, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference, where they offered wellness education and services to approximately 1,000 attendees. This included nutrition education, healthy food samples, and a presentation on intuitive eating from an SGH RD. At the conference, SGH also provided more than 300 community members with osteoporosis heel screenings, education on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention. In FY 2016, SGH RD's provided more than 520 community members with nutrition handouts and healthy food samples, as well as answered nutrition-related questions at a health fair at Semptra/SDG&E and SGH's Heart Health Expo. In addition, in January, an SGH RD presented on eating well in the new year 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. Information was shared through these outlets by a bereavement counselor, ACP specialist, infectious disease specialist, clinical lab scientist, chef and hospital physicians from a variety of specialties, including emergency medicine, urology, cardiology, and oncology. Topics included, but were not limited to, coping with grief during the holidays, kidney injuries, 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 room, heart health, the Zika virus, the importance of vaccinations, the importance of managing 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 prevention, 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:</p> <ul style="list-style-type: none"> * Continue to provide health and wellness offerings to community members at a variety of community events and other sites. * Continue to provide health and wellness education through local news sources. <p>Identified Community Need: Prevention of Unintentional Injuries. Rationale: references the findings of the SGH 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 death for SDC's east region. Unintentional injuries - motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, d</p>

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Form 990, Part III, Line 4a (continued)	<p>rowing, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region * In 2013, there were 192 deaths due to unintentional injuries in east region, an 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 to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional 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. The age-adjusted rate of hospitalizations was 785.0 per 100,000 population, which is above the county age-adjusted average of 691.5 per 100,000 population * In 2013, there were 28,007 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 5,968.2 per 100,000 population, which is the highest of all regions and above the SDC age-adjusted average of 4,984.5 ED visits per 100,000 population * Unintentional injury remains a leading cause of death for children ages 0 to 14 years. The effects 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 community (HHSA, 2012) * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing 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 use 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. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and comm</p>

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Form 990, Part III, Line 4a (continued)	<p>unities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations) * According to the CDPH's Burden of Chronic Disease and Injury Report California, 2013 injury, including both intentional and unintentional, is the number one killer and disabler of persons ages 1 to 44 in California * The same report states that every year in California, injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million ED visits * Between 2012 and 2013, unintentional injuries accounted for 85 percent 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 attributed 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) 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/Sharp 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 two-hour classes covering topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord The programs included personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs) Schools were offered additional opportunities for learning through a variety of lesson plans, including information on physical rehabilitation and careers in health care as well as disability awareness panels to meet the needs of specific class curricula Specifically, elementary school students learned about the importance of using booster seats and helmets, proper pedestrian safety and safe practices while on the playground, and at-risk teens learned about the consequences of reckless driving, violence and poor decision making</p>

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Form 990, Part III, Line 4a (continued)	<p>With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), the ThinkFirst/Sharp on Survival program offered a variety of services 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 specifically 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 Survival education in FY 2016. Additionally, in FY 2016, ThinkFirst/Sharp on Survival presented on injury prevention, TBI, SCI and disability awareness to more than 1,200 college students in SDSU's Disability in Society courses. FY 2017 Plan ThinkFirst/Sharp on Survival will do the following:</p> <ul style="list-style-type: none"> * With funding support from grants, provide educational programming and presentations for local schools and organizations. * Using grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs. * As part of the HASPI partnership, continue to evolve program curricula to meet the needs of health career pathway classes. * Grow partnership with HASPI through participation in conferences, round table events and collaboration on letters of support for various funding opportunities. * Continue to provide booster seat education to elementary school children and their parents with funding support from grants. * Continue to provide college students with injury prevention education through SDSU's Disability in Society course and public health classes. * Explore further opportunities to provide education to health care professionals and college students interested in health care careers. * As appropriate and with funding, continue to explore opportunities to utilize additional ThinkFirst/Sharp on Survival 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. * Expand the reach of HASPI tours to Calexico and other Imperial County areas identified Community Need Support During the Transition of Care Process for High-Risk, Underserved and Underfunded Patients. Rationale references the findings of the SGH 2016 CHNA, HAS D&IC 2016 CHNA 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 Transitions Program (CCTP)/ CTI staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching, education 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 informant interview.

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Form 990, Part III, Line 4a (continued)	<p>conducted as part of the SGH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services. * The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity, and Type 2 diabetes). These social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty. * Key informant interviews conducted 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, education on disease management and food insecurity, improving diversity and cultural competency, coordinating services across the continuum, integrating physical and mental health, and engaging 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 partner discussions recommended strengths-based case management, greater availability of multicultural 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 care: understanding health insurance, getting health insurance, using health insurance, knowing 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 percent). * 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 Information, 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 in CalFresh/SNAP, higher than SDC overall (17.7 percent) (CHIS, 2014). * In 2015, 20.5 percent 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 there 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 Achieve Health Equ</p>

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Form 990, Part III, Line 4a (continued)	<p>ity in San Diego County Socioeconomic Status found that low -income communities in the cou nty are disproportionately affected by numerous health issues, including injury, chronic a nd communicable diseases, poor maternal and child health outcomes, and behavioral health o utcomes 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 i s now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006 Objectives * Connect high-risk, underfunded patients and community members to local resources and organizations for low -cost medical equipment, housing options and follow -up care * Assist economically disadvantaged individuals throug h transportation and financial assistance for pharmaceuticals * Collaborate w ith community organizations to provide services to chronically homeless individuals * Through the CTI p ilot, provide high-risk, under and unfunded patients w ith health coaching, support and res ources that address SDOH to ensure a safe transition home and maintained health and safety FY 2016 Report of Activities In FY 2016, SGH continued to provide post-acute care facilit ation for high-risk patients, including individuals w ho were homeless or w ithout a safe ho me environment Individuals received referrals to and assistance from a variety of local r esources and organizations These groups provided support w ith transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays SGH referred h igh-risk patients, families, and community members to churches, shelters and other communi ty resources for food, safe shelter and other resources For unemployed, uninsured and und erinsured patients, or for those w ho simply cannot afford the expense of a w heelchair, w al ker or cane due to a fixed income, SGH has committed to improving access to DME for high-r isk patients upon discharge SGH case managers and social w orkers actively recruited DME d onations from the community, providing more than 100 DME items to patients in need in 2016 To assist economically disadvantaged individuals, SGH provided more than \$171,500 in fre e medications, transportation, lodging and financial assistance through its Project HELP f unds These funds assisted more than 6,200 individuals in FY 2016 In addition, SGH pharma cists assisted more than 440 economically disadvantaged patients w ith more than 2,180 outp atient prescriptions valued at approximately \$230,000</p>

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Form 990, Part III, Line 4a (continued)	<p>In addition, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SGH discharged chronically homeless patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help these patients get back on their feet. Beginning in 2014, SGH piloted a CTI program for its high-risk, vulnerable populations, including, Medi-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 Program 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 worker at no cost to vulnerable patients 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 and 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 others. The team ensures that vulnerable patients are connected with community resources and support to safely transition home, and keep them safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations. This outreach is critical for sustaining vulnerable patients and empowering them to manage their care in the community. One of the key factors 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. The 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 programs and free food distribution sites throughout San Diego. More than a dozen of these patients 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 evaluate patients for CalFresh benefits prior to hospital discharge, dramatically increasing 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 CalFresh benefits. Fu</p>

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Form 990, Part III, Line 4a (continued)	<p>rather, in an effort to supply food directly to those in need during the first few days after discharge, the CTI program provides medically-tailored emergency food bags for CTI patients without food in their homes. Supported by funding from the Grossmont Hospital Foundation, the food bags include nutritious items specifically designed for the complex health conditions and nutritional needs of CTI patients, in order to sustain their health until they are enrolled in a food assistance program. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. In FY 2016, the CTI program has provided more than 65 food bags to CTI patients in SDC's east region. In addition, a significant number of CTI patients are diabetic and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this challenge, a grant application was submitted and approved by the Neighborhood Walmart(r) located closest to SGH. As a result of this funding, in 2016, 28 "diabetes kits" - including a three-month supply of strips, lancets, etc. - were put together. These kits help to keep CTI patients safe and managed until their insurance is activated. Since its inception in May 2014, the CTI pilot has demonstrated a powerful impact. To date, the program has approached 1,218 patients, and, of those patients, 950 accepted services 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 status was 9.2 percent - an astounding impact. In addition, SGH coaches devoted hundreds of hours of time directly to these vulnerable patients. It has been the focus on care management as well as SDOH that has contributed to the marked success of this program. The newly-formed community partnership with 2-1-1 has proven to be one of the most innovative and impactful collaborations of the CTI program. 2-1-1's specialty Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. Health Navigators work specifically with clients experiencing issues in accessing care, managing chronic conditions, and those who are uninsured or underinsured. Health Navigators assess clients' specific needs, which are unique to their health condition and situation, referring and educating clients about options and community resources, 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 Navigation to address health and social needs and leverage 2-1-1's enrollment services, housing coordination and</p>

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Form 990, Part III, Line 4a (continued)	<p>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, patient self-efficacy and health risk to measure program impact Based on the rating scale, patients fall into one of five categories (In Crisis, Vulnerable, Stable, Safe, Thriving) that allow the Health Navigators to tailor the services to the individual and connect patients with the appropriate community resources CTI patients referred to 2-1-1 are assessed on a variety of measures such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment The risk assessment tool has identified the top needs as housing, food assistance and primary care services The CTI pilot and partnership 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 completed the program For those patients, a 95 percent decrease in vulnerability and a 10 percent 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 vulnerability regarding activities of daily living * 46 percent decreased vulnerability regarding ambulance use * 33 percent decreased vulnerability regarding health management * 25 percent decreased vulnerability regarding housing * 39 percent decreased vulnerability regarding income/employment * 31 percent decreased vulnerability regarding nutrition * 33 percent decreased vulnerability regarding primary care * 50 percent decreased vulnerability regarding social support * 27 percent decreased vulnerability regarding transportation Follow-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 situation and 69 percent felt confident or very confident in their care plan to manage their health In recognition of its innovative care approach and tremendous results, SGH's CTI program was selected to be highlighted by the Health Research and Educational Trust/Robert Wood Johnson Foundation's Culture of Health Learning Collaborative, which spotlights successful hospital-community organization partnerships to improve community health CTI has also been recognized locally with the CalFresh Outreach Partner and Community Collaborator Award by the San Diego Hunger Coalition's CalFresh Outreach Task Force</p>

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Form 990, Part III, Line 4a (continued)	<p>FY 2017 Plan SGH will do the following</p> <ul style="list-style-type: none"> * Continue to provide post-acute care facilitation to high-risk patients * Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME * Continue to administer Project HELP funds to those in need * Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients * Continue to provide high-risk, Medi-Cal and unfunded patients with CTI health coaches and connection to resources, including resources to combat food insecurity, housing, and other SDOH * Maintain and strengthen partnerships with FSD and 2-1-1 to strengthen the services of the CTI program and support expansion of the program * Explore opportunities to improve communication with community clinics <p>Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers</p> <p>Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale *</p> <p>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) Shortage Area</p> <ul style="list-style-type: none"> * The 2014 labor market analysis by the San Diego Workforce Partnership (SDWP) indicated that the occupations with the largest supply gaps were nursing assistants, home health aides, physician's assistants, clinical laboratory scientists, and laboratory technicians * According to the SDWP, health care specialty occupations were expected to increase employment by 12 percent (7,466 jobs) between 2013 and 2018 in SDC The top six growing health care occupations in 2014 were RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses (SDWP, 2014) * According to a 2014 labor market analysis by the SDWP, there was an increasing number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience The scarcity of clinical facilities offering prerequisite training makes it increasingly difficult for employers to find qualified workers * The 2015 SDWP Priority Sectors report recommends that health care training and education programs in SDC emphasize soft skills such as teamwork, time management, customer 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 Healthcare Workforce Development in San Diego County, there is a particular need for workers in allied 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

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Form 990, Part III, Line 4a (continued)	<p>r Statistics (BLS) identified several factors leading to an increased demand for RNs and other health care personnel in the U S These factors include projected population growth in the next decade, aging of the U S population, greater numbers of people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance 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 practitioners 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 will grow 38.1 percent from 2014 to 2024 Older individuals often have health problems and need help with daily activities As the U S population ages, the demand for home health aides will continue to increase (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 industries related to health care are projected to add the 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 clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and communities as a result of dedicating time and resources to the thousands of interns and high school students who gain valuable work experience and career exposure by spending time in California hospitals Objectives * Collaborate with local schools to provide opportunities for students to explore health care professions * Collaborate with local colleges and universities to provide professional development lectures to students from local colleges and universities * Offer professional development opportunities for community health professionals FY 2016 Report of Activities SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Health-careers Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences In FY 2016, 16 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre- and post-operative</p>

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Form 990, Part III, Line 4a (continued)	<p>e surgery, the progressive care unit, radiology, pharmacy, supply chain/distribution, nutrition, infection control, the surgical waiting area/concierge, occupational and physical therapy, and the catheterization and hyperbaric laboratories. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits equal to two summer school sessions. New in FY 2016, SGH provided three lectures to HESI students on the following topics: the Sharp Experience/patient experience at SGH, the importance of infection control in the hospital, and injury prevention and the importance of proper body mechanics to avoid injury. SGH also continued its 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 services, oncology, acute care medical-surgical nursing, sterile processing, supply distribution, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, the concierge as well as SRS family practice, podiatry, specialty areas, and primary care. In addition, SGH staff provided students instruction on educational requirements, career ladder development 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.</p>

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Form 990, Part III, Line 4a (continued)	<p>Throughout the academic year, SGH provided more than 950 students from colleges and universities throughout San Diego with various placement and professional development opportunities. More than 730 nursing students spent nearly 64,700 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 215 ancillary students spent more than 50,100 hours on the SGH campus. Academic partners included Alliant University, APU, California Northstate University, California State University Fresno, California State University Long Beach, California State University Northridge, California State University San Marcos, Casa Loma College, Chamberlain College, Concorde 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 University (PLNU), San Diego City College, San Diego Mesa College, SDSU, Southwestern College, Touro University, University of New Hampshire, University of Phoenix, UCSD, University of San Diego, University of Southern California, University of St Augustine, University of the Pacific, Villa Nova University, Western University, and WestMed College. In addition, SGH offered professional development lectures to 30 PLNU students on nutrition. Further, the SGH Cancer Center provided internships to two National University Radiation Therapy students. Lastly, in July, the SGH Cancer Center shared best practices with staff members from Borrego Health - Centro Medico El Cajon, including providing optimal care for breast cancer patients and understanding patients' needs and concerns. SGH offered free professional development opportunities for community and Sharp health professionals in FY 2016, including the Introduction to Mindfulness class series and Mindful Meditation classes. The Introduction to Mindfulness four-class series helped participants incorporate mindfulness into daily life, such as sitting, walking and eating meditation, and how to work with difficult thoughts and emotions, in order to achieve a range of positive benefits, including greater mind-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 practice developing greater mind-body awareness and reduce stress. In FY 2016, more than 140 health professionals participated in the Introduction to Mindfulness series and Mindful Meditation classes at SGH. FY 2017 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * In collaboration with GUHSD, participate in the HESI * Continue to participate in the HSHMC program * Continue to provide internship and professional development opportunities to college and university students throughout San Diego * Continue to collaborate with local universities to provide professional development lectures for students

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Form 990, Part III, Line 4a (continued)	<p>* Develop an elementary school field trip program to promote healthy decision-making as well as to provide a broad understanding of health care career options * Continue to provide the Introduction to Mindfulness class series Mindfulness Meditation classes * Explore the provision of a Compassion Cultivation training course SGH Program and Service Highlights * 24-hour emergency room and critical care center, with heliport and paramedic base station - designated STEMI Center * Acute care * Ambulatory Care Center * Ambulatory Infusion Center * Breast Imaging Center, including mammography * Cardiac Training Center * Care Transitions Intervention (CTI) program * David and Donna Long Center for Cancer Treatment, including clinical trials, genetic counseling, radiation therapy and medical oncology * 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, LakeView and ParkView hospice homes * Intensive Care Unit * Level III Neonatal Intensive Care Unit * Mental Health Inpatient and Outpatient Services * Orthopedics, including total joint replacement surgery * Outpatient diabetes services, recognized by the ADA * Pathology services * Pediatric services * Pharmacy services * Pre-Anesthesia Evaluation Services * Pulmonary services * Radiology and diagnostic imaging, including computed tomography (CT) scan, positron emission tomography scan, digital mammography and DEXA bone density scan * Rehabilitation services (inpatient and outpatient) * Senior Resource Center * Skilled Nursing Facility/ Transitional Care Unit * Sleep Disorders Center * Spiritual care services * Stroke Center - recognized by the AHA * Surgical Intensive Care Unit * Surgical services, including robotic surgery * Therapy Pet program * Urgent Care (opening 2017) * Van services * Women's Health Center * Wound Healing Center, including hyperbaric medicine</p> <p>Section 5 Sharp HospiceCare As a systemwide program, Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's or SHC's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 6 of this report. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in FY 2016 in the following SB 697 community benefit categories:</p> <ul style="list-style-type: none"> * Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Feeding San Diego and the San Diego Food Bank. * Other Benefits for the Broader Community included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community, such as education, support groups and outreach at community health fairs and other even

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Form 990, Part III, Line 4a (continued)	<p>ts Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCC EOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), Southern Caregiver Resource Center (SCRC), San Diego Regional Home Care Council (SDRHCC), San Diego Community Action Network (SanDi-CAN), North County Community Action Network (NorCAN), South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (HPNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for 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 administration, including community health needs assessments.</p> <p>* Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and generalizable health-related research projects that were made available to the broader health care community. Definition of Community Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942. Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC. For SHC's 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 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/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations. According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. Description of Community Health in SDC in 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 targets 3.9 for health insurance coverage. See Table 24 for a summary of key indicators of access to care and Table 25 for data regarding Medi-Cal eligibility.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 reported 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: Health Care Access in SDC, 2015 Current Health Insurance Coverage: Children 0 to 11 Years: Rate - 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 Medical Care: Children 0 to 11 Years: Rate - 95.1% Year 2020 Target - 100%; Children 12 to 17 Years: Rate - 84.6% Year 2020 Target - 100%; Adults 18 to 64 Years: Rate - 84.4% Year 2020 Target - 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 Eligible - 81.0%. Source: 2014-2015 CHIS Table 26 summarizes the 2015 leading causes of death in SDC. 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/about/community/community-health-needs-assessments which includes data for the primary communities 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; Accidents (unintentional injuries): Number of Deaths - 1,071; Chronic lower respiratory diseases: Number of Deaths - 1,001; Diabetes mellitus: Number of Deaths - 713; Intentional self-harm (suicide): Number of Deaths - 411; Chronic liver disease and cirrhosis: Number of Deaths - 391; Essential hypertension and hypertensive renal disease: Number of Deaths - 383; Influenza and pneumonia: Number of Deaths - 344; Parkinson's disease: Number of Deaths - 270; Pneumonitis 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 for 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 Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Community Benefit Planning Process: In addition to the steps outlined in Section 3: Community Benefit Planning Process regarding community benefit planning, Sharp HospiceCare * Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities.</p>

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Form 990, Part III, Line 4a (continued)	<p>s * Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community * Incorporates end-of-life community needs into its goal development Priority Community Needs Addressed by Sharp Hospice Care The 2016 CHNAs for each SHC acute care hospital (SCVMC, SCHHC, SGH, SMH) continued to identify senior health as a priority health need for the community Sharp HospiceCare provides hospice and palliative care services across the SHC care continuum and helps to address senior health issues through the following community programs and services * End-of-life and chronic illness management education for community members * Advance care planning (ACP) education and outreach for community members, students and health care professionals * Hospice and palliative care education and training programs for health care professionals, students and volunteers * Bereavement counseling and support 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 Illness Management Education for Community Members 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 * In Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues for community members served by Sharp * As part of Sharp's 2016 CHNAs, discussions 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 understanding 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 * Information presented by the Institute of Medicine (IOM) indicates that improving the quality and availability of medical and social services for patients may contribute to a more sustainable care system, in addition to improving quality of life through the end of life The US population is rapidly aging and becoming increasingly culturally diverse which increases 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 misalignment 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 disabilities, and chronic conditions are the leading cause of death among older adults (CDC and Merck Company</p>

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Form 990, Part III, Line 4a (continued)	<p>Foundation, 2007) Significant health issues for seniors include obesity, diabetes mellitus, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental 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 living with at least one chronic condition, while 50 percent of seniors have two or more chronic conditions, thus increasing their need for care (County of San Diego Health and Human 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 caregiving (National Alliance on Caregiving & AARP, 2015) One in three caregivers of someone age 50 or older says a health care provider, such as a doctor, nurse, or social worker, has asked about what was needed to care for their recipient, while only 16 percent say a health care provider has asked what they need to care for themselves In addition, one in four caregivers report it is very difficult to get affordable care services in their loved one's community 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 Between 2015 and 2020 SDC's senior population is expected to grow by 22.0 percent * In 2014, there were an estimated 3.4 million family caregivers in California, according to the Family Caregiver Alliance * According 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 nearly one in 10 caregivers are age 75 or older (AARP and The National Alliance for Caregiving, 2015)</p>

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Form 990, Part III, Line 4a (continued)	<p>* About six in 10 caregivers assist with medical/nursing tasks for their loved one, 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 caregivers indicating this need. The top four topics of concern to caregivers are keeping their loved ones 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 Alliance for Caregiving, 2015).</p> <p>* While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Findings from the Stress in America survey show that individuals who serve as caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, Valuing the Invaluable, updated July 2015).</p> <p>* Caregiver interventions that have shown to successfully improve the health and well-being of dementia caregivers include 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).</p> <p>* In 2013, 140,000 Californians were served by hospice. Nearly 80 percent of hospice patients were ages 71 and older. At current rate of use, the number of hospice patients is projected to more than double between 2013 and 2040. It is projected that in 2040, 88 percent of hospice patients will be 71 and older (2015 California Health Care Almanac Beds for Boomers report).</p> <p>Objectives</p> <ul style="list-style-type: none"> * Provide education and outreach to the San Diego community concerning advanced illness management and end-of-life care. * Collaborate with community organizations to provide education and outreach to community members, caregivers and loved ones. * Support the unique advanced illness management and end-of-life care needs of military veterans and their families. <p>FY 2016 Report of Activities</p> <p>Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through participation in a variety of local organizations including SDCEOLC, SDRHCC, San Diego County HVP, San Diego Chapter of the HPNA, San Diego POLST Coalition/SDCCC, San Diego County Medical Society Bioethics Commission, Caregiver Coalition of San Diego, SanDi-CAN, 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 education and outreach on a variety of end-of-life and advanced illness management topics. This included ed</p>

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Form 990, Part III, Line 4a (continued)	<p>educational presentations at churches, senior living centers, and community health agencies and organizations throughout SDC as well as participation in community health fairs and events. In October, Sharp HospiceCare partnered with SanDiegoCAN and other community organizations to provide a free community conference at the Balboa Park Club titled Crucial Conversations Navigating Your Way/Tools to Assist With Your Personalized Roadmap. Through the conference, approximately 40 seniors and their family members received tools to identify their end-of-life values and goals of care, and learned communication skills for making 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 dialogue 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 partners throughout the year to share Being Mortal with community members and encourage discussion about end-of-life planning. This included film screenings for approximately 170 community members at the Pacific Southwest Community Development Corporation (low-income senior housing community), Versa at Civita senior apartments in Mission Valley, Vista Library, San Diego Oasis and Chula Vista Congregational Church. In March, Sharp HospiceCare participated in the SMH Senior Resource Center's free community conference titled Caring for the Caregiver, held at the Point Loma Community Presbyterian Church. The conference educated approximately 25 seniors and family caregivers about the emotional issues of caregiving, how to address behaviors and improve communication with someone with dementia, proper transfer and lift techniques, and when to consider hospice care. In April and May, Sharp HospiceCare partnered with SCHHC and the SMH and SGH Senior Resource 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 and the Coronado Public Library. The free conferences provided approximately 300 community members with education from Sharp HospiceCare leadership and other community health experts 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 Longer Conference for Seniors and Caregivers at the Kimball Senior Center in National City. The free conference provided approximately 125 seniors and their caregivers with valuable information on how to care for themselves and their loved ones. The event included a variety of community resource agencies, free flu shots, and presentations on topics such as asking your doctor the right questions, completing an advance health care di</p>

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Form 990, Part III, Line 4a (continued)	<p>rective (advance directive), detecting fraud, developing healthy eating habits, getting fit at any age, and managing depression. In addition, the SCRC offered free respite care to seniors in their homes while their loved ones attended the conference. Sharp HospiceCare partnered with the Caregiver Coalition of San Diego and other community organizations to provide several conferences throughout SDC for approximately 300 community members who are providing care for a friend or family member. Conferences included Navigating the Insanity of Caregiving held 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 Community Center, and Challenges in the Art of Caregiving held at the First United Methodist Church of San Diego. The free conferences included resource booths as well as speakers on a variety of caregiving topics, including Alzheimer's disease, senior housing and care options, how to handle grief, fear, illness and loss in a spiritual way, how to have a positive experience as a caregiver, legal and financial planning, reducing caregiver stress, managing difficult conversations, 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 participated in numerous other community health fairs and events throughout the year, including 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 Community Open House, Tour de Cure, ECSSP's 17th annual Senior Health Fair at Sunrise Community 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 Community Center, Quality of Life Fair, Aging & Independence Services (AIS) 2016 Aging Summit, and the South County Behavioral Health Resource Fair.</p>

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Form 990, Part III, Line 4a (continued)	<p>Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations advocating for quality end-of-life care for veterans as well as through participation in veteran-oriented community events. Sharp HospiceCare is a partner in We Honor Veterans (WHV), a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As WHV partners, hospice organizations can achieve up to four levels of commitment in serving veterans at the end-of-life and their families. 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-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. As a Level II Partner, Sharp HospiceCare has 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 Healthcare System (VASDHS) and San Diego's community hospice organizations collaborate to promote 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 participated in the San Diego County HVP and the Caregiver Coalition of San Diego's Veterans Resource 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 services, VA benefits enrollment and estate planning. The fair also included community health resources from nearly 30 vendors as well as an appreciation ceremony to honor attending veterans for their service. Sharp 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-traumatic 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 educated more than 100 military personnel, veterans and family caregivers on practical solutions for managing TBI and PTSD, improving communication and caring for the family caregiver. In June, Sharp HospiceCare participated in the Operation Engage America Resource Fair at Liberty Station, an event hosted by Operation Engage.</p>

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Form 990, Part III, Line 4a (continued)	<p>ge 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, which 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 stakeholders in active dialogue around improving access to mental health services and addressing the mental health care needs of San Diego veterans and their family members. In November, Sharp HospiceCare participated in Finding the Balance in Caregiving: Caring for 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 approximately 100 attendees with resource booths and educational presentations on caring for veterans and their caregivers. Sharp HospiceCare honored the nation's veterans at various ceremonies 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. The annual ceremony is part of a nationwide commemoration and celebration of the end of World War II and those who sacrificed their lives. In December, Sharp HospiceCare joined community members and local end-of-life care organizations in the annual Wreaths Across America 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 HospiceCare celebrated patients who served in the US military in honor of Veteran's Day in November 2015 by holding 55 flag ceremonies from November 7 through 14. During the ceremonies, fellow veterans presented the patients with a US flag that was flown on the USS Midway 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 continued its wig donation program in FY 2016. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, cleans and styles the wigs, and donates them to individuals experiencing hair loss due to cancer treatment and other illnesses. Sharp HospiceCare 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 the Douglas & Nancy Barnhart Cancer Center at SCVMC. In FY 2016, 25 community members received free wigs from Sharp HospiceCare, with a total donation of 175 wigs. FY 2017 Plan Sharp.</p>

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Form 990, Part III, Line 4a (continued)	<p>HospiceCare will do the following</p> <ul style="list-style-type: none">* Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide education and resources for community 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 community members per conference* Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for quality end-of-life care for veterans* Achieve WHV Level III Partners to develop and strengthen relationships with VA medical centers and other veteran organizations and community hospices* Begin working towards WHV Level IV Partners to increase access and improve quality of care for veterans in the community* Continue to provide a wig donation program <p>Identified Community Need Advance Care Planning Education and Outreach to Community Members and Health Care Professionals</p> <p>Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none">* The SHC 2016 CHNAs identify 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 following major challenges to helping oncology patients: difficulty of having end-of-life conversations, which may be due to cultural variation, or lack of physician experience with palliative care, and few individuals having an advance directive* According to the IOM, there is a need for public education and engagement about end-of-life planning at several levels, including the societal level, to build support for public and institutional policies that ensure high-quality, sustainable care, the community and family levels, to raise awareness and elevate expectations about care options, the needs of caregivers, and the hallmarks of quality care, and the individual level, to motivate and facilitate ACP and meaningful conversations with family and caregivers* Advance directives should be completed while people are healthy, because doing so gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes. It also allows time to discuss these wishes with loved ones (NHPCO, 2015)

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Form 990, Part III, Line 4a (continued)	<p>* The American Hospital Association'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-phase process incorporating advance directives, ACP, palliative care and hospice care. In the first phase, people are healthy and can recover from reversible illness. To stay ahead of the Advanced Illness Management curve, it is important that individuals engage in ACP before an illness progresses and document their care preferences with trusted family and friends, as well as with their health care provider. * The same report suggests numerous strategies 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 accessibility to information, such as providing effective language assistance services or addressing low health literacy, strategies that promote community collaborations, such as developing community engagement programs that align with the patient population's demographic and cultural needs, workforce development strategies, such as employing a diverse and skilled workforce that is tailored to 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 2013 report titled Completion of Advance Directives Among U.S. Consumers, published in The American 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 for not having one. This study also indicates racial and educational disparities in the completion of an advance directive and highlights the need for education about end-of-life decisions that is tailored to educational level and race/ethnicity. * About twice as many Caucasians as African Americans completed advance directives. The difference in prevalence of advance directives is attributable to several factors, including cultural differences in family-centered decision-making, distrust of the health care system, and poor communication between health care professionals and patients (Morhaim and Pollack, 2013). * According to the CDC, barriers to ACP include lack of awareness, denial of death and dying, denial of being in a circumstance in which we are unable to make our own decisions and speak for ourselves, confusion between whether to choose palliative care and doing whatever it takes to extend life, and cultural differences (CDC, 2012). * According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life. In addition, the CDC recognize</p>

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Form 990, Part III, Line 4a (continued)	<p>s the public health opportunity to educate Americans, and especially older adults, about A CP and to improve their quality 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 per cent said they would consider receiving end-of-life-care at home, but just 36 percent said the same about getting that care in a hospital Objectives * Provide education, engagement and consultation for community members on ACP and POLST * Educate community health care professionals on ACP and POLST * Empower community 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 future health care options Facilitated by Sharp HospiceCare, the ACP program empowers adults of any age and health status to explore and document their beliefs, values and goals as they relate to health care The program consists of three stages Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance directive Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, comorbidities, potential for hospitalization and caregiver issues With a goal of anticipating future needs as health declines, this stage focuses on developing a written plan that identifies goals of care, and involves the health care agent and loved ones The third stage, late-life illness outreach, targets those with a disease prognosis of one year or less Under these circumstances, specific or urgent decisions must be made and converted into medical orders that will guide the health care provider's actions and be consistent with goals of care The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life-sustaining or prolonging measures, including completion of the POLST form, a legal document designed for individuals with advanced progressive or terminal illness that specifies care preferences in an emergency medical situation Since 2014, SHC has offered the Sharp HealthCare Advance Directive to guide the public in outlining their health care decisions The document is publicly available on Sharp's website in both English 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 advance directive becomes a legal document that can be used as a tool for health care decision-making Additional contact information is provided for community memb</p>

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Form 990, Part III, Line 4a (continued)	<p>ers who are interested in speaking with a Sharp ACP facilitator. Throughout FY 2016, the Sharp ACP team provided 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 appropriate health care agent, and completing an advance directive. In addition, the team engaged more than 2,000 community members and caregivers in education on ACP and POLST at a variety of community sites, including health fairs, senior centers, home care agencies, churches and seminars. Audiences included, but were not limited to, Elk's Lodge Senior Health and Resource Fair, San Ysidro Senior Center, Norman Park Senior Center, Ramona Library, National City Public Library, San Diego Continuing Education - Cesar Chavez Campus, Senior Gifford Clinic at the University of California, San Diego (UCSD) health fair, San Diego LGBT Community Center, Casa Familiar Community Development Agency, Center for Community Solutions, All Souls Episcopal Church, Veterans Education and Resource Fair, December Nights, SDG&E Employee Wellness Fair, Salvation Army, Silver Crest Senior Residence, Glenner Memory Care Center Chula Vista, St. Paul's 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, Alpine Community Church Men's and Women's Groups, Chula Vista Chamber of Commerce, UTC Aerospace Systems staff, Downtown Sharp Senior Health Center, SCVMC Heart Health Expos, Sharp HospiceCare Aging Conferences, Sharp HospiceCare and SoCAN's Live Stronger Longer Conference 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 for 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 HospiceCare 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 define one's health care choices, and communication tips to begin the conversation with loved ones. In addition, in honor of National Healthcare Decisions Day (NHDD) in April - a nationwide initiative to educate adults of all ages about the importance of ACP - Sharp's ACP team participated in a live discussion on San Diego 6 News about the importance of starting the ACP conversation with loved ones and selecting a health care agent.</p>

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Form 990, Part III, Line 4a (continued)	<p>Throughout the year the Sharp HospiceCare ACP team educated more than 700 local, state and national health care professionals on ACP and POLST, including, but not limited to, attendees of the San Diego Partners in Advance Care Planning Palliative Care and End-of-Life Planning conference, Cape Cod Healthcare, Arbor Hills Nursing Center, Cottage Hospital, Mountain Health, East County Action Network, SoCAN, HPNA, San Diego Professional Palliative Care Conference, Rainbow Hospice and Palliative Care, Neighborhood House Association, County AIS, Grossmont Post Acute Care, SDCCEOLC, Coalition for Compassionate Care of California (CCCC), Sharp HealthCare's Advanced Illness Management Conference, Greater San Diego Business Association, and the California Association of Marriage and Family Therapists. In addition, the ACP team collaborated with the CCCC to offer a two-day POLST Train-the-Trainer workshop which trained 50 community health care 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 terminally 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 Caregiver Coalition and San Diego Association of Professional Chaplains. Sharp HospiceCare collaborated with SDCCEOLC and other community partners to provide film screenings of Being Mortal to assist approximately 400 community professionals in starting discussions about end-of-life planning. This included a screening event and post-film panel discussion at Sharp's corporate office location and for employees from County AIS and the San Diego Regional Center staff, as well as a webinar titled Using Film to Support End-of-Life Care Discussion and Planning for the Hospice Foundation of America. A presentation was held at the CCCC Annual Summit in May to share the outcomes of community film screenings across California in the past year, including audience demographics and reactions to the film, how connections were made with underserved communities, and how to continue using the film to engage community members in ACP discussions. Beginning in FY 2016, the Sharp HospiceCare ACP team joined San Diego Health Connect, County AIS, Health Services Advisory Group, emergency medical services, and various health care providers in SDC to ensure that community members have access to advance directive and POLST 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</p>

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Form 990, Part III, Line 4a (continued)	<p>a Health Care Foundation (CHCF) - and supported by the CCCC and California Emergency Medical Services Authority (EMSA) - to create an electronic POLST registry (POLST eRegistry) When a paper POLST form is not readily available during an emergency, the patient's care may be hindered or conflict with their wishes. The POLST eRegistry will improve access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved. FY 2017 Plan Sharp HospiceCare will do the following:</p> <ul style="list-style-type: none"> * Continue to provide free ACP and POLST education and outreach to community members through phone and in-person consultations * Collaborate with community organizations to provide educational classes and events to raise community awareness of 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 local, state and national health care professionals * Continue to serve as a community resource 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 initiative with CCCC and EMSA <p>Identified Community Need: Health Professions and Student Education and Training, and Volunteer Training</p> <p>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 2013 SDC Healthcare Shortage Areas Atlas from the HHSA, SDC is one of 27 counties in California listed as a registered nurse (RN) Shortage Area.</p> <ul style="list-style-type: none"> * Direct-care workers in California are responsible for providing 70 to 80 percent of the paid hands-on long-term care for older adults or those living with disabilities or other chronic conditions (Eldercare Workforce Alliance, 2014-15) * The San Diego Workforce Partnership (SDWP) recommends programs that provide volunteer experiences to high school 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 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 clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and communities as a result of dedicating time and resources to the thousands of interns and high school students who gain valuable work experience.

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Form 990, Part III, Line 4a (continued)	<p>xperience and career exposure by spending time in California hospitals * The U S Bureau of Labor Statistics (BLS) projects that the demand for home health aides will grow 38 1 pe rcent from 2014 to 2024 Older individuals often have health problems and need help with d aily activities As the U S population ages, the demand for home health aides will contin ue to increase (BLS, 2014) * In their 2014 Occupational Outlook Quarterly, the BLS identi fied several factors leading to an increased demand for RNs and other health care personne l in the U S These factors include projected population grow th in the next decade, aging of the U S population, greater numbers of people living w ith chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insuranc e reform, w hich has increased the number of Americans w ith health insurance coverage (BLS, 2014) * The BLS projects an employment of more than 3 1 million RNs in the U S in 2024, w hich is an increase of 16 percent from 2014 Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for e mployment 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 projec ted to increase its employment share from 12 percent in 2014 to 13 6 percent in 2024 - the fastest grow ing service industry Occupations and industries related to health care are p rojected to add the most new jobs, w ith 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 range of professional health, home care, a nd social services An estimated 3 5 million additional health care professionals will be needed by 2030 to care for older adults, w hile current levels of w orkforce are already str etched Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare w orkforce and know ledgeable, w ell-supported family caregivers availabl e to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2014 -2015)</p>

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Form 990, Part III, Line 4a (continued)	<p>* According to the Hospice and Palliative Nursing Association, professional nurses play a leading role as members of the palliative care and hospice teams, and across the continuum of care, as primary team members who assess, direct, evaluate and coordinate patient needs during the illness experience. Economic models project a significant shortage of between 725,000 and 1.1 million professional nurses by 2030, underscoring the importance of preparing nurses for the future (HPNA, 2015).</p> <p>* An American Hospital Association (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 professionals working in hospice. A task force appointed by the American Academy of Hospice and Palliative Medicine estimates that between 2,800 and 7,500 physicians are needed to bring current hospice programs up to appropriate staffing levels. Additionally, only three percent of RNs identify hospice as their clinical specialty.</p> <p>* The same report identifies a strong need for other trained professionals who play an integral role in advanced illness management and end-of-life care, such as social workers, psychologists, case managers, dietitians, pharmacists, complementary therapists, caregivers and certified nursing assistants (AHA, 2012).</p> <p>Objectives:</p> <ul style="list-style-type: none"> * Provide education and training opportunities around end-of-life care and ACP for students and interns. * Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of advanced illness management. * Maintain active relationships and leadership roles with local and national organizations. * Provide volunteer opportunities for adults and teens in the San Diego community. <p>FY 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 additional 15 students spent an eight-hour day shadowing and learning from the nursing staff at Sharp HospiceCare's LakeView home. Each year, the Sharp ACP team supports San Diego's future health care workforce through lectures and professional training opportunities. In FY 2016, the team provided one-on-one supervision to students from the University of San Diego, National University and the University of California, Irvine. The ACP team also provided introductory education on ACP, POLST, hospice, bioethics and goals of care to more than 400 students, including nursing students from Azusa Pacific University, SDSU, and California State University San Marcos (CSUSM), social work students from University of Southern California, San Diego Mesa College students, and Advanced Placement Psychology students at Valhalla High School. In addition, the Sharp</p>

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Form 990, Part III, Line 4a (continued)	<p>HospiceCare Bereavement team presented on Grief, Loss and Bereavement to psychiatric nursing students from CSUSM, while, in April, Sharp HospiceCare joined the CSUSM Institute 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 faculty Sharp HospiceCare leadership provided education, training and outreach to local, state and national health professionals throughout the year These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives Audiences included Cape Cod Healthcare Quality of Life Management Summit, CHAPCA, Delaware Valley Accountable Care Organization conference, BIT third annual World Congress of Geriatrics and Gerontology, Rainbow Hospice Care, Outcome Resources pharmacy benefit management solutions, the Annual Assembly of the American Academy of Hospice and Palliative Medicine and HPNA, Winneshiek Medical Center Palliative Care Conference, CCCC Annual Summit, CSUSM Institute for Palliative Care and SDCCC Palliative Care Across the Continuum conference, Harvard Law School, and Caregiver Coalition of San Diego Presentation topics included palliative care economics, advanced illness management, geriatric frailty, prognostication, delirium and treatments, ACP and POLST Sharp HospiceCare leadership continued to serve on the board, and as a state hospice representative, for the NHPCO and CHAPCA in FY 2016 In August, Sharp HospiceCare leadership 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 physicians, nurses, social workers, chaplains, bereavement counselors, other interested health care providers and community members on what advanced illness management means in today's health care environment, tools to facilitate improved care coordination and planning, and communication strategies to help guide difficult conversations In addition, Sharp HospiceCare provided education, resources and support at the Sharp HealthCare Osteopathic Medicine Conference, Sharp HealthCare Pulmonary Conference and SGH seventh Annual Heart and Vascular Conference, Sharp HospiceCare continued to provide volunteer training opportunities in FY 2016 Hospice volunteers are often working towards a career in the medical field In addition to gaining knowledge and experience through volunteering, hospice volunteers provide valuable support to hospice organizations and those they serve, including companionship to those near the end of life, family and caregiver support, and community</p>

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Form 990, Part III, Line 4a (continued)	<p>utreach Sharp HospiceCare trained approximately 80 new volunteers in FY 2016. In addition, 13 teenagers were trained through Sharp HospiceCare's Teen Volunteer Program while volunteer opportunities were extended to 17 premedical students from Point Loma Nazarene 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, while pre-medical students assisted family caregivers in private homes. Nearly 40 volunteers 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 final 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 provide integrative therapies, including Healing Touch, Reiki, aromatherapy and comfort hand massage, to promote relaxation, restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. As WHV Partners, Sharp HospiceCare provides veteran-centric education and training that qualifies volunteers to identify and work with patients with military experience. This includes the Vet-to-Vet Volunteer Program, which pairs war veteran volunteers with veteran patients, as well as honoring veteran patients for their 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 HospiceCare will do the following:</p> <ul style="list-style-type: none"> * Continue to provide education and training opportunities for nursing and other health care students and interns * Provide students with an end-of-life learning environment in community-based hospice homes * Continue to provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services for the needs of the aging population, including advanced illness management * Maintain active relationships and leadership roles with local and national organizations * Collaborate with San Diego County HVP to provide training to community health care professionals * Provide volunteer training programs for approximately 75 adults, students and teens * Continue to provide special training opportunities for hospice volunteers, including the 11th Hour Program, integrative therapies for patients and caregivers, and WHV volunteer training to support veterans <p>Identified Community Need Bereavement Counseling and Support 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</p>

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Form 990, Part III, Line 4a (continued)	<p>* According to the IOM 2014 report, <i>Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life</i>, 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 years of education, younger age of the deceased and lower satisfaction with social support. The care provided by hospices may lead to positive health outcomes, including survival, among the bereaved and may help some people avoid long-term depression and other consequences of complicated grief. * According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Taking care of one's self and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss. * According to a 2010 article in <i>Journal of the American Medical Association (JAMA)</i>, when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last place of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not. * A 2015 study published in <i>JAMA</i> 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 (<i>JAMA</i>, 2015). * According to a 2013 study published in the <i>Journal of Palliative Medicine (JPM)</i>, many caregivers may benefit from bereavement support, as 12 to 40 percent of caregivers experience poor psychological outcomes, including depression and complicated grief, six months to one year following loss. Targeting services to caregivers at risk for poor psychological well-being following loss may facilitate effective use of hospice bereavement services (<i>JPM</i>, 2013). * According to a 2014 study published in the <i>Journal of Hospice and Palliative Nursing (JHPN)</i>, family caregiver descriptions of bereavement adaptation revealed significant themes related to social support in bereavement, including support from professional health care providers, both for themselves and their family member during palliative and hospice care. Risk factors for poor bereavement adaptation included length of time in the caregiver role, loss of an adult child, loss of spouse, and</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>d history of multiple losses (JHPN, 2014) Objectives * Provide bereavement education, resources, counseling and support to community 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 have lost loved ones FY 2016 Report of Activities Throughout FY 2016, Sharp HospiceCare offered a variety of bereavement service options to help grieving community members learn effective ways to cope with the loss of a loved one. Services included professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings. In FY 2016, Sharp HospiceCare devoted more than 2,700 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 specific training in grief and loss. Sharp HospiceCare's bereavement counselors also provided referrals to community counselors, mental health services, and other bereavement support services and community resources as needed. Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, reaching more than 180 community members in FY 2016. Offered quarterly, the groups consisted of eight-week sessions facilitated by skilled mental health care professionals specializing in the needs of the bereaved. The Healing After Loss support group focused on practical concerns of adults who are grieving the loss of a loved one. Weekly themes included Introduction to the Grief Process, Strategies for Coping with Grief, Communicating with Family and Friends, Experiencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Natural Grief and Depression, Use of Ceremony and Ritual to Promote Healing, and Who Am I Now?/What Does Healing Look Like? The Widow's and Widower's support group helped address concerns of men and women who have lost their spouse. Participants were able to share their emotional challenges and learn coping skills from group members in similar life situations. In FY 2016, 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 Sharp Women's Health Conference. Sharp HospiceCare supported approximately 100 community members grieving the loss of a loved one during the 20</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>15 holiday season In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's corporate office location, including presentations on understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, and reviving hope In December, a similar event titled Coping with Grief During the Holiday Season was held at the Grossmont Healthcare District, which provided practical suggestions for community members to cope with the painful feelings of loss that often arise during the holidays Additionally, Sharp HospiceCare provided a Support During the Holiday Season bereavement support group on two days in December, which focused on coping skills to promote healing through the holidays 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, nearly 3,000 hours were dedicated to sewing more than 740 bears for approximately 280 families Sharp HospiceCare also continued to mail its monthly bereavement support newsletter titled Healing Through Grief to 1,370 community members for 13 months after the loss of their loved one FY 2017 Plan Sharp HospiceCare will do the following</p> <ul style="list-style-type: none">* Continue to offer individual and family bereavement counseling for community members who have lost a loved one* Continue to provide referrals to community services* Continue to provide a variety of free bereavement support groups* Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season* Support at least 280 families through the Memory Bear program* Continue to provide 13 mailings of bereavement support newsletters Sharp HospiceCare Program and Service Highlights* Advance care planning* Bereavement care services* Caregiver and family support* Homes for Hospice program* Hospice aides* Hospice nursing services* Integrative therapies* Management for various hospice patient conditions, including

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>* Alzheimer's disease * Cancer * Debility * Dementia * Heart disease * Human Immunodeficiency Virus * Kidney disease * Liver disease * Pulmonary disease * Stroke * Music therapy * Social services support * Spiritual care services * Volunteer program * We Honor Veterans Program Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2016 Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Disability Resource Connection * Aging and Independence Services * Alzheimer's San Diego * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego Client Advisory Board * American Academy of Nursing * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives (ACHE) * American Diabetes Association * American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Nurses Association * American Parkinson Disease Association * American Psychiatric Nurses Association * American Red Cross of San Diego * The Arc of San Diego * Arms Wide Open * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Bonita Business and Professional Organization * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Maternal Quality Care Collaborative * California Department of Public Health * California Dietetic Association, Executive Board * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association Center for Behavioral Health * California Hospital Association * California Hospital Association Emergency Management Advisory Committee * California Library Association * California Perinatal Quality Care Collaborative * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Caring Hearts Medical Foundation * Center for Community Solutions * Check Your Mood Comm</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>tee * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Work Team * Chula Vista Chamber of Commerce * Chula Vista 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 * Coronado Fire Department * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County of San Diego Emergency Medical Services * CVS MinuteClinics * Cycle EastLake * 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 Health Occupations Center * Grossmont Healthcare District * Grossmont Imaging LLC Board * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helen Woodward Animal Center * Home Start, Inc. * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Kiwanis Club of Chula Vista * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On Foundation * Lightbridge Hospice Community Foundation * March of Dimes * Meals on Wheels Greater San Diego * Mended Hearts * Mental Health America * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Neonatal Nurses * National Association of Hispanic Nurses, San Diego Chapter * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare * North San Diego Business Chamber * Pacific Arts Movement * Peninsula</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>a Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University * Professional Oncology Network * Public Health Nurse Advisory Board * Regional Perinatal System * Residential Care Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community College District * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership * San Diego County Medical Society Bioethics 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 Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Suicide Prevention Council * San Diego County Taxpayers Association * San Diego County Unified Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Health Committee * San Diego Eye Bank Nurses Advisory Board * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Habitat for Humanity * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Coalition * San Diego History Project Committee * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Humane Society * San Diego Hunger Coalition * San Diego Immunization Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. * San Diego Mental Health Coalition * San Diego Mesa College * San Diego Mesa College Advisory Board * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	* San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care * San Diego Regional Chamber of Commerce * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego State University * San Diego Workforce 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 Action Network * South County Economic Development Council * SuperFood Drive * Susan G Komen Breast Cancer Foundation * Sweetwater Union High School District * The Meeting Place * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * VA Mental Health Council * VA San Diego Healthcare System * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Women, Infants 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

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

Employer identification number

33-0449527

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare Organization	CA	501 (c)(3)	3	N/A		No
(2)Sharp Memorial Hospital (SMH) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3782169	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(3)Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(4)Sharp HealthCare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501 (c)(3)	7	Sharp HealthCare	Yes	
(5)Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501 (c)(3)	7	Grossmont Hospital Corporation	Yes	
(6)Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501 (c)(4)	N/A	Sharp HealthCare	Yes	
(7)Sharp Coronado Hospital and Healthcare Center 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Grossmont Imaging LLC 7777 Alvarado Road Suite 108 La Mesa, CA 91941 20-2655131	Diagnostic Imaging	CA	N/A	Related	435,685	1,590,559		No		Yes		50 000 %

Part IV

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

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

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare Organization	CA	501 (c)(3)	3	N/A		No
Sharp Memorial Hospital (SMH) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3782169	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
Sharp HealthCare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501 (c)(3)	7	Sharp HealthCare	Yes	
Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501 (c)(3)	7	Grossmont Hospital Corporation	Yes	
Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501 (c)(4)	N/A	Sharp HealthCare	Yes	
Sharp Coronado Hospital and Healthcare Center 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Sharp Memorial Hospital	L	1,705,835	Accrual
(1)	Sharp Memorial Hospital	M	6,434,928	Accrual
(2)	Sharp Memorial Hospital	Q	169,904	Accrual
(3)	Sharp Memorial Hospital	R	892,713	Accrual
(4)	Sharp Memorial Hospital	S	109,462	Accrual
(5)	Sharp Chula Vista Medical Center	L	1,390,332	Accrual
(6)	Sharp Chula Vista Medical Center	M	771,969	Accrual
(7)	Sharp Chula Vista Medical Center	Q	65,806	Accrual
(8)	Sharp Coronado Hospital and Healthcare Center	O	188,250	Accrual
(9)	Sharp Coronado Hospital and Healthcare Center	M	195,378	Accrual
(10)	Sharp Coronado Hospital and Healthcare Center	L	146,008	
(11)	Sharp Coronado Hospital and Healthcare Center	Q	242,868	Accrual
(12)	Sharp Coronado Hospital and Healthcare Center	R	66,474	Accrual
(13)	Grossmont Hospital Foundation	Q	715,987	Accrual
(14)	Grossmont Hospital Foundation	C	4,927,862	Accrual
(15)	Grossmont Hospital Foundation	B	1,653,175	Accrual
(16)	Grossmont Hospital Foundation	N	66,882	Accrual
(17)	Sharp Health Plan	L	833,227	Accrual