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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

C Name of organization
Scripps Health
% RICHARD ROTHBERGER
Doing business as

Number and street (or P O box if mail is not delivered to street address) 10140 Campus Point Drive
Room/suite

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

D Employer identification number
95-1684089

E Telephone number
(858) 678-7901

G Gross receipts $ 3,243,717,915

F Name and address of principal officer
CHRISTOPHER VAN GORDER
SAME AS C ABOVE
SAN DIEGO, CA 92121

H(a) Is this a group return for subordinates? [ ] Yes [x] No

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

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW SCRIPPSHEALTH ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR- PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CA (SEE SCH O)

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	16,371
6	Total number of volunteers (estimate if necessary)	**6**	3,186
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,703,532
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	39,110,316	34,089,147
9	Program service revenue (Part VIII, line 2g)	2,635,312,765	2,622,932,919
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	211,934,974	21,688,960
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,229,925	81,980,854
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,943,587,980	2,760,691,880

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	938,981	637,925
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,179,375,553	1,168,033,283
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,729,947		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,391,979,608	1,426,602,227
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,572,294,142	2,595,273,435
19	Revenue less expenses Subtract line 18 from line 12	371,293,838	165,418,445

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,463,807,760	4,938,384,870
21	Total liabilities (Part X, line 26)	1,381,809,214	1,564,728,331
22	Net assets or fund balances Subtract line 21 from line 20	3,081,998,546	3,373,656,539

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-08

RICHARD ROTHBERGER EXECUTIVE VP / CFO
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 560 MISSION ST STE 1600
SAN FRANCISCO, CA 94105

Phone no (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,266,893,586 including grants of $ 637,925) (Revenue $ 2,698,798,285)

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 ▶** 2,266,893,586

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,082		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16,371		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ RICHARD ROTHBERGER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 (858) 678-6828

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								19,749,372	0	4,447,021

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,848

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCRIPPS CLINIC MEDICAL GROUP, 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PHYSICIAN SERVICES	269,821,985
SCRIPPS COASTAL MEDICAL GROUP, 501 WASHINGTON AVENUE SAN DIEGO, CA 92103	PHYSICIAN SERVICES	39,675,649
MCCARTHY BUILDING COMPANIES, 20401 SW BIRCH ST 300 NEWPORT BEACH, CA 92006	CONSTRUCTION	64,338,249
SCRIPPS HOSPITAL INPATIENT PROVIDER, 10010 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	PHYSICIAN SERVICES	13,441,662
EMERGENCY ACUTE CARE MEDICAL GROUP, 440 STEVENS AVE STE 150 SAN DIEGO, CA 92075	PHYSICIAN SERVICES	12,440,585
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 161		

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 1,725,575				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 32,363,572				
	g	Noncash contributions included in lines 1a-1f $ 548,021				
	h	**Total.** Add lines 1a-1f . . . . . ▶	34,089,147			
Program Service Revenue		Business Code				
	2a	HEALTHCARE DELIVERY REV 622110	2,351,035,718	2,349,677,131	1,358,587	0
	b	CAPITATION PREMIUM 622110	133,613,743	133,613,743	0	0
	c	PROVIDER FEE REVENUE 622110	89,278,708	89,278,708	0	0
	d	MEANINGFUL USE INCENTIVE 900099	2,396,379	2,396,379	0	0
	e	RENTAL INCOME - MOB 531120	9,888,711	9,888,711	0	0
	f	All other program service revenue	36,719,660	36,524,388	195,272	0
	g	**Total.** Add lines 2a-2f . . . . . ▶	2,622,932,919			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	39,600,195	260,709	28,331	39,311,155
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 463,909,232				
	b	Less cost or other basis and sales expenses 481,820,467				
	c	Gain or (loss) -17,911,235				
	d	Net gain or (loss) . . . . . ▶	-17,911,235			-17,911,235
	8a	Gross income from fundraising events (not including $ 1,725,575 of contributions reported on line 1c) See Part IV, line 18 . . a 414,826				
	b	Less direct expenses . . . b 1,205,568				
	c	Net income or (loss) from fundraising events . . ▶	-790,742			-790,742
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA 722310	6,761,261	6,761,261	0	0
	b	PROTON CENTER REVENUE 446110	13,010,047	10,407,171	2,602,876	0
	c	MANAGEMENT SERVICES 561110	35,484,264	33,623,055	1,746,975	114,234
	d	All other revenue	27,516,024	24,813,170	771,491	1,931,363
	e	**Total.** Add lines 11a-11d . . . . . ▶	82,771,596			
	12	**Total revenue.** See Instructions . . . . . ▶	2,760,691,880	2,697,244,426	6,703,532	22,654,775

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	637,925	637,925		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	17,523,194	0	17,523,194	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	118,287	0	118,287	0
7 Other salaries and wages	961,113,452	822,868,044	133,301,038	4,944,370
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,051,506	31,029,837	6,852,158	169,511
9 Other employee benefits	79,643,848	54,182,248	24,909,073	552,527
10 Payroll taxes	71,582,996	59,854,603	11,431,044	297,349
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,356,989		2,356,989	
c Accounting	1,026,746	90,056	936,690	0
d Lobbying	291,191	0	291,191	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	2,468,883	0	2,468,883	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	520,680,974	478,302,305	41,718,405	660,264
12 Advertising and promotion	7,619,123	4,008,649	3,608,059	2,415
13 Office expenses	64,647,822	50,400,187	13,210,036	1,037,599
14 Information technology	42,614,221	26,363,736	16,250,485	0
15 Royalties	0	0	0	0
16 Occupancy	78,979,963	69,314,706	9,465,153	200,104
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	24,606,493	21,259,895	3,346,598	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	145,034,586	133,033,392	12,001,194	0
23 Insurance	6,468,092	6,451,589	16,503	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	423,686,705	423,686,705	0	0
b Repairs and Maintenance	30,728,340	10,837,804	19,844,922	45,614
c Hospital Fee Program	69,983,503	69,983,503	0	0
d Loss on Impairment	925,000	925,000	0	0
e All other expenses	4,483,596	3,663,402		820,194
25 **Total functional expenses.** Add lines 1 through 24e	2,595,273,435	2,266,893,586	319,649,902	8,729,947
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		464,627,941	2	392,256,700
	3	Pledges and grants receivable, net		16,820,956	3	19,418,259
	4	Accounts receivable, net		378,340,846	4	403,013,333
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		17,759,611	5	17,543,626
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		135,624	7	254,383
	8	Inventories for sale or use		38,540,480	8	39,372,026
	9	Prepaid expenses and deferred charges		21,415,901	9	22,076,316
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,216,452,188			
	b	Less accumulated depreciation	10b 1,540,024,570	1,582,528,794	10c	1,676,427,618
	11	Investments—publicly traded securities		1,360,142,064	11	1,783,233,305
	12	Investments—other securities See Part IV, line 11		421,291,000	12	413,366,000
	13	Investments—program-related See Part IV, line 11		57,760,462	13	62,558,899
	14	Intangible assets		45,232,969	14	45,478,622
	15	Other assets See Part IV, line 11		59,211,112	15	63,385,783
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,463,807,760	16	4,938,384,870
Liabilities	17	Accounts payable and accrued expenses		379,566,513	17	393,651,235
	18	Grants payable		0	18	0
	19	Deferred revenue		14,761,226	19	14,778,468
	20	Tax-exempt bond liabilities		842,697,017	20	966,591,804
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		46,572,636	23	98,230,904
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		98,211,822	25	91,475,920
	26	**Total liabilities.** Add lines 17 through 25		1,381,809,214	26	1,564,728,331
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,883,544,657	27	3,178,431,443
	28	Temporarily restricted net assets		118,262,384	28	108,703,807
	29	Permanently restricted net assets		80,191,505	29	86,521,289
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,081,998,546	33	3,373,656,539
	34	Total liabilities and net assets/fund balances		4,463,807,760	34	4,938,384,870

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,760,691,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,595,273,435
3	Revenue less expenses Subtract line 2 from line 1	3	165,418,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,081,998,546
5	Net unrealized gains (losses) on investments	5	124,861,784
6	Donated services and use of facilities	6	15,383
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,362,381
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,373,656,539

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code SEE SCHEDULE O	) (Expenses $	2,266,893,586	including grants of $	637,925) (Revenue $	2,698,798,285)		

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			
MARY JO ANDERSON CHS VICE CHAIR/TRUSTEE	12 0 3 0	X						0	0	0
RICHARD C BIGELOW TRUSTEE	12 0 3 0	X						0	0	0
DOUGLAS A BINGHAM ESQ TRUSTEE	12 0 3 0	X						0	0	0
JEFF BOWMAN TRUSTEE	12 0 3 0	X						0	0	0
JAN CALDWELL TRUSTEE	12 0 3 0	X						0	0	0
JUDY CHURCHILL PH D TRUSTEE	12 0 3 0	X		X				0	0	0
GORDON R CLARK CHAIRMAN/TRUSTEE	12 0 3 0	X		X				0	0	0
NICOLE A CLAY TRUSTEE	12 0 3 0	X						0	0	0
ADOLFO GONZALES TRUSTEE	12 0 3 0	X						0	0	0
KATHERINE A LAUER TRUSTEE	12 0 3 0	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			
MARTY J LEVIN TRUSTEE	12 0 3 0	X						0	0	0
MAUREEN STAPLETON TRUSTEE (PART YEAR)	12 0 3 0	X						0	0	0
ROBERT TJOSVOLD TRUSTEE (PART YEAR)	12 0 3 0	X						0	0	0
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	57 0 3 0	X		X				2,137,950	0	1,247,162
RICHARD VORTMANN TRUSTEE	12 0 3 0	X						0	0	0
ABBY SILVERMAN WEISS TRUSTEE	12 0 3 0	X						0	0	0
GALE D KEEL ASSISTANT SECRETARY	39 0 1 0			X				102,511	0	17,537
RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	53 0 2 0			X				1,960,422	0	323,867
RICHARD R SHERIDAN SEC/CORP SR VP, GEN COUNSEL	53 0 2 0			X				793,545	0	354,388
ROBIN BROWN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			762,282	0	400,491

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			
VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	50 0 0 0				X			1,069,241	0	262,796
SUSAN CAMPBELL EXEC DIR, EXTERNAL AFFAIRS	50 0 0 0				X			543,618	0	80,425
MARY ELLEN DOYLE CORP VP, NURSING OPS	50 0 0 0				X			541,492	0	87,965
JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	50 0 0 0				X			607,733	0	103,642
CARL ETTER CHIEF EXECUTIVE, SR VP	50 0 0 0				X			787,306	0	122,514
SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			877,840	0	159,085
GARY FYBEL CHIEF EXECUTIVE, SR VP	50 0 0 0				X			982,283	0	147,032
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50 0 0 0				X			944,943	0	178,544
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50 0 0 0				X			921,693	0	228,340
JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	50 0 0 0				X			1,025,418	0	173,523

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			
BARBARA PRICE CORP SRVP BUS & SERV LINE DEV	50 0 0 0				X			763,181	0	137,826
MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	30 0 20 0				X			692,882	0	121,410
DAVID COHN CORP VP, REVENUE CYCLE	50 0 0 0					X		529,749	0	42,236
ROBERT T HOFF CORP VP, HORIZONTAL OPS	50 0 0 0					X		535,155	0	91,122
ANIL KESWANI CORPORATE VP, CMO SHPS	50 0 0 0					X		690,944	0	117,214
RICHARD NEALE CORP SVP, CORP DEVELOPMENT	50 0 0 0					X		643,593	0	38,731
PATRIC THOMAS CORP VP, INFORMATION SVCS	50 0 0 0					X		638,974	0	98,428
ARNOLD BRENT EASTMAN MD FORMER KEY EMPLOYEE	0 0 0 0						X	1,196,617	0	-87,257

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		10,078
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		366,221
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		37,208
i	Other activities?	Yes		223,690
j	Total Add lines 1c through 1i			637,197
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B	PUBLIC AFFAIRS INFORMATION AND EDUCATION SCRIPPS HEALTH ON ITS OWN BEHALF AND AS A MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS PARTICIPATES REGULARLY IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES SOME ACTIVITY IS INDIVIDUALLY OR COLLECTIVELY CONDUCTED BY SCRIPPS HEALTH PERSONNEL DIRECTLY ON THE ORGANIZATION'S BEHALF OTHER ACTIVITY IS CONDUCTED MORE DIRECTLY BY THE ORGANIZATIONS IN WHICH SCRIPPS HEALTH PARTICIPATES AND IS SUPPORTED BY SCRIPPS HEALTH INVOLVEMENT THIS ACTIVITY INCLUDES BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS MEETINGS OCCUR IN PUBLIC OFFICIAL OFFICES, AT SCRIPPS FACILITIES AND IN VARIOUS OTHER VENUES OF OPPORTUNITY ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET AND FISCAL POLICY IMPACTS, REIMBURSEMENT MATTERS, PROVIDER FEES AND OTHER ASSESSMENTS, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY MATTERS, HEALTH INFORMATION TECHNOLOGY AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, SITE-NEUTRAL PRICING, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS, MEDICARE, MEDICAID THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES NO ACTIVITY ADDRESSES PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS NATIONAL, STATE & LOCAL ORGANIZATIONS WITH WHICH SCRIPPS HEALTH PARTICIPATES IN PART IN LOBBY ACTIVITIES AMERICAN HOSPITAL ASSOCIATION CALIFORNIA HOSPITAL ASSOCIATION HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES HEALTH MANAGEMENT ACADEMY PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS ALLIANCE FOR CATHOLIC HEALTH CARE PROTON THERAPY CONSORTIUM SAN DIEGO REGIONAL CHAMBER OF COMMERCE SAN DIEGO TAXPAYERS ASSOCIATION SAN DIEGO ECONOMIC DEVELOPMENT CORPORATION COMMUNITY HEALTH IMPROVEMENT PARTNERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 70 00

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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	108,926,000	117,167,000	112,290,000	103,819,000	94,354,000
b Contributions	6,315,759	1,388,206	1,480,000	-1,051,000	745,000
c Net investment earnings, gains, and losses	7,473,883	-3,512,026	9,068,000	14,066,000	12,924,000
d Grants or scholarships	1,437,223	1,345,734	871,000	874,000	798,000
e Other expenditures for facilities and programs	3,833,012	3,632,176	3,853,000	2,707,000	2,496,000
f Administrative expenses	1,121,407	1,139,270	947,000	963,000	910,000
g End of year balance	116,324,000	108,926,000	117,167,000	112,290,000	103,819,000

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	21,490,333	103,401,792		124,892,125
b Buildings		1,651,452,481	609,266,746	1,042,185,735
c Leasehold improvements	0	91,626,894	62,548,991	29,077,903
d Equipment		1,198,489,420	866,347,940	332,141,480
e Other		149,991,268	1,860,893	148,130,375
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,676,427,618

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Multi-strategy funds	371,739,000	F
(B) Private equity funds	41,627,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	413,366,000	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Self Insured Worker's Compensation Liability	43,057,995
Deferred Retirement Liability	13,925,641
Self Insured Malpractice Liability	23,012,977
Asset Retirement Obligation	14,871,394
Annuity and Unitrusts	10,716,296
Deposits and Contingencies	120,015
Intercompany Liabilites	-14,228,398
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	91,475,920

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 3	CHANGES TO CONSERVATION EASEMENTS THERE WERE NO MODIFIED, TRANSFERRED, RELEASED, EXTINGUIS HED, OR TERMINATED CONSERVATIVE EASEMENTS IN FY16 SCHEDULE D, PART II, LINE 9 CONSERVATIO N EASEMENT THE HISTORICAL STRUCTURE THAT IS CONSIDERED TO BE A CONSERVATIVE EASEMENT IS RE PORTED IN THE MERCY HOSPITAL ENTITY OF THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS CONTRIBUTIONS RECEIVED FOR CAPITAL PRO JECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $1,086,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES $19,349,390 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS I N THE HOSPITALS AND/OR CLINICS $36,320,617 CONTRIBUTIONS RECEIVED TO COVER THE COST OF HE ALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $13,167,659 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIO NS $17,381,463

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 (AKA FIN 48) SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON A NY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN F URTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION UNDER FASB ASC 740, INCOME T AXES, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MORE LI KELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WI TH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE ORGANIZATIO N RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRE TE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE-LIKELY-THAN-NOT THRESHOLD IS NOT MET THE ORGANIZATION RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIF FERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILI TIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT M EET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA NO SIGNIFICANT TAX LIABILITY FOR TAX BE NEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT SEPTEMBER 30, 2016 OR 2015 SCRIPPS HEALTH C URRENTLY FILES FORM 990 (INFORMATIONAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAXES) A ND FORM 990-T (BUSINESS INCOME TAX RETURN FOR AN EXEMPT ORGANIZATION) IN THE U S FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA SCRIPPS HEALTH IS NOT SUBJECT TO INCOME TAX EXAM INATIONS PRIOR TO 2012 IN MAJOR TAX JURISDICTIONS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America		117	Program services	RECONSTRUCTIVE SURGERY	263,577
(2) East Asia and the Pacific		4	Program services	MED CARE & TRAINING	11,126
(3)					
(4)					
(5)					
3a Sub-total		121			274,703
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		121			274,703

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	ACCOUNTING METHOD THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN F

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

Part II Fundraising Events.

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

		(a) Event #1 Mercy Ball (event type)	(b) Event #2 SC Golf (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	458,950	437,374	1,244,077	2,140,401
	2 Less Contributions	391,695	363,940	969,940	1,725,575
	3 Gross income (line 1 minus line 2)	67,255	73,434	274,137	414,826
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	235,723	308,631	258,781	803,135
	7 Food and beverages	5,202	628	10,394	16,224
	8 Entertainment	4,000	3,650	18,650	26,300
	9 Other direct expenses	83,911	74,910	201,088	359,909
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,205,568
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-790,742

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221016707

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
Scripps Health

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			23,824,941		23,824,941	0 920 %
b	Medicaid (from Worksheet 3, column a)			275,894,714	217,782,954	58,111,760	2 240 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)			619,335	236,889	382,446	0 010 %
d	**Total** Financial Assistance and Means-Tested Government Programs			300,338,990	218,019,843	82,319,147	3 170 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			5,407,535	3,144,442	2,263,093	0 090 %
f	Health professions education (from Worksheet 5)			30,703,664	9,840,362	20,863,302	0 800 %
g	Subsidized health services (from Worksheet 6)			19,449,073	13,924,265	5,524,808	0 210 %
h	Research (from Worksheet 7)			19,255,868	15,917,313	3,338,555	0 130 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			474,174	66,612	407,562	0 020 %
j	**Total.** Other Benefits			75,290,314	42,892,994	32,397,320	1 250 %
k	**Total.** Add lines 7d and 7j			375,629,304	260,912,837	114,716,467	4 420 %

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			27,099		27,099	0 %
2	Economic development			104,327		104,327	0 %
3	Community support			271,040	48,159	222,881	0 010 %
4	Environmental improvements			0		0	0 %
5	Leadership development and training for community members			18,754	14,730	4,024	0 %
6	Coalition building			132,955	72,257	60,698	0 %
7	Community health improvement advocacy			376,195		376,195	0 010 %
8	Workforce development			2,000		2,000	0 %
9	Other			694,194		694,194	0 010 %
10	Total			1,626,564	135,146	1,491,418	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	46,185,546		
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	403,634,255
6	Enter Medicare allowable costs of care relating to payments on line 5	6	465,437,456
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-61,803,201
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	Scripps Encinitas	Ambulatory Surgery Center	55 5 %		25 %
2	Surgery Center				
3	Scripps Memorial	Medical Office Building	15 3 %		77 2 %
4	Ximed Medical				
5	Scripps Mercy ASC	Ambulatory Surgery Center	73 5 %		26 5 %
6	ScrippsUSP Surgery	Ambulatory Surgery Center	50 %		27 %
7	Centers				
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **4**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

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

A

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

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

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

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

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

Form and Line Reference	Explanation

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? **41**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	SCRIPPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE, AND PROVIDES FULL OR PARTIAL FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS SCRIPPS FAP IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY COVERAGE, INCLUDING MEDICARE ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), WE WILL FULLY FORGIVE THE ENTIRE BILL FOR THOSE PATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, WE WILL FORGIVE A PORTION OF THE BILL IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS SCRIPPS DOES NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS AGB AS CALCULATED WITH THE PROSPECTIVE METHOD EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 20% DISCOUNT TAKEN AUTOMATICALLY AT BILLING IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS PATIENTS DETERMINED TO BE "HOMELESSNOT PARTICIPATING IN ANOTHER FINANCIAL ASSISTANCE PROGRAM WILL BE GRANTED 100% FINANCIAL ASSISTANCE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMATION AFTER ATTEMPTS TO ESTABLISH ABILITY TO PAY, THE PATIENT MAY BE GRANTED FINANCIAL ASSISTANCE ONLY AFTER BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES SUCH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THEY WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORTED AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SERVICES FOR FY16 WAS $5,524,808 THIS INCLUDES SCRIPPS INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES AND MERCY CLINIC MERCY CLINIC OF SCRIPPS MERCY HOSPITAL SAN DIEGO - FACILITY A-1 FOUNDED IN 1944 AND ADOPTED BY THE SISTERS OF MERCY IN 1961, MERCY CLINIC OF SCRIPPS MERCY HOSPITAL IS A PRIMARY CARE CLINIC THAT TREATS MORE THAN 1,000 PATIENTS EACH MONTH TOTAL PATIENT VISITS FOR PRIMARY AND SUBSPECIALTY CARE AT THE CLINIC IN FY16 WERE 10,351 A FULL TIME CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPPS MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A TRAINING GROUND FOR NEARLY 100 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLINIC HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR" EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTHER INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPLE IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AND SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY16 WAS $2 4 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE)

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD, ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCLUDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENTIRE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SCRIPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) THE CBISA WAS DEVELOPED IN COOPERATION WITH LYON SOFTWARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINISTRATION THE SOFTWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET A PROCESS FOR PLANNING AND REPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1989, AND HAS BEEN REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHODS HAVE EVOLVED AND AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREMENT THE CBISA DATABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS ALIGNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO RECORD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT THIS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURRENCES OF AN "ACTIVITY" FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMBERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS WHERE COST ACCOUNTING IS USED, SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES SCRIPPS UNCOMPENSATED CARE FY2016 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR CHARITY CARE ARE ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND APPLYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATIONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERIVED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2016, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $89,279,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF $69,682,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECORDED $302,000 FOR CHARITABLE CONTRIBUTIONS TO CHFT IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEALTH FROM PROVIDER FEE WAS $19,295,000 IN FISCAL YEAR 2016 CALENDAR YEAR 2014 - CALENDAR YEAR 2016 HOSPITAL FEE PROGRAM IN SEPTEMBER 2013, SB 239 WAS APPROVED AND CREATED A THREE-YEAR HOSPITAL FEE PROGRAM EFFECTIVE JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 ON DECEMBER 10, 2014, CALIFORNIA HOSPITAL ASSOCIATION (CHA) ANNOUNCED THAT CMS APPROVED THE FEE-FOR-SERVICE PAYMENTS FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2016 ON JUNE 30, 2015, CMS APPROVED THE NON-EXPANSION MANAGED CARE RATES FOR THE FIRST SIX MONTHS OF THE THIRTY-SIX MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2016, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $89,279,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF $69,682,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS IN ADDITION, SCRIPPS HEALTH WAS ASSESSED AND ACCRUED REVENUE FROM THE CHFT OF $128,000 IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEATH FROM PROVIDER FEE WAS $19,725,000 IN FISCAL YEAR 2016

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES PHYSICAL IMPROVEMENTS AND HOUSING - THE COSTS ASSOCIATED WIT H THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 1 SCRIPPS MERCY HOSPIT AL LEADERSHIP RETREAT VOLUNTEER SERVICE DAY FOUR HOURS OF VOLUNTEER SERVICE THAT ENTAILED PAINTING, CLEANING AND ENHANCING NOT-FOR-PROFIT, HOMELESS SERVICE PROVIDER AGENCY BUILDING S SPECIALLY, PROJECTS OF CATHOLIC CHARITIES AND ST VINCENT DE PAUL AND JOAN KROC CENTER ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON S CHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP EXECUTIVE LEADERSHIP, SPONSORED BY THE OF FICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR PROFIT BOARDS REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS SAN DIEGO REGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE ASSIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND HEALTH COMMITTEE WORK ASSIGNME NTS), SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (EDC BOARD AND POLICY COMMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BOARD AND WORKING COMMITTEE ASS IGNMENTS) COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORT ED ON SCHEDULE H, PART II, LINE 3 HOSPITAL ADMIN SUPPORT UNIT & SCRIPPS MED RESPONSE TEAM (SMRT) HOSPITAL ADMINISTRATIVE SUPPORT UNIT & SCRIPPS MEDICAL RESPONSE TEAM (SMRT) HAVING THE ABILITY TO PROVIDE EMERGENCY SERVICES FOR THOSE INJURED IN THE STATE OF CALIFORNIA DI SASTER WHILE CONTINUING TO CARE FOR HOSPITALIZED PATIENTS IS A CRITICAL COMMUNITY NEED SC RIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS HOSPITAL ADMINISTRATIVE UNIT AND THE SCRI PPS MEDICAL RESPONSE TEAM BOTH ARE TEAMS FOR THE STATE OF CALIFORNIA IF THERE WAS AN ALTE RNATE CARE SITE DEPLOYMENT AND IF THERE WAS USAID TRAUMA SURGICAL DEPLOYMENT UNIT DEPLOYED OUR TEAMS ARE ALSO AT THE READY FOR DEPLOYMENT IF THE INTERNATIONAL MEDICAL CORPS REQUES TS ASSISTANCE SAN DIEGO COUNTY & NATIONAL COMMUNITY SUPPORT & OUTREACH EDUCATION THE GOAL IS TO PARTICIPATE IN COMMUNITY EDUCATION LOCALLY AND NATIONALLY AS AN ORGANIZATIONAL LEAD ER IN DISASTER PREPAREDNESS AND PLANNING IN FISCAL YEAR 2016, SCRIPPS PARTICIPATED IN THE SAN DIEGO BUSINESS CONSORTIUM AND LED MULTIPLE LECTURES TO GOVERNMENT AND COMMUNITY AUDIE NCES SCRIPPS IN-LIEU OF FUNDS SCRIPPS IN-LIEU OF FUNDS ARE USED FOR UNFUNDED OR UNDERFUND ED PATIENTS AND THEIR POST-DISCHARGE NEEDS INCLUDING BOARD AND CARE, SKILLED NURSING FACIL ITIES, LONG-TERM ACUTE CARE AND HOME HEALTH IN ADDITION, THE FUNDS MAY BE USED FOR MEDICA TIONS, EQUIPMENT AND TRANSPORTATION SERVICES AMERICAN HEART ASSOCIATION HEART WALK SPONSO RSHIP GIVEN TO THE AMERICAN HEART ASSOCIATION, SCRIPPS ALLOCATED $10,000 IN OPERATIONAL FU NDS AND OVER $30,000 IN IN-KIND DONATIONS TO SUPPORT THE AMERICAN HEART ASSOCIATION'S EFFO RTS TO FIGHT HEART DISEASE AND STROKE, IN ADDITION, SCRIPPS EMPLOYEE VOLUNTEERS COORDINATE D WALKER PARTICIPATION AND FUNDRAISING EFFORTS IN 2016, MORE THAN 2,300 SCRIPPS HEART WAL K PARTICIPANTS - EMPLOYEES, FAMILIES, AND FRIENDS - WALKED TO HELP RAISE MORE THAN $110,00 0 ADDITIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT BY PROVIDING HEALTH EDUC ATION MATERIALS AND MORE SPONSORED BY SCRIPPS HEALTH COMMUNITY BENEFIT SERVICES SAN DIEG O POLICE FOUNDATION - GOLD SHIELD GALA TO SUPPORT THE SAN DIEGO POLICE FOUNDATION TO ESNUR E THAT THOSE WHO PROTECT AND SERVE HAVE WHAT THEY NEED TO DO THEIR JOBS SAFELY AND WITH EX CELLENCE SUSAN G KOMEN RACE FOR THE CURE - EVENT FUNDRAISING EVENT TO SUPPORT BREAST CAN CER RESEARCH AND LOCAL BREAST HEALTH INITIATIVES THE KOMEN RACE FOR THE CURE SERIES RAISE S SIGNIFICANT FUNDS AND AWARENESS FOR THE FIGHT AGAINST BREAST CANCER, CELEBRATES BREAST C ANCER SURVIVORSHIP, AND HONORS THOSE WHO HAVE LOST THEIR BATTLE WITH THE DISEASE SUSAN G KOMEN 3 DAY BREAST CANCER WALK - SUPPORT SCRIPPS IS THE OFFICIAL PHYSICAL THERAPY SPORTS MEDICINE CREW THE FOLLOWING TREATMENTS ARE PROVIDED AT THE EVENT WOUND CARE, ORTHOPEDIC EVALUATION TREATMENTS, INCLUDING LIMB AND JOINT TAPING, ASSISTANCE WITH STRETCHING AND EDU CATION FOR SELF-CARE DISASTER PREPAREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABILITY TO PROVIDE EMERGENCY SERVICES TO THOSE INJURED IN A LOCAL DISASTER WHILE CONTINUIN G TO CARE FOR HOSPITALIZED PATIENTS IS A CRITICAL COMMUNITY NEED SCRIPPS PARTICIPATES IN SAN DIEGO COUNTY AND STATE OF CALIFORNIA ADVISORY GROUPS TO PLAN, IMPLEMENT, AND EVALUATE KEY DISASTER PREPAREDNESS RESPONSE PLANS AND FUNDING EFFORTS IN ADDITION, SCRIPPS MAINTAIN S ACTIVE READINESS FOR THE SCRIPPS HOSPITAL MEDICAL RESPONSE TEAM OR THE SCRIPPS HOSPITAL ADMINISTRATION UNIT BOTH ARE LEAD TEAMS FOR THE STATE OF CALIFORNIA MOBILE FIELD HOSPITAL DEPLOYMENT THESE EFFORTS ARE LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIRECTIO N OF THE CHIEF MEDICAL OFFICER MASS RESCUE OPERATION EXERCISE FULL SCALE EXERCISE PLANNED FOR EIGHT HOURS, SPANNING ONE HALF MILE OFF OF OC

Form and Line Reference	Explanation
SCHEDULE H, PART II	EAN BEACH AND INTO MISSION BAY EXERCISE PLAY IS LIMITED TO THE RESCUE, TRANSPORT, AND TRE ATMENT OF A SIMULATED, SURVIVABLE AIRLINER CRASH ASSESSMENT OF THE EXERCISE WILL BE A COO RDINATED RESPONSE FROM FEDERAL, STATE AND LOCAL AGENCIES, ALONG WITH U S COAST GUARD, SAN DIEGO FIRE LIFE GUARD SERVICES, SCRIPPS HEALTH, AND THE SAN DIEGO POLICE DEPARTMENT SAN D IEGO HUNGER COALITION - FOOD STAMP ASSISTANCE - CITY HEIGHTS WELLNESS CENTER - COMMUNITY S UPPORT THE CITY HEIGHTS WELLNESS CENTER (CHWC) HOSTS ELIGIBILITY WORKERS FROM THE SAN DIEG O HUNGER COALITION WHO ARE AVAILABLE TO COUNSEL PEOPLE AND HELP FILL OUT APPLICATIONS FOR FOOD STAMP ASSISTANCE CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THIS ACTIVITY, BUT ALSO ACTIVELY PARTICIPATES BY DEVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS LATINOS Y LATINAS EN ACCION LATINOS Y LATINAS EN ACCIO N IS A GRASSROOTS LEADERSHIP DEVELOPMENT PROJECT THAT SEEKS TO INCREASE THE CAPACITY OF TH E LATINO COMMUNITY OF MID-CITY TO ADVOCATE FOR ISSUES IMPORTANT TO THEM LEADERSHIP DEVELO PMENT AND TRAINING FOR COMMUNITY MEMBERS - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAM S ARE REPORTED ON SCHEDULE H, PART II, LINE 5 CITY HEIGHTS EAST AFRICAN ALLIANCE-CHEA - H EALTH ADVOCACY PROJECT THE CITY HEIGHTS WELLNESS CENTER HEALTH ADVOCACY PROJECT IS SUPPORT ED BY A GRANT FROM THE CALIFORNIA ENDOWMENT FOUNDATION AND IS DESIGNED TO STRENGTHEN THE C APACITY TO DELIVER CULTURALLY AND RELIGIOUSLY COMPETENT HEALTH PROMOTION SERVICES TO SOMAL I AND EAST AFRICAN WOMEN AND THEIR FAMILIES THIS PROGRAM ADDRESSES UNMET NEEDS LIKE PRENA TAL OUTREACH AND EDUCATION, CULTURALLY ADAPTED NUTRITION AND FITNESS EDUCATION, BREASTFEED ING EDUCATION, EARLY CHILDHOOD HEALTH, AND NUTRITION AND SAFETY CLASSES THE PROJECT IS SP ONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO COMMUNITY BENEFIT SERVICES COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, L INE 6 SAN DIEGO COUNTY PRESCRIPTION DRUG ABUSE TASK FORCE COMMUNITY EDUCATION, MEDIA MESS AGING, INTERDICTION, PREVENTION, TREATMENT AND POLICY MAKING TO COMBAT GROWING PROBLEM OF PRESCRIPTION DRUG ABUSE IN SAN DIEGO COUNTY CASTLE PARK ELEMENTARY WELLNESS COMMITTEE MEE TING CASTLE PARK ELEMENTARY WELLNESS COMMITTEE PLANS AND FACILITATES WELLNESSE VENTS, SCHO OL READINESS PRESENTATIONS, HEALTH RELATED CLASSES, AND ACTIVITIES FOR PARENTS, SCHOOL STA FF, AND STUDENTS TO INCREASE HEALTH AWARENESS AND HEALTHY LIFESTYLES IN CASTLE PARK AREA SPONSORED BY SCRIPPS CHULA VISTA WELL-BEING CENTER CHULA VISTA COMMUNITY COLLABORATIVE - SCRIPPS MERCY HOSPITAL CHULA VISTA COALITION - A COALITION OF AGENCIES THAT COME TOGETHER TO SHARE PROGRESS, SERVICES, AND NETWORK THE CHULA VISTA COMMUNITY COLLABORATIVE (CVCC) D RAWSTOGETHER ALL SECTORS OF THE LOCAL COMMUNITY TO DEVELOP COORDINATEDSTRATEGIES AND SYSTE MS THAT PROTECT THE HEALTH AND SAFETY OF RESIDENTS, DEVELOP ECONOMIC RESOURCES, PROMOTE LO CAL LEADERSHIP, ENHANCE THE ENVIRONMENT, AND CONTRIBUTE TO THE CELEBRATION OF AND RESPECT FOR CULTURAL DIVERSITY THE CVCC CURRENTLY HAS OVER 150 MEMBER ORGANIZATIONS AND OVER 600 MEMBERS CVCC ACTS AS A PLATFORM FROM WHICH TO LAUNCH EFFECTIVE NEW INITIATIVES TO IMPROVE QUALITY OF LIFE THE CVCC IS THE UMBRELLA FOR A VARIETY OF PROGRAMS AND COMMITTEES THE M OST NOTABLE INFRASTRUCTURE OF THE CVCC IS THE NETWORK OF FAMILY RESOURCE CENTERS THAT HAVE BEEN CREATED AND SUSTAINED BY COLLECTIVE EFFORT HEALTHY DEVELOPMENT SERVICES (HDS) PROVI DER MEETING COLLABORATION OF HDS PARTNERS AND SERVICE PROVIDERS COMING TOGETHER TO DISCUSS AND REVIEW SPECIFIC CASE OF THOSE RECEIVING SERVICES FROM PESE, CARE COORDINATION AND DEV ELOPMENTAL AND BEHAVIORAL HEALTH SERVICES OF CHILDREN AGES ZERO 5 YEARS OF AGE SCRIPPS ME RCY HOSPITAL CHULA VISTA - HEALTHY WEIGHT COLLABORATIVE HEALTHY WEIGHT COLLABORATIVE IS A PROJECT OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE NATIONAL INITIA TIVE FOR CHILDREN'S HEALTHCARE QUALITY (

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT UNCOMPENSATED COST IS ESTIMATED BY APPLYING RATIO-COST-TO-CHARGE (RCC) PERCENTAGES FOR THE HOSPITAL TO THE GROSS BAD-DEBT ADJUSTMENTS, LESS RECOVERIES THE FOLLOWING COSTS ARE EXCLUDED BAD DEBT ADJUSTMENTS AT COST FOR MEDI-CAL AND CMS PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT THE AMOUNT ON PART III, LINE 2 REPRESENTS PATIENT CARE CHARGES WRITTEN OFF TO BAD DEBT WHERE THE PATIENT HAD THE ABILITY TO PAY WHERE A PATIENT QUALIFIED FOR PARTIAL OR FULL CHARITY CARE, THE UNPAID AMOUNT IS NOT CONSIDERED BAD DEBT WE BELIEVE THAT BAD DEBT PERTAINING TO PATIENT CARE CHARGES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THESE PATIENTS RECEIVE TREATMENT REGARDLESS OF WHETHER WE COLLECT PAYMENT FOR THE SERVICES PERFORMED SCHEDULE H, PART III, LINE 4 FOOTNOTE FOR BAD DEBT EXPENSE THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ADDRESSING THE PRESENTATION OF THE PROVISION FOR BAD DEBTS AS OF THE CURRENT REPORTING PERIOD AND AS SUCH, NET PATIENT SERVICE REVENUES ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE STATEMENTS OF OPERATIONS THE ORGANIZATION RECORDS ITS PROVISION FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSSESSMENT IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG HOSPITALS, HEALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON PAST C HNAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY INFORMAT ION IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT, DEVELOPI NG STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS, AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS SCRIPPS STRIVES TO IMPROVE C OMMUNITY HEALTH THROUGH COLLABORATION WITH A WIDE RANGE OF PARTNERS AND LIKE-MINDED ORGANI ZATIONS WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINES SES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EFFORTS TO ACHIEVE BROA D COMMUNITY HEALTH GOALS THE 2016 SCRIPPS HEALTH CHNA IS DESIGNED TO PROVIDE A DEEPER UND ERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY WHILE THIS IS A FEDERALL Y MANDATED EXERCISE, SCRIPPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THE RE PORT TO BENEFIT THE COMMUNITY AT-LARGE IN OTHER FUTURE PLANNING INITIATIVES THIS REPORT C OMPLIES WITH FEDERAL TAX LAW REQUIREMENTS SET FORTH IN INTERNAL REVENUE CODE SECTION 501(R) REQUIRING HOSPITAL FACILITIES OWNED AND OPERATED BY AN ORGANIZATION DESCRIBED IN CODE SE CTION 501(C)(3) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST ONCE EVERY THREE Y EARS FOR MORE DETAILED INFORMATION ON THE CHNA REGULATORY REQUIREMENTS AND IMPLEMENTATION STRATEGY SEE HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMMITTEE DESIGNED THE 2016 CHNA PROCESS BASED ON THE FINDINGS FROM THE 2013 CHNA AND RECOMMENDATIONS FROM THE COMMUNITY THE AIM OF THE 2016 CHNA METHODOLOGY WAS TO PROVID E A MORE COMPLETE UNDERSTANDING OF THE TOP FOUR IDENTIFIED HEALTH NEEDS AND ASSOCIATED SOC IAL DETERMINANTS OF HEALTH IN THE SAN DIEGO COMMUNITY IN MAY 2015, HASD&IC CONTRACTED WIT H THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE AS SISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HAS D&IC 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (2016 CHNA) THE OBJECTIVE OF THE 2016 CHNA IS TO IDENTIFY AND PRIORITIZE THE MOST CRITICAL HEALTH RELATED NEEDS IN SAN DIEGO COUNTY BAS ED ON FEEDBACK FROM COMMUNITY RESIDENTS IN HIGH NEED NEIGHBORHOODS AND QUANTITATIVE DATA A NALYSIS THE 2016 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANTITATI VE DATA AVAILABLE AND MORE EXTENSIVE QUALITATIVE OUTREACH THROUGHOUT THE PROCESS, THE IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALYZE, REFINE, AND INTERPRET RESULTS A S THEY WERE BEING COLLECTED THE RESULTS OF THE 2016 CHNA WILL BE USED TO INFORM AND ADAPT HOSPITAL PROGRAMS AND STRATEGIES TO BETTER MEET THE HEALTH NEEDS OF SAN DIEGO COUNTY RESI DENTS WHEN THE RESULTS OF ALL OF THE DATA AND INFORMATION GATHERED IN 2013 WERE COMBINED, FOUR CONDITIONS EMERGED CLEARLY AS THE TOP COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHABETICAL ORDER) - BEHAVIORAL/MENTAL HEALTH - CARDIOVASCULAR DISEASE - DIABETES (TYPE 2) - OBESITY THE CHNA COMMITTEE COMPLETED A COLLABORATIVE FOLLOW-UP PROCESS (PHASE 2) TO ENSURE THE 2013 CHNA FINDINGS ACCURATELY REFLECTED THE HEALTH NEEDS OF THE COMMUNITY PHAS E 2 COLLECTED COMMUNITY FEEDBACK ON BOTH THE PROCESS AND FINDINGS OF THE 2013 CHNA, AS WEL L AS RECOMMENDATIONS FOR THE NEXT CHNA PROCESS 87% OF RESPONDENTS AGREED THE 2013 CHNA ID ENTIFIED THE TOP HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS 78% OF RESPONDENTS AGREED THE METHODOLOGY FOR THE NEXT CHNA SHOULD INCLUDE A DEEPER DIVE INTO THE TOP FOUR HEALTH ISSUE S MENTIONED ABOVE BASED ON THE FINDINGS AND FEEDBACK FROM BOTH PHASES OF THE 2013 CHNA, T HE CHNA COMMITTEE MADE A DEEPER ANALYSIS OF THE TOP FOUR IDENTIFIED COMMUNITY HEALTH NEEDS (BEHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, TYPE 2 DIABETES AND OBESITY) PRIOR TO DESIGN ING THE 2016 METHODOLOGY, THE CHNA COMMITTEE MET WITH LEADERS FROM COMMUNITY PARTNER ORGAN IZATIONS WHO PARTICIPATED IN THE PRIOR ASSESSMENT THEY ADVISED THE COMMITTEE ON WAYS TO E NGAGE THEIR STAFF WHO WORK WITH LARGE NUMBERS OF RESIDENTS IN HIGH NEED AND VULNERABLE COM MUNITIES THE 2016 PROCESS BEGAN WITH A COMPREHENSIVE SCAN OF RECENT COMMUNITY HEALTH STAT ISTICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALTH NEEDS IDENTIF IED IN THE 2013 CHNA BASED ON THE RESULTS OF THE SCAN AND FEEDBACK FROM COMMUNITY PARTNER S RECEIVED DURING THE 2016 PLANNING PROCESS, A NUMBER OF COMMUNITY ENGAGEMENT ACTIVITIES W ERE CONDUCTED TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE IDENTIFIED HEALTH NEEDS , INCLUDING THEIR ASSOCIATED SOCIAL DETERMINANTS OF HEALTH AND POTENTIAL SYSTEM AND POLICY CHANGES THAT MAY POSITIVELY IMPACT THEM IN ADDIT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	ION, A DETAILED ANALYSIS OF HOW THE TOP FOUR NEEDS IMPACT THE HEALTH OF SAN DIEGO RESIDENT S WAS CONDUCTED QUANTITATIVE DATA COLLECTION AND ANALYSIS CALIFORNIAS OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) IS RESPONSIBLE FOR COLLECTING DATA AND DISSEMINAT ING INFORMATION ABOUT THE UTILIZATION OF HEALTH CARE IN CALIFORNIA AS PART OF THE 2016 CH NA DATA COLLECTION PROCESS, 2013 OSHPD DEMOGRAPHIC DATA FOR HOSPITAL INPATIENT, EMERGENCY DEPARTMENT, AND AMBULATORY CARE ENCOUNTERS FROM ALL HOSPITALS WITHIN SAN DIEGO COUNTY WERE ANALYZED TO UNDERSTAND THE HOSPITAL PATIENT POPULATION CLINIC DATA WAS ALSO GATHERED FRO M OSHPDS WEBSITE AND INCORPORATED IN ORDER TO PROVIDE A MORE HOLISTIC VIEW OF HEALTH CARE UTILIZATION IN SAN DIEGO, AS HOSPITAL DISCHARGES MAY NOT REPRESENT ALL THE HEALTH CONDITIO NS IN THE COMMUNITY AFTER COMPARING RESULTS OF THE QUANTITATIVE ANALYSES OF THE SAN DIEGO COUNTY MORTALITY DATA, KP COMMUNITY BENEFIT DATA ANALYSIS TOOL, AND HOSPITAL DISCHARGE DA TA, THE FINDINGS DEMONSTRATED THAT BEHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, DIABETES, AN D OBESITY CONTINUE TO BE AMONG THE TOP PRIORITY HEALTH NEEDS IN SAN DIEGO COUNTY ACROSS DI FFERENT QUANTITATIVE DATA SOURCES QUALITATIVE AND COMMUNITY ENGAGEMENT ACTIVITIES COMMUNI TY ENGAGEMENT ACTIVITIES WERE CONDUCTED WITH A BROAD RANGE OF COMMUNITY MEMBERS, INCLUDING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE C OMPLETE UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY INDIV IDUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL, TRIBAL, OR OTHER REG IONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS FOR MORE INFORMATION ON THE COMMUNITY ENGAGEMENT ACTIVITIES SEE QUESTION 5, SCHEDULE H PART V, SECTION B 2016 PRIORITIZATION OF THE TOP FOUR IDENTIFIED HEALTH NEEDS THE PURPOSE OF THIS CHNA WAS TO IDENTIFY AND PRIORITIZE HEALTH ISSUES AND NEEDS IN SAN DIE GO COUNTY USING MULTIPLE SOURCES OF INFORMATION THE ANALYSIS OF SECONDARY DATA INCORPORAT ED THE FOLLOWING CRITERIA FOR INCLUSION AS AN IDENTIFIED COMMUNITY HEALTH NEED 1 MAGNITU DE OR PREVALENCE THE HEALTH NEED AFFECTS A LARGE NUMBER OF PEOPLE IN ALL REGIONS OF SAN D IEGO 2 SEVERITY THE HEALTH NEED HAS SERIOUS CONSEQUENCES (MORBIDITY, MORTALITY, AND/OR ECONOMIC BURDEN) 3 HEALTH DISPARITIES THE HEALTH NEED DISPROPORTIONATELY IMPACTS THE HE ALTH STATUS OF ONE OR MORE VULNERABLE POPULATION GROUPS 4 TRENDS THE HEALTH NEED IS EIT HER STABLE OR CHANGING OVER TIME, E G , IMPROVING OR GETTING WORSE 5 COMMUNITY CONCERN STAKEHOLDERS, COMMUNITY MEMBERS, AND VULNERABLE POPULATIONS WITHIN THE COMMUNITY VIEW THE HEALTH NEED AS A PRIORITY USING THESE CRITERIA, A SUMMARY MATRIX TRANSLATING THE 2016 CHN A FINDINGS WAS CREATED FOR REVIEW BY THE CHNA COMMITTEE TAKING INTO ACCOUNT THE RESULTS O F THE QUANTITATIVE DATA COLLECTION AND THE FINDINGS FROM THE COMMUNITY ENGAGEMENT ACTIVITI ES, A RANK FROM 1 TO 4, WITH 1 BEING THE MOST SIGNIFICANT, WAS APPLIED TO EACH CRITERION AN OVERALL SCORE WAS GIVEN TO EACH HEALTH NEED BY AVERAGING THE RANKINGS ACROSS ALL FIVE C RITERIA IN ADDITION, THE SOCIAL DETERMINANTS OF HEALTH WERE ANALYZED AND IDENTIFIED ACROS S ALL HEALTH NEEDS THE CHNA COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE NUMBER ONE HEAL TH NEED IN SAN DIEGO COUNTY IN ADDITION, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY WE RE IDENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORITY AREAS DUE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA S OURCES AND IN RECOGNITION OF THE COMPLEXITIES WITHIN EACH HEALTH NEED WITHIN THE CATEGORY OF BEHAVIORAL HEALTH, ALZHEIMERS DISEASE, ANXIETY, DRUG AND ALCOHOL ISSUES, AND MOOD DISO RDERS ARE SIGNIFICANT HEALTH NEEDS WITHIN SAN DIEGO COUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, HYPERTENSION WAS CONSISTENTLY FO

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SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SCRIPPS ACTIVELY SCREENS, MONITORS AND IDE NTIFIES PATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE, PROVIDES COUNSELING, INFORMATION AND LANGUAGE INTERPRETATION AND MAKES EVERY REASONABLE EFFORT TO ASSIST PATIEN TS IN MEETING FINANCIAL OBLIGATIONS WHEN NECESSARY, SCRIPPS ALSO HELPS PATIENTS UNDERSTAN D AND PARTICIPATE IN FINANCIAL ASSISTANCE OPTIONS THIS INCLUDES BILLING STATEMENTS THAT A LERT PATIENTS TO THE AVAILABILITY OF ASSISTANCE AS WELL AS LIMITS ON ACCOUNT COLLECTION AC TIVITIES (SCRIPPS DOES NOT, FOR EXAMPLE, APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESID ENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS) ELIGIBILITY FOR FINANCIAL ASSISTANC E IS BASED ON AN EVALUATION OF INCOME AND EXPENSE INFORMATION FOR LOW-INCOME, UNINSURED P ATIENTS EARNING LESS THAN 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPG), SCRIPPS FUL LY FORGIVES THE ENTIRE BILL FOR INDIVIDUALS WHO EARN BETWEEN 201-400 PERCENT OF THE FPG, FINANCIAL ASSISTANCE IS BASED ON A SCHEDULE WITH SHARE-OF-COST DISCOUNTS SCRIPPS POSTS A SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY ON THE SCRIPPS WEBSITE AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZA TION'S FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE FINANCIAL ASSISTAN CE POLICY SETS FORTH SCRIPPS POLICIES REGARDING DISCOUNT PAYMENTS AND 100 PERCENT FINANCIA L ASSISTANCE FOR QUALIFIED PATIENTS AND IS IN WRITTEN FORM TO DIRECT AND GUIDE STAFF, AND EFFECTIVELY COMMUNICATE HOW OUR COMMITMENT WILL BE APPLIED CONSISTENTLY TO ALL PATIENTS T HE POLICY INITIALLY ESTABLISHED IN 2001 WAS REVISED TO BE CONSISTENT WITH STATE AND FEDERA L LEGISLATION THE PRACTICES ESTABLISHED IN THE POLICY REFLECT SCRIPPS CONTINUING COMMITME NT TO ASSISTING LOW-INCOME UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CHARGES, CHARITY CA RE, BILLING AND DEBT COLLECTION PRACTICES POLICY HIGHLIGHTS INCLUDE - SCRIPPS HEALTH WIL L RESPECT THE DIGNITY OF EACH PATIENT, ACT ETHICALLY IN ALL PATIENT FINANCIAL MATTERS AND COMMUNICATE EFFECTIVELY TO ASSIST PATIENTS IN RESOLVING THEIR FINANCIAL OBLIGATIONS EVERY REASONABLE EFFORT IS MADE TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY CO VERAGE INCLUDING MEDICARE - PATIENT COMMUNICATION AND COMMUNITY OUTREACH AND COMMUNICATIO N REGARDING SCRIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO IN CLUDE BUT NOT LIMITED TO 1 POSTERS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE PO STED IN REGISTRATION AREAS IN THE HOSPITAL (I E EMERGENCY DEPARTMENT AND MAIN ADMISSION A REAS) PAPER COPIES OF SCRIPPS FAP, FINANCIAL ASSISTANCE APPLICATION AND A PLAIN LANGUAGE SUMMARY OF THE FAP ("FAP SUMMARY") ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE IN ALL SC RIPPS HOSPITAL EMERGENCY DEPARTMENTS AND ADMISSIONS AREAS PATIENTS MAY ALTERNATIVELY REQU EST THAT COPIES OF THESE DOCUMENTS BE SENT TO THEM ELECTRONICALLY 2 THE FAP, FAP SUMMARY , AND FINANCIAL ASSISTANCE APPLICATIONS ARE POSTED ON THE SCRIPPS WEBSITE TO VIEW, DOWNLOA D AND PRINT FREE OF CHARGE THE FAP SUMMARY WILL CONTAIN THE WEBSITE ADDRESS WHERE THESE D OCUMENTS CAN BE FOUND ONLINE, IN ADDITION TO THE PHYSICAL LOCATION IN THE HOSPITAL WHERE P APER COPIES MAY BE OBTAINED 3 THE FAP SUMMARY IS OFFERED TO ALL PATIENTS AT REGISTRATION OR PRIOR TO DISCHARGE AS PART OF THE AGREEMENT FOR SERVICES AT A SCRIPPS FACILITY 4 ALL BILLING STATEMENTS INCLUDE A STATEMENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, INCLU DING A TELEPHONE NUMBER FOR SCRIPPS HOSPITAL STAFF THAT PROVIDE ASSISTANCE WITH THE APPLIC ATION PROCESS AND THE WEBSITE ADDRESS WHERE THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND 5 THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE IN THE PRIMARY LANGUAGES OF SIGNIFICANT PATIENT POPULATIONS WITH LIMITED ENGLIS H PROFICIENCY (LEP) 6 THE FAP SUMMARY WILL BE AVAILABLE AT COMMUNITY EVENTS AND WILL BE PROVIDED TO LOCAL AGENCIES THAT OFFER CONSUMER ASSISTANCE SCRIPPS HEALTH WORKED WITH THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TO INFORM AND NOTIFY MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL ABOUT THE FAP AND TO REACH THOSE MEMBERS WHO ARE MOST LIKELY TO REQUIRE F INANCIAL ASSISTANCE 7 THE FAP AND RELATED INFORMATION WILL ALSO BE PROVIDED TO THE OFFIC E OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AS REQUIRED BY LAW - SELF-PAY PATIENTS ARE PROVIDED WITH COUNSELING AND WRITTEN INFORMATION REGARDING FINANCIAL ASSISTANCE THE PATI ENT FINANCIAL ASSESSMENT STATEMENT IS AVAILABLE AND WILL BE PROVIDED TO PATIENTS WHO EXPRE SS AN INTEREST IN, OR WHO HAVE BEEN IDENTIFIED AS, NEEDING FINANCIAL ASSISTANCE WHEN POSSI BLE WRITTEN MATERIALS WILL BE AVAILABLE IN ENGLISH AND SPANISH LANGUAGE INTERPRETIVE SER VICES ARE PROVIDED WHENEVER NECESSARY TO FACILITAT

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SCHEDULE H, PART VI, LINE 3	E THE PATIENTS UNDERSTANDING AND PARTICIPATION IN OPTIONS FOR FINANCIAL ASSISTANCE - PATI ENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORED A ND IDENTIFIED AS SOON AS POSSIBLE PATIENTS ARE SCREENED FOR THE ABILITY TO PAY AND/OR TO DETERMINE ELIGIBILITY FOR PAYMENT PROGRAMS INCLUDING THOSE OFFERED DIRECTLY THROUGH SCRIPP S HEALTH OUR PERSONNEL WILL MAKE ALL REASONABLE EFFORTS TO OBTAIN INFORMATION FROM PATIEN TS ABOUT WHETHER PRIVATE OR PUBLIC HEALTH INSURANCE MAY FULLY OR PARTIALLY COVER THE CHARG ES FOR CARE SCRIPPS WILL PROVIDE ASSISTANCE IN ASSESSING THE PATIENTS ELIGIBILITY FOR MED I-CAL, COUNTY MEDICAL SERVICES (CMS) OR ANY OTHER-THIRD PARTY COVERAGE AS PART OF THE APPL ICATION PROCESS FOR FINANCIAL ASSISTANCE EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT - SC RIPPS HEALTH WILL WORK TO ASSIST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATIVELY PROVIDES INFORMATION ABOUT HIS/HER ABILITY TO PAY FAILURE BY THE PATIENT TO COOPERATE MA Y RESULT IN THE INABILITY OF THE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATION - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT OF T HE FEDERAL POVERTY GUIDELINES OR BELOW DETERMINATION IS MADE ON AN ALL OR PARTIAL BASIS U SING THE APPROVED DISCOUNT SCHEDULE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMAT ION AFTER DILIGENT EFFORTS REGARDING ABILITY TO PAY FOR ANY PATIENT TREATED IN THE EMERGEN CY DEPARTMENT, THE PATIENT MAY BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE ONLY AFTER APPR OPRIATE BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

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SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION FOR THE PURPOSES OF THE 2016 CHNA, THE SERVICE AREA IS DEFINED AS TH E ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA A HOS PITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AR EA SURROUNDING THE HOSPITAL AND DOES NOT EXCLUDE LOW INCOME OR UNDERSERVED POPULATIONS AL THOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY, EACH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLECT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE BY ZIP CODE LEVEL MEETING THE CHALLENGES OF A DIVERSE B ORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MIL LION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,300 SQUARE MILES, THE POPULATION REPRESENTS M ULTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWT H PROJECTIONS ARE JUST OVER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 T HE SANDAG 2050 SUB-REGIONAL GROWTH FORECAST PROJECTS POPULATION GROWTH TO 4 4 MILLION BY 2 050 THIS IS A 40 0% INCREASE IN POPULATION GROWTH RECOGNIZING THAT HEALTH NEEDS DIFFER A CROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, THE INSTITUTE FOR PUBLIC HEALTH USED THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNITIES WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS IN ADDITION, GEOGRAPH IC INFORMATION SYSTEMS (GIS) MAPS WERE CREATED, OVERLAYING CNI DATA AND THE HOSPITAL DISCH ARGE RATE BY PRIMARY DIAGNOSIS FOR THE HEALTH CONDITIONS TYPE 2 DIABETES, CARDIOVASCULAR DISEASE, AND BEHAVIORAL HEALTH GIS MAPS WERE NOT CREATED FOR OBESITY DUE TO THE FACT THAT OBESITY IS NOT A COMMON PRIMARY DIAGNOSIS, BUT RATHER A SECONDARY CONDITION THAT CONTRIBU TES TO THE PRIMARY REASON FOR A HOSPITAL VISIT DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY (S DC) CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPUL ATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMPO RTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS POPULATION OVER 3 MILLION PEOPLE (3 ,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BUREAU AM ERICAN COMMUNITY SURVEY 2009-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, E STIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION D ENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACC ORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATI ON CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMM UNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDENTIFIE D AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FOL LOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLAN DER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLO WED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) SCRIPPS SERVES THE ENTI RE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CEN TRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE ARE AS WITH PROXIMITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR PER CALENDAR YEAR 2015 OSHPD ANNUAL FINANCI AL DATA THERE ARE 20 OTHER HOSPITAL FACILITIES SERVING THE SAN DIEGO COMMUNITY SCRIPPS ME RCY HOSPITAL (INCLUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 57 PERCENT OF THE CHA RITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POPULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INS URED ADULTS IN THE COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HIS PANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA V ISTA CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO C OUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE TH AN HALF OF SCRIPPS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED-MEDICAR E AND MEDI-CAL SCRIPPS HOSPITALS HOUSE 23 5% PERC

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	ENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCRIPPS PROVIDES SIGNIFICANT AND GRO WING VOLUMES OF EMERGENCY, OUTPATIENT AND PRIMARY CARE IN FY16, SCRIPPS PROVIDED 2,444,83 4 OUTPATIENT VISITS NEARLY HALF (42 6%) OF SAN DIEGO COUNTY'S 78,840 SAFETY NET DISCHARGE S ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHARGES INCLUDE COUNTY INDIGE NT PROGRAMS, MEDI-CAL AND SELF PAY OSHPD 2015 DATA (MOST RECENT YEAR AVAILABLE) SCRIPPS H AS A TOTAL OF 1,459 ACUTE CARE LICENSED BEDS SAN DIEGO HAS A TOTAL OF 6,220 GENERAL ACUTE CARE LICENSED BEDS % OF SCRIPPS BEDS IS 1,459/6,220 = 23 5% COUNTY SAFETY NET DISCHARGES CY15 SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SELF PAY - CENTRAL DISCHARGES 18,487 - SOUTH SUBURBAN DISCHARGES 15,082 SCRIPPS OSHPD SAFETY NET DISCHARGES CY15 - SCRIPPS CENTRAL DISCHARGES 5,628 - SCRIPPS SOUTH SUBURBAN D ISCHARGES 4,332 THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HO SPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMU NITIES FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SER VICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LO CAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS INTO T HEIR OPERATING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST I N CALIFORNIA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE SAN DIEGOS UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS BETWEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORN IA AND IN SAN DIEGO COUNTY IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3%, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) SOURCE U S CENSUS BUREAU, 201 0 TO 2014 1-YEAR AMERICAN COMMUNITY SURVEYS ACS UNINSURED RATE IS BASED ON WHETHER AN IND IVIDUAL HAD INSURANCE AT THE TIME OF THE SURVEY NOTE THE AMERICAN COMMUNITY SURVEY, ESTI MATES ARE FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION THERE ARE THREE INDICATORS DET ERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH POVERTY RATE, PERCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINMENT LOW-INCOME, UNINSURED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RISK FOR POOR HEALTH STATUS FIVE-YEAR ESTIMATE S FROM THE 2009-2013 AMERICAN COMMUNITY SURVEY (ACS) SHOW HOW THESE INDICATORS IMPACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFYING COMMUNITIE S WITH THE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES POVERTY WITHIN SDC, 14 5 % OR 441,648 INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE FEDERAL PO VERTY LEVEL (FPL) FOR CHILDREN 0-17, THE PERCENTAGE LIVING 100% BELOW THE FPL INCREASES T O 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% POVERTY LEVEL IS $20,090 PER YEAR POVERTY CRE ATES BARRIERS TO ACCESSING SERVICES THAT PROMOTE WELL-BEING INCLUDING HEALTH SERVICES, HEA LTHY FOOD, AND OTHER NECESSITIES THAT CONTRIBUTE TO IMPROVED HEALTH STATUS UNINSURED BET WEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA A ND IN SDC IN 2014, THE UNINSURED RATE SHARPLY DECREASED, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART T O THE AFFORDABLE CARE ACT (ACA) LACK OF INSURANCE IS A PRIMARY BARRIER TO HEALTH CARE ACC ESS INCLUDING REGULAR PRIMARY CARE, SPECIALTY CARE, AND OTHER HEALTH SERVICES THAT CONTRIB UTES TO POOR HEALTH STATUS EDUCATIONAL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SC RIPPS HEALTH IS A $2 9 BILLION, PRIVATE, NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM IN SAN DIE GO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 3,000 AFFILIATED PHYSICIANS AND 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAM PUSES, HOME HEALTH CARE, HOSPICE CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIA N OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION SCRIPPS IS A RECOGNIZED LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE AND IS AT THE FOREFRONT OF CL INICAL RESEARCH AND GRADUATE MEDICAL EDUCATION AS A TAX EXEMPT HEALTH CARE SYSTEM, SCRIPP S TAKES PRIDE IN ITS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMB ER VOLUNTEER BOARD OF TRUSTEES THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY E NSURES A UNIFIED APPROACH TO SERVING PATIENTS ACROSS THE REGION THE BOARD IS RESPONSIBLE FOR PROMOTING CORPORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUG H OVERSIGHT THE EFFECTIVE FUNCTIONING OF THE CORPORATION ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIE NTIFIC AND EDUCATIONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO P ART OF ITS NET EARNINGS WILL BENEFIT ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL THESE VOLUN TEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PART ICIPATION IN VARIOUS BOARD COMMITTEES AND GENERAL STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITA L CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO APPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPI TAL, SURGERY CENTER OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN F ROM THE MEDICAL STAFF ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES PARTICIPATE IN MEDI-CAL AND M EDICARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK INTO THE SAN DIEGO COMMUNITY SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIO NAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RE SEARCH AND MEDICAL EDUCATION PROGRAMS DURING FY16 (OCTOBER 2015 TO SEPTEMBER 2016), SCRIP PS INVESTED $24,201,857 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE S ERVICE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AN D INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EX ISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELOPMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS PROFESSIONAL EDUCATION AN D HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SC RIPPS EMPLOYEES INCLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTH ER HEALTH CARE PROFESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIP PS TRANSLATIONAL SCIENCE INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT-OFFSETTING REVENUE, WHICH INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS A CCORDING TO THE 2015 SCHEDULE H 990 IRS GUIDELINES, "DIRECT OFFSETTING REVENUE" ALSO INCLU DES RESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUNITY B ENEFIT BECAUSE OF THIS NEW PROVISION, SCRIPPS SAW A SUBSTANTIAL DECREASE IN RESEARCH FOR FY15 AND FY16 A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDE RS ARE TWO OF THE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITH OUT ACCESS TO BASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF I LLNESS, INJURY AND MORTALITY LACK OF INSURANCE ALSO INCREASES THE BURDEN ON HOSPITALS AND HEALTH PROVIDERS IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY 16 WITH THE FOLLOWING HEALTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (MOS T) REACHING OUT TO THOSE WHO HAVE LIMITED ACCESS TO HEALTH CARE, THE MERCY OUTREACH SURGIC AL TEAM (MOST) PROVIDES MEDICAL AND SURGICAL CARE TO UNDERPRIVILEGED CHILDREN AND ADULTS F ROM OTHER COUNTRIES THE VOLUNTEER GROUP OF PHYSICIANS, NURSES, TECHNICIANS AND OTHERS PER FORM LIFE-CHANGING SURGERIES TO CORRECT CLEFT LIPS, CLEFT PALATES, BURN SCARS, CROSSED EYE S, HERNIAS AND A VARIETY OF OTHER CONDITIONS DURING FY16, THE MOST TEAM SERVED IN TWO OUT REACH TRIPS THE MOST TEAM VOLUNTEERED 4,088 HOURS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	TO PROVIDE RECONSTRUCTIVE SURGERIES FOR MORE THAN 400 CHILDREN GRADUATE MEDICAL EDUCATIO N STAFF SUPPORT TO ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND ST LEO'S MISSION COMMUN ITY CLINIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCR IPPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 40 RESIDENTS AND 36 FELLOWS THE PROGRAM ALSO GIVES BACK TO THE COMMUNITY BY STAFFING EVENING CLINICS AT ST V INCENT DE PAUL VILLAGE AND ST LEO'S MISSION COMMUNITY CLINIC SCRIPPS RESIDENTS AND STAFF PROVIDED MEDICAL CARE TO APPROXIMATELY 800 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURI NG FY16 SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVID ES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATI ENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES T HE LACK OF FUNDING, AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE PO ST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT IS P ROVIDED BY SCRIPPS WITH PHYSICIAN BACKUP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GO ALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THEY PROVIDE A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION, MEDICATION OVE RSIGHT, MEALS, CLOTHING, COUNSELING, ASSISTANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY APPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSP ORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAI NTAIN THE PATIENTS MEDICAL STABILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDERS ARE ESTABLISHED WITH A PSYCHIATRIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY FOR FY16, TOTAL COST SAVINGS FOR SCRIPPS HAS BEEN OVER $3 4 MILLION IN 2016, 68 PATIENTS HAD A CUMULATIVE 2,321 HOSPITAL DAYS OF STAY BEFORE GOING TO THE RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH TRACHEOTOM IES, FEEDING TUBES, IV ANTIBIOTICS, WOUND VACS, MULTIPLE FRACTURES, ABSCESS, OSTEOMYELITIS , PARAPLEGIA, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, HEART VALVE REPLACEMENT, DIABETES , TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, CRANIOTOMY, COMPLEX TRAUMA, CVA, CAN CER, HIV/AIDS, AND A PATIENT WITH AN EXTERNAL DEFIBRILLATOR, THE LIFE VEST OF RCU PATIENT S, 44% HAD STANDARD MEDI-CAL INSURANCE 19% HAD MEDI-CAL HPE (HEALTH PRESUMPTIVE ELIGIBILI TY) 12% HAD MEDI-CAL HMOS (MOLINA 4 4%, COMMUNITY HEALTH GROUP MCAL-6% AND HEALTH NET MED I-CAL 1 5%) CARE 1ST MEDI-CAL CONTRACTS DIRECTLY WITH THE RCU TO SUPPORT THEIR PATIENTS 9% OF SCRIPPS PATIENTS THAT WENT TO THE RCU WERE WITHOUT INSURANCE, EITHER SELF-PAY OR MED I-CAL PENDING 7% HAD RESTRICTED MEDI-CAL, 7% HAD OUT OF STATE OR OUT OF COUNTY MEDICAID/M EDI-CAL INSURANCE, 1% HAD MEDICARE SLIGHTLY OVER 25% WERE INVOLVED WITH A SOCIAL WORKER T O SECURE INCOME FROM GOVERNMENT PROGRAMS 12% WERE SOCIAL SECURITY DISABILITY INSURANCE (S SDI) WITH NO FUNDS OR NO ACCESS TO THEIR FUNDS (SEVERAL WITH LOST OR STOLEN BANK CARD) WHO RESOLVED THEIR ISSUES, 7% HAVE STARTED OR HAVE PENDING SSDI APPLICATIONS, 2% GOT SSDI AND STARTED RECEIVING A MONTHLY BENEFIT, 2% MADE CA SHORT TERM DISABILITY APPLICATION TO EDD, 5% STARTED RECEIVING MEDICARE AND SOCIAL SECURITY BENEFITS MONTHLY FOLLOWING THEIR APPLIC ATION ONE HUNDRED PERCENT OF PATIENTS WERE CONNECTED TO A PRIMARY CARE PROVIDER AT ONE OF THE COMMUNITY CLINICS WITH AN APPOINTMENT MADE 65% OF THE RCU DISCHARGED PATIENTS DID NO T RETURN TO THE STREETS THEY WENT EITHER TO A RECOVERY PROGRAM (20%), BACK TO THE HOSPITA L OR HOSPICE AND THEN RETURNED TO THE RCU (16%), TO FAMILY OR FRIEND (12%), OR TRANSITIONA L HOUSING (6%), SRO OR APARTMENT (4 5%), BOARD AND CARE (4 5%) AND BACK TO MEXICO (1%) TW O CLIENTS ARE DECEASED THIS YEAR 35% OF

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM BASED IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 3,000 AFFILIATED PHYSICIANS AND 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE SERVICES, HOSPICE CARE, AND AN AMBULATORY CARE NETWORK OF PHYSICIAN OFFICES AND 28 OUTPATIENT CENTERS AND CLINICS IN 2013, SCRIPPS HEALTH PROGRAM WAS ESTABLISHED AND PROVIDES END OF LIFE CARE SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBULATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS IN ADDITION, SCRIPPS PARTICIPATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGION TO IMPROVE OUR COMMUNITYS HEALTH AND OUR PARTNERSHIPS DONT STOP AT OUR LOCAL BORDERS OUR PARTICIPATION AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS INCLUDES WORK WITH GOVERNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMERGENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AS WELL AS INTERNATIONAL PARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING, AND DIRECT PATIENT CARE IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY, CARING FOR THOSE WHO NEED US TODAY AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE

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

Additional Data

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

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?
4

	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	SCRIPPS MERCY HOSPITAL 4077 5TH AVENUE San Diego,CA 92103 WWW SCRIPPS ORG 090000074	X	X		X		X	X			A
2	SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE La Jolla,CA 92037 WWW SCRIPPS ORG 080000050	X	X		X		X	X			A
3	SCRIPPS GREEN HOSPITAL 10666 NORTH TORREY PINES RD SAN DIEGO,CA 92037 WWW SCRIPPS ORG 080000139	X	X		X		X				A
4	SCRIPPS MEMORIAL HOSPITAL ENCINITAS 354 SANTA FE DRIVE ENCINITAS,CA 92024 WWW SCRIPPS ORG 080000148	X	X		X		X	X			A

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

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

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

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

	Name and address	Type of Facility (describe)
1	SCRIPPS CLINIC - TORREY PINES 10666 N TORREY PINES ROAD LA JOLLA,CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCRIPPS CLINIC - RANCHO BERNARDO 15004 INNOVATION DRIVE SAN DIEGO,CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCRIPPS CLINIC - CARMEL VALLEY 3811 VALLEY CENTER DRIVE SAN DIEGO,CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	SCRIPPS MEDICAL LAB 9235 WAPLES ST 150 SAN DIEGO,CA 92121	LABORATORY SERVICES
4	IMAGING HEALTHCARE SPECIALISTS LLC 150 WEST WASHINGTON STREET SAN DIEGO,CA 92103	MEDICAL IMAGING SERVICES
5	SCRIPPS CLINIC - ENCINITAS 310 SANTA FE DRIVE ENCINITAS,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	SCMC CEDAR 130 CEDAR ROAD VISTA,CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	SCRIPPS HOME HEALTH SERVICES 9619 CHEASPEAKE DRIVE 300 SAN DIEGO,CA 92123	HOME HEALTH SERVICES
8	SCRIPPS CLINIC-LA JOLLA MEMORIAL CAMPUS 9850 GENESSEE AVE XIMED BLDG 600 SAN DIEGO,CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
9	SCRIPPS CLINIC - MISSION VALLEY 7565 MISSION VALLEY ROAD SAN DIEGO,CA 92108	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	SCMC - CARLSBAD 2176 SALK AVENUE CARLSBAD,CA 92008	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	SCRIPPS CLINIC - RANCHO SAN DIEGO 10862 CALLE VERDE LA MESA,CA 91941	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	SCRIPPS CLINIC ANDERSON MEDICAL PAVILION 9898 GENESEE AVENUE LA JOLLA,CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	SCMC - HILLCREST 501 WASHINGTON ST 525 600 SAN DIEGO,CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCMC - ENCINITAS 477 N EL CAMINO REAL A208 B305 ENCINITAS,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

	Name and address	Type of Facility (describe)
16	ENCINITAS SURGERY CENTER LLC 320 SANTA FE DRIVE LL1-2 ENCINITAS,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCMC - OCEANSIDE 4318 MISSION AVENUE OCEANSIDE,CA 92057	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	MERCY ASC 550 WASHINGTON STREET 1ST FLOOR SAN DIEGO,CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	SCRIPPS CLINIC - DEL MAR 12395 EL CAMINO REAL 317 112 12 DEL MAR,CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	SCRIPPS CL RADIATION THERAPY CTR - VISTA 916 SYCAMORE AVE STE 100 VISTA,CA 92082	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	SCRIPPS HOSPITAL MEDICAL SERVICES 10140 CAMPUS POINT DRIVE SAN DIEGO,CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	SCMC - EASTLAKE 971 LANE AVE CHULA VISTA,CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	SCRIPPS CARDIO & THORACIC SURGERY CENTER 9850 GENESSEE AVE 560 LA JOLLA,CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	SCRIPPS PHARMACY - GREEN 10666 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	MEDICAL PHARMACY
9	SCMC - ENCINITAS OBGYN 332 SANTA FE DR 115 ENCINITAS,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	SCMC - VISTA WAY OBGYN 3998 VISTA WAY 202C VISTA,CA 92056	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	SCMC - SOLANA BEACH 380 STEVENS AVE 100 DEL MAR,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	SCRIPPS CLINIC - SANTEE 278 TOWN CENTER PKWY 105 SANTEE,CA 92071	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	SCMC - ESCONDIDO 488 E VALLEY PKWY 411 ESCONDIDO,CA 92025	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCRIPPS CLINIC - LA JOLLA OBGYN 9850 GENESEE AVE 170 SAN DIEGO,CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

	Name and address	Type of Facility (describe)
31	SCRIPPS CLINIC - SAN DIEGO OBGYN 2918 FIFTH AVE STE 100 SAN DIEGO,CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCRIPPS CL RADIATION THRPY CTR ENCINITAS 477 NORTH EL CAMINO REAL STE D100 ENCINITAS,CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCMC - ALVARADO 6386 ALVARADO CT 130 SAN DIEGO,CA 92120	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	SCRIPPS CLINIC - MERCY CAMPUS 4020 FIFTH AVE 401 SAN DIEGO,CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	SCRIPPS CARDIO & THOR SURG CTR HILLCREST 501 WASHINGTON ST 525 600 SAN DIEGO,CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	SCRIPPS CARDIO & THOR SRG CTR - PREBYS 9896 GENESSEE AVE LA JOLLA,CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	SCRIPPS PHARMACY - ENCINITAS 354 SANTA FE DRIVE ENCINITAS,CA 92024	MEDICAL PHARMACY
7	SCRIPPS PHARMACY - MERCY 4077 FIFTH AVENUE SAN DIEGO,CA 92103	MEDICAL PHARMACY
8	SCRIPPS CLINIC - CORONADO 1317 A YNES PLACE CORONADO,CA 92118	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
9	SCRIPPS CLINIC - MENTAL HEALTH 15004 INNOVATION DRIVE SAN DIEGO,CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	SCRIPPS CLINIC - UTC 9333 GENESSEE AVE STE 170 SAN DIEGO,CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221016707

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS Grantee shall submit to Scripps Health, attention Manager of Community Benefit Services at 10140 Campus Point Court, CPA 308, San Diego, CA 92121, the following A A semi-annual summary progress report and a line item financial accounting of the grant disbursement is required Reports shall include, but not be limited to, progress made toward meeting objectives outlined in the grant application B Within thirty (30) days following the expiration date of the grant a final progress report shall be submitted to Scripps Health In addition to the progress made toward meeting the objectives outlined in the grant application, the Final Report should include quantitative and qualitative results of the program against its stated goals and objectives A line item financial accounting of the grant disbursement against the budget must be included as part of this final report C The Grantee shall provide Scripps Health with any additional information or progress updates, relative to grant project, as reasonably requested D Scripps Health reserves the right to audit expenditures and supporting documentation

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) 1215 K STREET STE 800 SACRAMENTO,CA 95814	94-1498697	501(c)(3)	302,000				CA HOSP FEE PROGRAM
211 San Diego - HealthCare Navigation 5251 Viewridge Court Ste 30 San Diego,CA 92123	33-1029843	501(c)(3)	12,000				Program Support
Alzhiemer's Association 6632 Convoy Court San Diego,CA 92111	13-3039601	501(c)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ACS Making Strides Against Breast Cancer 2655 Camino del Rio N Ste 100 San Diego,CA 92108	13-1788491	501(c)(3)	10,000	3,200	FMV	EVENT SUPPLIES	PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION - Sponsorship 9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)	10,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION In-Kind Donation 9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)		25,725	FMV	SUPPLIES	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AMERICAN HEART ASSOCIATION 2015 Heart Ball 9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)	7,500				PROGRAM SUPPORT
Catholic Charities 349 Cedar Street San Diego,CA 92101	23-7334012	501(c)(3)	70,000				PROGRAM SUPPORT
CMTY HLTH IMPRVMT PTNRS CREW RENDEVOUS 9370 Chesapeake Dr Ste 220 San Diego,CA 92123	33-0496092	501(c)(3)	12,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CONSUMER CNTR OF LEGAL AID SOCIETY OF SD 1764 San Diego Ave Ste 200 San Diego, CA 92110	98-1869806	501(c)(3)	120,000				PROGRAM SUPPORT
Eric Paredes Save a Life Foundation PMB79 2514 Jamacha Rd Ste 502 El Cajon, CA 92019	80-0636157	501(c)(3)	15,000				PROGRAM SUPPORT
Mama's Kitchen 3960 Home Ave San Diego, CA 92105	33-0434246	501(c)(3)	10,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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
Scripps Health

Employer identification number
95-1684089

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE IS $129 PER MONTH CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S
SCHEDULE J, PART I, LINE 4A	RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAY IN CALENDAR YEAR 2015 ARNOLD BRENT EASTMAN $100,000
SCHEDULE J, PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 ACCRUAL OF BENEFITS UNDER THIS PLAN HAVE BEEN FROZEN AND NO ADDITIONAL BENEFITS HAVE BEEN ACCRUED AFTER 2014 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2015 RICHARD ROTHBERGER - $321,162 RICHARD SHERIDAN - $36,972 VICTOR V BUZACHERO - $151,588 ANIL KESWANI - $85,707 THOMAS GAMMIERE - $86,987 BARBARA PRICE - $83,964 JAMES LABELLE, MD - $109,552 CARL ETTER - $59,279 MARC A REYNOLDS - $134,142 JOHN ENGLE - $40,732 SHIRAZ FAGAN - $86,429 PATRIC THOMAS - $39,507 SUSAN CAMPBELL - $59,834 MARY ELLEN DOYLE - $42,858 ROBERT HOFF - $43,925 RICHARD NEALE - $69,565 DAVID COHN - $30,818 SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO FOUR EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBIN BROWN CHIEF EXECUTIVE, SR VP	(I)	510,276	220,070	31,936	380,058	20,433	1,162,773	0
	(II)	0	0	0	0	0	0	0
1VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	(I)	595,324	291,774	182,143	237,817	24,979	1,332,037	151,588
	(II)	0	0	0	0	0	0	0
2SUSAN CAMPBELL EXEC DIR, EXTERNAL AFFAIRS	(I)	327,757	122,566	93,295	45,100	35,325	624,043	59,834
	(II)	0	0	0	0	0	0	0
3DAVID COHN CORP VP, REVENUE CYCLE	(I)	356,403	118,122	55,224	13,250	28,986	571,985	30,818
	(II)	0	0	0	0	0	0	0
4MARY ELLEN DOYLE CORP VP, NURSING OPS	(I)	358,269	125,314	57,909	59,657	28,308	629,457	42,858
	(II)	0	0	0	0	0	0	0
5 ARNOLD BRENT EASTMAN MD FORMER KEY EMPLOYEE	(I)	0	0	1,196,617	-87,257	0	1,109,360	0
	(II)	0	0	0	0	0	0	0
6JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	(I)	373,476	163,749	70,508	78,210	25,432	711,375	40,732
	(II)	0	0	0	0	0	0	0
7CARL ETTER CHIEF EXECUTIVE, SR VP	(I)	485,483	204,384	97,439	101,880	20,634	909,820	59,279
	(II)	0	0	0	0	0	0	0
8SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	(I)	551,636	227,719	98,485	129,040	30,045	1,036,925	86,429
	(II)	0	0	0	0	0	0	0
9GARY FYBEL CHIEF EXECUTIVE, SR VP	(I)	559,679	248,078	174,526	121,727	25,305	1,129,315	0
	(II)	0	0	0	0	0	0	0
10THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	(I)	580,608	255,583	108,752	148,686	29,858	1,123,487	86,987
	(II)	0	0	0	0	0	0	0
11ROBERT T HOFF CORP VP, HORIZONTAL OPS	(I)	344,730	120,427	69,998	58,955	32,167	626,277	43,925
	(II)	0	0	0	0	0	0	0
12ANIL KESWANI CORPORATE VP, CMO SHPS	(I)	428,106	141,424	121,414	82,604	34,610	808,158	85,707
	(II)	0	0	0	0	0	0	0
13JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	(I)	574,296	311,886	35,511	216,868	11,472	1,150,033	0
	(II)	0	0	0	0	0	0	0
14JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	(I)	626,381	260,884	138,153	146,140	27,383	1,198,941	109,552
	(II)	0	0	0	0	0	0	0
15RICHARD NEALE CORP SVP, CORP DEVELOPMENT	(I)	417,700	142,450	83,443	10,600	28,131	682,324	69,565
	(II)	0	0	0	0	0	0	0
16BARBARA PRICE CORP SRVP BUS & SERV LINE DEV	(I)	462,675	205,851	94,655	106,310	31,516	901,007	83,964
	(II)	0	0	0	0	0	0	0
17MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	(I)	374,679	164,609	153,594	101,061	20,349	814,292	134,142
	(II)	0	0	0	0	0	0	0
18RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	(I)	750,964	402,682	806,776	291,815	32,052	2,284,289	321,162
	(II)	0	0	0	0	0	0	0
19RICHARD R SHERIDAN SEC/CORP SR VP, GEN COUNSEL	(I)	518,942	225,714	48,889	327,196	27,192	1,147,933	36,972
	(II)	0	0	0	0	0	0	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 PATRIC THOMAS CORP VP, INFORMATION SVCS	(I)	436,041	144,554	58,379	86,741	11,687	737,402	39,507
	(II)	0	0	0	0	0	0	0
1 CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	(I)	1,246,481	847,669	43,800	1,212,208	34,954	3,385,112	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization: Scripps Health

Employer identification number: 95-1684089

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	9,265,000	52,735,000	30,825,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	99,830,304	221,230,000	40,975,000
4	Gross proceeds in reserve funds	0	9,902,000	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	280,659
8	Credit enhancement from proceeds	0	0	5,544	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	49,848,930	0	0	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2008	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	BOND ISSUE D (2005A/2008G) The Series 2005A Bonds, CUSIP 13033FWK2, were exchanged for th e California Health Facilities Finance Authority Variable Rate Revenue Bonds, Series 2008G , CUSIP 13033F5M8 (Scripps Health), on August 14, 2008 SCHEDULE K, PART I, COLUMN (E) - I SSUE PRICE BOND ISSUE A (2007A) The stated par of $49,995,000 differs from the $149,875,0 00 reported on the 8038 tax form as the $49,995,000 amount represents only Scripps Health' s portion in a pool bond loan program BOND ISSUE B (2008A) The stated par of $99,020,000 differs from the $99,830,304 listed in form 8038 Part III line 21 (b) because of an $810, 304 original issue premium SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE BOND I SSUE A (2007A) POOL BOND PROCEEDS WERE USED TO REFUND COMMERCIAL PAPER REVENUE NOTES, SE RIES 2005A, WHICH WERE USED TO PURCHASE EQUIPMENT BOND ISSUE B (2008A) REFUNDING OF PRIO R ISSUES 07/07/2005 BOND ISSUE C (2008B-F) The $221,230,000 (2008B - F) refunded the 2005 B - F bonds The issue date for the 2005 B - F was 6/17/2005 BOND ISSUE D (2005A/2008G) The $40,975,000 (2008G) exchanged the 2005A bond The issue date for the 2005A was 6/2/200 5 The proceeds of the California Health Facilities Finance Authority Variable Rate Revenu e Bonds, Series 2005A (Scripps Health), were issued for the purpose, together with other a vailable funds, of advance refunding the Organizations Series 1998C Bonds The Series 2005 A Bonds, were exchanged for the California Health Facilities Finance Authority Variable Ra te Revenue Bonds, Series 2008G (Scripps Health), on August 14, 2008 Based on the advice o f bond counsel, the Organization is treating the Series 2008G Bonds as the same issue as t he Series 2005A Bonds for federal income tax purposes Further information regarding the S eries 2008G Bonds - Issuer Name California Health Facilities Financing Authority, - Issu er EIN 52-1643828, - CUSIP # 13033F5M8, - Date Exchanged 8/14/2008, - Issue Price N/A, - Description of Purpose Exchange for Series 2005A Bonds (same issue) BOND ISSUE 2-A (2 010A) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQU IPMENT BOND ISSUE 2-B (2010B & C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 2-C (2012A-C) PROCEEDS USED FOR CAPITAL E XPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 2-D (2016A/B) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT SCHEDULE K, PART II, LINE 3 BOND ISSUE 2-C (2012A-C) The amount shown in Part II, Line 3 consists of the issue price of the bonds $288,143,095 plus investment earnings of $17,234 SCHEDULE K, PART III - PRIVATE BUSINESS USE BOND ISSUE B (2008A) The Series 2008A bonds refunded prior bonds originally issued before 2003 Accordingly, Part III reporting is no t required BOND ISSUE D (2005A/2008G) The Series 2005A Bonds refunded prior bonds origin ally issued before 2003 Accor

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	dıngly, Part III reportıng ıs not requıred SCHEDULE K, PART III, LINE 3B THE OBLIGOR'S LE GAL DEPARTMENT REVIEWS CONTRACTS AND AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECESSARY SCHEDULE K, PART IV, LINE 2C BOND ISSUE B (2008A) The 2008A rebate computatıon was recently performed on August 14, 2015 No rebate amount has accrued as of the end of the computatıon perıod BOND ISSUE C (2008B-F) The 2008B-F rebate computatıon was recently performed on August 14, 2015 No re bate amount has accrued as of the end of the computatıon perıod BOND ISSUE D (2005A/2008G) The 2005A/2008G rebate computatıon was recently performed on June 2, 2015 No rebate am ount has accrued as of the end of the computatıon perıod BOND ISSUE 2-A (2010A) The 2010 A rebate computatıon was recently performed on February 4, 2015 No rebate amount has accr ued as of the end of the computatıon perıod BOND ISSUE 2-B (2010B/C) The 2010B/C rebate computatıon was recently performed on February 4, 2015 No rebate amount has accrued as of the end of the computatıon perıod BOND ISSUE 2-C (2012A-C) The 2012A-C rebate computatı on was recently performed on February 1, 2015 No rebate amount has accrued as of the end of the computatıon perıod BOND ISSUE 2-D (2016A/B) THE ONE-YEAR ANNIVERSARY OF THE BOND ISSUANCE HAS JUST OCCURED THE 2016A/B REBATE COMPUTATION IS IN PROCESS OF BEING PERFORMED SCHEDULE K, PART IV, LINE 3 BOND ISSUE 2-C (2012A-C) THE 2012A ISSUE TOTALING $188,143, 094 65 IS A FIXED RATE ISSUE WHEREAS THE 2010B&C TOTALING $100,000,000 IS A VARIABLE RATE ISSUE BOND ISSUE C (2008B-F) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTERES T RATE SWAP NOVATIONS WITH WELLS FARGO BANK, N A AND UNION BANK, N A , AS COUNTERPARTY, R EPLACING THEN-EXISTING INTEREST RATE SWAPS WITH CITIBANK, N A BOND ISSUE D (2005A/2008G) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTEREST RATE SWAP NOVATIONS WITH WEL LS FARGO BANK, N A , AS COUNTERPARTY, REPLACING THEN-EXISTING INTEREST RATE SWAPS WITH CIT IBANK, N A SCHEDULE K, PART IV, LINE 6 BOND ISSUE A (2007A) AN AMOUNT IN THE COSTS OF IS SUANCE FUND NOT EXCEEDING $100,000 WAS NOT DISBURSED UNTIL MAY 2008 BOND ISSUE D (2005A/2 008G) THE ISSUE DATE FOR THE 2005A WAS 6/17/2005 THE COST OF ISSUANCE WAS NOT EXPENDED U NTIL 1/4/2006 PER THE TAX CERTIFICATE IT WAS EXPECTED TO BE EXPENDED WITHIN 180 DAYS SCH EDULE K, PART V PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE ORGANIZATION HAS ADOPTED TAX -EXEMPT BOND COMPLIANCE PROCEDURES, INCLUDING PROCEDURES TO MONITOR PRIVATE BUSINESS USE O F FINANCED PROPERTY AND TAKING REMEDIAL ACTIONS, IF NECESSARY THE ORGANIZATION IS AWARE O F THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS, AND HAS DISCUSSE D THAT PROGRAM WITH COUNSEL THE ORGANIZATION IS SUPPLEMENTING ITS WRITTEN PROCEDURES TO S PECIFICALLY MAKE REFERENCE TO THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EX EMPT BONDS

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority	52-1643828	13033LFH5	02-04-2010	119,458,924	SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	13033LFL6	02-04-2010	100,000,000	SEE PART VI		X		X		X
C	California Health Facilities Financing Authority	52-1643828	13033LVZ7	02-01-2012	288,143,095	SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	000000000	02-29-2016	150,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,275,000	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	119,581,432	100,005,060	288,160,329	150,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	119,458,924	100,002,530	288,160,329	150,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	122,508	2,530	17,234	0
13	Year of substantial completion	2011	2011	2013	2016

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
0	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $				21,186,326						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO AND FROM INTERESTED PERSONS EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR FOUR PLAN PARTICIPANTS EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION AGGRANGEMENTS TO THOSE FOUR EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME
SCHEDULE L, PART IV	MATTHEW BALOGH, SON-IN-LAW OF BOARD MEMBER GORDON R CLARK, IS EMPLOYED BY SCRIPPS HEALTH

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) MATTHEW BALOGH	SEE PART V	118,287	SEE PART V		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	71,739,469	MEDICAL SERVICES		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	37,936,616	CONSTRUCTION SERVICES		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) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	15,454,384	MEDICAL SERVICES		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	8,674,959	MEDICAL SERVICES		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	8,535,030	MEDICAL SERVICES		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
(7) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	7,000,530	MEDICAL SERVICES		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	2,391,510	EQUIPMENT RENTAL		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	2,146,362	MEDICAL SERVICES		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
(10) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	1,681,048	CONSTRUCTION SERVICES		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	1,103,186	CONSTRUCTION SERVICES		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	695,633	LEGAL SERVICES		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
(13) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	691,225	MEDICAL SERVICES		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	600,079	MEDICAL SERVICES		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	367,282	PAYROLL		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
(16) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	322,680	FINANCIAL SERVICES		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	300,005	PAYROLL		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	217,453	PAYROLL		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
(19) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	143,814	PAYROLL		No
(1) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	139,920	MEDICAL SERVICES		No
(2) SCHEDULE B DONOR	SUBSTANTIAL CONTRIBUTOR	135,683	PAYROLL		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	12,000	OPINION OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	31	418,021	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	8,000	OPINION OF EXPERTS
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IRA ACCOUNT CHAR TRANSFER)	X	9	110,000	VALUE TRANSFERRED
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 2

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

Part II **Supplemental Information.**

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	MISSION STATEMENT FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 3,000 AFFILIATED PHYSICIANS AND 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, HOSPICE CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION IN 2013, SCRIPPS HOSPICE PROGRAM WAS ESTABLISHED AND PROVIDES END OF LIFE CARE RECOGNIZED AS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GENOMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES MORE INFORMATION CAN BE FOUND AT WWW SCRIPPS ORG TODAY, THE HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS HAS BEEN RANKED FOUR TIMES AS ONE OF THE NATION'S BEST HEALTH CARE SYSTEMS BY TRUVEN HEALTH ANALYTICS ON THE FOREFRONT OF GENOMIC MEDICINE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY HEALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION SCRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZINE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008 SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY

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FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SC RIPPS DEVOTED $368,982,312 TO COMMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCO MPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE COMMUNITY-BASED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO RE ACH RESIDENTS AT GREATEST RISK FOR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEA LTH OF OUR PATIENTS AND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMM UNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PR OVIDE HELP AND ASSISTANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSELVES VULNERABLE AND WITHOUT SUPPORT THIS RESPONSIBILITY IS AN INTRIN SIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRI VE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED SCRI PPS HEALTH HAS A LONG HISTORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERV ES, EXTENDING BEYOND TRADITIONAL HOSPITAL CARE TO ADDRESS THE HEALTH CARE NEEDS OF THE REG IONS MOST VULNERABLE POPULATIONS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ORIGINATED FROM CALIFORNIA STATE WIDE LEGISLATION IN THE EARLY 1900S SB 697 TOOK EFFECT IN 1995, WHICH R EQUIRED PRIVATE NON-PROFIT HOSPITALS TO SUBMIT DETAILED INFORMATION TO THE OFFICE OF STATE WIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) ON THEIR COMMUNITY BENEFIT CONTRIBUTIONS ANN UAL HOSPITAL COMMUNITY BENEFIT REPORTS ARE SUMMARIZED BY OSHPD IN A REPORT TO THE LEGISLAT URE, WHICH PROVIDES VALUABLE INFORMATION FOR GOVERNMENT OFFICIALS TO ASSESS THE CARE AND S ERVICES PROVIDED TO THEIR CONSTITUENTS AS PART OF THE COMMUNITY BENEFIT REPORTS FILED, NO N-PROFIT HOSPITALS ARE REQUIRED TO CONDUCT A CHNA EVERY THREE YEARS THIS COMPREHENSIVE AC COUNT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY B ENEFIT PROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY BASED ORGANI ZATIONS, AND CONSUMER GROUPS SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABOR ATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSE S AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEV E BROAD COMMUNITY HEALTH GOALS IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMO NG HOSPITALS, HEALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNER SHIP ON PAST CHNAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO CO UNTY INFORMATION IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BEN EFIT, DEVELOPING STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS, AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS IT ALSO ALLOWS INTERESTED PARTIES AND MEMBER

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FORM 990, PART III, LINE 4A	S OF THE COMMUNITY, A MECHANISM TO ACCESS THE FULL SPECTRUM OF INFORMATION RELATIVE TO THE DEVELOPMENT OF THE SCRIPPS HEALTH 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT BACKGROU ND/REQUIRED COMPONENTS OF THE ASSESSMENT SCRIPPS HEALTH HAS A LONG HISTORY OF RESPONDING T O THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRADITIONAL HOSPITAL CAR E TO ADDRESS THE HEALTH CARE NEEDS OF THE REGIONS MOST VULNERABLE POPULATIONS SINCE 1994, THESE PROGRAMS HAVE BEEN CREATED BASED ON AN ASSESSMENT OF NEEDS IDENTIFIED THROUGH HOSPI TAL DATA, COMMUNITY INPUT, AND MAJOR TRENDS PREVIOUS COLLABORATIONS AMONG NON-PROFIT HOSP ITALS, HEALTHCARE SYSTEMS, AND OTHER COMMUNITY PARTNERS HAVE RESULTED IN NUMEROUS WELL-REG ARDED COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) REPORTS THE PATIENT PROTECTION AND AFFORD ABLE CARE ACT ("AFFORDABLE CARE ACT"ACA") OF 2010 BROUGHT ABOUT SIGNIFICANT REGULATORY CHA NGES IN THE HEALTHCARE INDUSTRY SCRIPPS HEALTH WAS GIVEN THE TASK OF CONDUCTING AN EXPAND ED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT MET THE NEW FEDERAL REQUIREMENTS AS A NO NPROFIT HOSPITAL, SCRIPPS HEALTH FULFILLED THIS REQUIREMENT THROUGH THE DEVELOPMENT AND DI STRIBUTION OF THIS ASSESSMENT WHILE THIS IS A FEDERALLY MANDATED EXERCISE, SCRIPPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THIS REPORT TO BENEFIT THE COMMUNITY AT-L ARGE IN OTHER FUTURE PLANNING INITIATIVES THE IRS ALSO REQUIRED HOSPITAL ORGANIZATIONS TH AT CONDUCT A CHNA TO MAKE THE REPORT WIDELY AVAILABLE BY POSTING IT ON A PUBLICLY ACCESSIB LE WEBSITE VIEW THE FULL SUMMARY OF THE SCRIPPS HEALTH 2016 COMMUNITY HEALTH NEEDS ASSESS MENT REPORT AT HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS REQUIRED COMPONENTS OF THE ASSESSMENT PER IRS REQUIREMENTS THERE ARE FIVE COMP ONENTS THE CHNA MUST INCLUDE - A DESCRIPTION OF THE COMMUNITY SERVED BY THE HEALTH SYSTEM AND HOW IT WAS DETERMINED - A DESCRIPTION OF THE PROCESSES AND METHODS USED TO CONDUCT T HE ASSESSMENT - A DESCRIPTION OF HOW THE HOSPITAL ORGANIZATION TOOK INTO ACCOUNT INPUT FR OM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACIL ITY - A PRIORITIZED DESCRIPTION OF ALL OF THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH T HE CHNA, AS WELL AS A DESCRIPTION OF THE PROCESS AND CRITERIA USED IN PRIORITIZING SUCH HE ALTH NEEDS - A DESCRIPTION OF THE EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES WIT HIN THE COMMUNITY AVAILABLE TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA EXECUTIVE SUMMARY GROUNDED IN A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEED S IN SAN DIEGO, SEVEN HOSPITALS AND HEALTHCARE SYSTEMS CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENN IAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRIORITIZES THE MOST CRIT ICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR CO

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FORM 990, PART III, LINE 4A	MMUNITY PROGRAMS AND TO MEET IRS REGULATORY REQUIREMENTS THAT NOT FOR PROFIT (TAX EXEMPT) HOSPITALS CONDUCT A HEALTH NEEDS ASSESSMENT IN THE COMMUNITY ONCE EVERY THREE YEARS PER G UIDANCE FROM AN ADVISORY GROUP OF HOSPITAL REPRESENTATIVES, HASD&IC CONTRACTED WITH THE IN STITUTE OF PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY TO DESIGN AND IMPLEMENT THE C HNA THE IPH EMPLOY ED A RIGOROUS METHODOLOGY USING BOTH COMMUNITY INPUT (PRIMARY DATA SOUR CES) AND QUANTITATIVE ANALY SIS (SECONDARY DATA SOURCES) TO IDENTIFY AND PRIORITIZE THE TOP HEALTH CONDITIONS IN SAN DIEGO COUNTY IN MAY 2015, HASD&IC CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE ASSISTANCE WITH T HE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC 2016 COMMU NITY HEALTH NEEDS ASSESSMENT (2016 CHNA) THE OBJECTIVE OF THE 2016 CHNA IS TO IDENTIFY AN D PRIORITIZE THE MOST CRITICAL HEALTH-RELATED NEEDS IN SAN DIEGO COUNTY BASED ON FEEDBACK FROM COMMUNITY RESIDENTS IN HIGH NEED NEIGHBORHOODS AND QUANTITATIVE DATA ANALY SIS THE 20 16 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANTITATIVE DATA AVAILAB LE AND MORE EXTENSIVE QUALITATIVE OUTREACH THROUGHOUT THE PROCESS, THE IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALY ZE, REFINE, AND INTERPRET RESULTS AS THEY WERE BEI NG COLLECTED THE RESULTS OF THE 2016 CHNA WILL BE USED TO INFORM AND ADAPT HOSPITAL PROGR AMS AND STRATEGIES TO BETTER MEET THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS SAN DIEG O COUNTY IS A SOCIALLY AND ETHNICALLY DIVERSE COMMUNITY WITH A POPULATION OF 3 2 MILLION P EOPLE ALTHOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY, EACH HOSPITAL HAS THE A BILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLECT THE COMMUNITIES TH EY SERVE, AS MUCH OF THE DATA IS AVAILABLE AT ZIP CODE LEVEL HOSPITALS AND HEALTH CARE SY STEMS DEFINE THE COMMUNITY SERVED AS THOSE INDIVIDUALS RESIDING WITHIN ITS SERVICE AREA A HOSPITAL OR HEALTH CARE SY STEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHI C AREA SURROUNDING THE HOSPITAL SCRIPPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION WITH SE RVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DI EGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE AREAS WITH PROXIMITY TO A SCRIPPS FAC ILITY SCRIPPS HOSTS, SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHO UT THE Y EAR THE 2016 PROCESS BEGAN WITH A COMPREHENSIVE SCAN OF RECENT COMMUNITY HEALTH S TATISTICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALTH NEEDS IDEN TIFIED IN THE 2013 CHNA THE AIM OF THE 2016 CHNA METHODOLOGY WAS TO PROVIDE A MORE COMPLE TE UNDERSTANDING OF THE TOP FOUR IDENTIFIED HEALTH NEEDS AND ASSOCIATED SOCIAL DETERMINANT S OF HEALTH IN THE SAN DIEGO COMMUNITY FOR A COMPLETE DESCRIPTION OF THE HASD&IC 2016 PRO CESS AND FINDINGS, SEE FULL REPORT AVAILABLE AT http //hasdic org/2016-chna/

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FORM 990, PART III, LINE 4A (CONTINUED)	WHEN THE RESULTS OF ALL OF THE DATA AND INFORMATION GATHERED IN 2013 WERE COMBINED, FOUR C ONDITIONS EMERGED CLEARLY AS THE TOP COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHAB ETICAL ORDER) 1 BEHAVIORAL/MENTAL HEALTH 2 CARDIOVASCULAR DISEASE 3 DIABETES (TYPE 2) 4 OBESITY FOR THE COLLABORATIVE HASD&IC CHNA PROCESS, THE IPH IMPLIED A RIGOROUS METHODOL OGY USING BOTH COMMUNITY INPUT AND QUANTITATIVE ANALYSIS TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SDC FOR THE PURPOSES OF THE CHNA, A "HEALTH NEED" I S DEFINED AS A HEALTH OUTCOME AND/OR THE RELATED CONDITIONS THAT CONTRIBUTE TO A DEFINED H EALTH OUTCOME. THE 2016 CHNA PROCESS BEGAN WITH A COMPREHIENSIVE SCAN OF RECENT COMMUNITY H EALTH STATISTICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALTH NEE DS IDENTIFIED IN THE 2013 CHNA QUANTITATIVE DATA FOR BOTH THE HASD&IC 2016 CHNA AND SMH 2 016 CHNA INCLUDED 2013 OSHPD DEMOGRAPHIC DATA FOR HOSPITAL INPATIENT, EMERGENCY DEPARTMENT (ED), AND AMBULATORY CARE ENCOUNTERS TO UNDERSTAND THE HOSPITAL PATIENT POPULATION CLINI C DATA WAS ALSO GATHERED FROM OSHPDS WEBSITE AND INCORPORATED IN ORDER TO PROVIDE A MORE H OLISTIC VIEW OF HEALTH CARE UTILIZATION IN SDC THE VARIABLES ANALYZED WERE ANALYZED AT TH E ZIP CODE LEVEL WHEREVER POSSIBLE IDENTIFY VULNERABLE COMMUNITIES RECOGNIZING THAT HEALT H NEEDS DIFFER ACROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, TH E IPH USED THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNI TIES WITHIN SAN DIEGO COUNTY WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS THE C NI SCORE IS AN AVERAGE OF FIVE DIFFERENT BARRIER SCORES THAT MEASURE VARIOUS SOCIOECONOMIC INDICATORS OF EACH COMMUNITY USING THE 2013 SOURCE DATA COMMUNITY ENGAGEMENT ACTIVITIES COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTED WITH A BROAD RANGE OF PEOPLE INCLUDING HEAT H EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE COMPLET E UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY INDIVIDUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL TRIBAL, OR OTHER REGIONAL G OVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL AS LEAD ERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULA TIONS COMMUNITY INPUT WAS GATHERED THROUGH THE FOLLOWING ACTIVITIES - BEHAVIORAL HEALTH DISCUSSIONS - COMMUNITY PARTNER DISCUSSIONS - KEY INFORMANT INTERVIEWS - HEALTH ACCESS AND NAVIGATION SURVEY - SAN DIEGO COUNTY HHSA SURVEY THE OVERALL PURPOSE OF COLLECTING COMMUN ITY INPUT WAS TO GATHER INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL DETERMINANTS SPECIFI C TO SAN DIEGO COUNTY SPECIFIC OBJECTIVES INCLUDED - GATHER IN DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIGNIFICANT HEALTH NEEDS IMPACTING SAN DIEGO COUNTY - CONNE CT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DETERMINANTS OF HEALTH - AID IN THE PROCESS OF PRIORITIZING HEALT

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FORM 990, PART III, LINE 4A (CONTINUED)	H NEEDS WITHIN SAN DIEGO COUNTY - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WI THIN SAN DIEGO COUNTY THAT COULD POTENTIALLY IMPACT THE HEALTH NEEDS AND SOCIAL DETERMINAN TS OF HEALTH FINDINGS AND PRIORITIZED HEALTH CONDITIONS THE COLLABORATIVE, HASD&IC 2016 C HNA PRIORITIZED THE TOP HEALTH NEEDS FOR SAN DIEGO COUNTY OVERALL THROUGH THE APPLICATION OF THE FOLLOWING FIVE CRITERIA 1 MAGNITUDE OR PREVALENCE 2 SEVERITY 3 HEALTH DISPARITI ES 4 TRENDS 5 COMMUNITY CONCERN USING THESE CRITERIA, A SUMMARY MATRIX TRANSLATING THE 2 016 CHNA FINDINGS WAS CREATED FOR REVIEW BY THE CHNA COMMITTEE. AS A RESULT OF THIS REVIEW , THE CHNA COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE NUMBER ONE HEALTH NEED IN SDC IN ADDITION, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY WERE IDENTIFIED AS HAVING EQUAL I MPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORI TY AREAS DUE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA SOURCES AND IN RECOGNITION OF TH E COMPLEXITIES WITH EACH HEALTH NEED WITHIN THE CATEGORY OF BEHAVIORAL HEALTH, ALZHEIMERS DISEASE, ANXIETY, DRUG AND ALCOHOL ISSUES, AND MOOD DISORDERS ARE SIGNIFICANT HEALTH NEED S WITH SAN DIEGO COUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, HYPERTENSION WAS CONSISTENT LY FOUND TO BE A SIGNIFICANT PRIORITY AREA RELATED TO CARDIOVASCULAR DISEASE, UNCONTROLLED DIABETES WAS AN IMPORTANT FACTOR LEADING TO COMPLICATION RELATED TO DIABETES, AND OBESITY WAS OFTEN FOUND TO CO-OCCUR WITH OTHER CONDITIONS AND CONTRIBUTE TO WORSENING HEALTH STAT US THE IMPACT OF THE TOP HEALTH NEEDS DIFFERED AMONG AGE GROUPS, WITH TYPE 2 DIABETES, OB ESITY, AND ANXIETY AFFECTING ALL AGE GROUPS, DRUG AND ALCOHOL ISSUES AFFECTING TEENS AND A DULTS, AND ALZHEIMERS DISEASE, CARDIOVASCULAR DISEASE, AND HYPERTENSION AFFECTING OLDER AD ULTS SOCIAL DETERMINANTS OF HEALTH IN ADDITION TO THE HEALTH OUTCOME NEEDS THAT WERE IDEN TIFIED, SOCIAL DETERMINANTS OF HEALTH WERE A KEY THEME IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES ANALYSIS OF RESULTS FROM THE COMMUNITY PARTNER DISCUSSIONS AND KEY INFORMANT I NTERVIEWS REVEALED THE MOST COMMONLY ASSOCIATED SOCIAL DETERMINANTS OF HEALTH FOR EACH OF THE TOP HEALTH NEEDS ABOVE TEN SOCIAL DETERMINANTS WERE CONSISTENTLY REFERENCED ACROSS TH E DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES THE IMPORTANCE OF THESE SOCIAL DETERMINANTS W AS ALSO CONFIRMED BY QUANTITATIVE DATA HOSPITAL PROGRAMS AND COMMUNITY COLLABORATIONS HAV E THE POTENTIAL TO IMPACT THESE SOCIAL DETERMINANTS, WHICH ARE OUTLINED BELOW IN ORDER OF PRIORITY - FOOD INSECURITY AND ACCESS TO HEALTHY FOOD - ACCESS TO CARE OR SERVICES - HOME LESSNESS/HOUSING ISSUES - PHYSICAL ACTIVITY - EDUCATION/KNOWLEDGE - CULTURAL COMPETENCY - TRANSPORTATION - INSURANCE ISSUES - STIGMA - POVERTY PHASE 2 OF THE 2016 CHNA THE CHNA COM MITTEE IS IN THE PROCESS OF WORKING ON PHASE 2 OF THE 2016 CHNA, WHICH INCLUDES GATHERING COMMUNITY FEEDBACK ON THE 2016 CHNA PROCESS AND STRENGTHENING PARTNERSHIPS AROUND THE IDEN TIFIED HEALTH NEEDS AND SOCIAL

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FORM 990, PART III, LINE 4A (CONTINUED)	DETERMINANTS IN NOVEMBER 2016, THE HASD&IC CHNA WORKGROUP AND IPH CONDUCTED AN ELECTRONI C SURVEY TO DETERMINE WHETHER OR NOT THE BROADER COMMUNITY AGREES WITH THE 2016 CHNA FINDI NGS OF THE 132 RESPONDENTS THAT COMPLETED THE SURVEY, 30 WORKED IN HOSPITALS OR HOSPITAL- BASED SETTINGS, WHILE THE REMAINING 102 RESPONDENTS SELF-IDENTIFIED AS WORKING FOR A RANGE OF ENTITIES INCLUDING BUT NOT LIMITED TO COMMUNITY CLINICS, NON-PROFITS, COMMUNITY BASED ORGANIZATIONS, LOCAL GOVERNMENT, AND HEALTH INSURANCE PLANS A SUMMARY OF KEY FINDINGS FRO M THE SURVEY IS PRESENTED IN THE FOLLOWING SECTION IN ADDITION TO SOLICITING FEEDBACK ON THE FINDINGS, THE SURVEY ALSO INCLUDED QUESTIONS SEEKING TO DETERMINE WHETHER THE INTEGRAT ION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH IS BEING INTEGRATED LOCALLY, AS WELL AS WHETH ER ORGANIZATIONS ARE SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH NINETY NI NE RESPONDENTS STATED THAT THEIR ORGANIZATION SCREENS PATIENTS AND CLIENTS ABOUT THEIR SOC IAL DETERMINANTS OF HEALTH ACCESS TO CARE OF SERVICES TOPPED THE LIST, ALONG WITH HOMELES S/HOUSING ISSUES AND INSURANCE ISSUES NINETY FOUR RESPONDENTS SHARED INFORMATION ABOUT HO W THEY SCREEN PATIENTS AND DOCUMENT THE INFORMATION FINDINGS CLEARLY INDICATE THAT THESE ORGANIZATIONS ARE SCREENING PATIENTS FOR SOCIAL DETERMINANTS AND MAKING REFERRALS, BUT IND ICATIONS ARE THAT FOLLOW-UP IS SOMEWHAT LIMITED THERE IS STRONG INTEREST ON THE PART OF R ESPONDENTS IN LEARNING MORE ABOUT THE WAYS THAT OUR COMMUNITY PARTNERS ARE SCREENING CLIEN TS AND PATIENTS NEXT STEPS THE CHNA COMMITTEE IS CONTINUING WORK ON PHASE 2 OF THE CHNA THE RESULTS OF THE COMMUNITY SURVEY WILL GUIDE INDIVIDUAL HOSPITAL PROGRAMS AND PLANS, AND WILL ALSO HELP REFINE THE CHNA PROCESS FOR 2019 HOSPITAL AND HEALTHCARE SYSTEMS THAT PAR TICIPATED IN THE HASD&IC 2016 CHNA PROCESS HAVE VARYING REQUIREMENTS FOR NEXT STEPS PRIVA TE, NOT-FOR-PROFIT (TAX EXEMPT) HOSPITALS AND HEALTHCARE SYSTEMS ARE REQUIRED TO DEVELOP H OSPITAL OR HEALTHCARE SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS AND IMPLEMENTATION STRATEGY PLANS TO ADDRESS SELECTED IDENTIFIED HEALTH NEEDS THE PARTICIPATING PUBLIC HOSPI TALS AND HEALTHCARE SYSTEMS DO NOT HAVE FEDERAL OR STATE CHNA REQUIREMENTS, BUT WORK VERY CLOSELY WITH THEIR PATIENT COMMUNITIES TO ADDRESS HEALTH NEEDS BY PROVIDING PROGRAMS, RESO URCES, AND OPPORTUNITIES FOR COLLABORATION WITH PARTNERS EVERY PARTICIPATING HOSPITAL AND HEALTHCARE SYSTEM WILL REVIEW THE CHNA DATA AND FINDINGS IN ACCORDANCE WITH THEIR OWN PAT IENT COMMUNITIES AND PRINCIPAL FUNCTIONS, AND EVALUATE OPPORTUNITIES FOR NEXT STEPS TO ADD RESS THE TOP IDENTIFIED HEALTH NEEDS IN THEIR RESPECTIVE PATIENT COMMUNITIES THE CHNA REP ORT IS MADE AVAILABLE AS A RESOURCE TO THE BROADER COMMUNITY AND MAY SERVE AS A USEFUL RES OURCE TO BOTH RESIDENTS AND HEALTHCARE PROVIDERS TO FURTHER COMMUNITYWIDE HEALTH IMPROVEME NT EFFORTS SCRIPPS HEALTH IMPLEMENTATION PLAN WITH THE 2016 CHNA COMPLETE AND HEALTH PRIO RITY AREAS IDENTIFIED, SCRIPPS

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH ANTICIPATES THE IMPLEMENTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE A T WHICH COMMUNITY AND HEALTH CARE INDUSTRY CHANGE THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) ON AN ANNUAL BASIS SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY A ND ITS RESOURCES AND INTERVENTIONS, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURES AS WELL AS TO ADAPT TO CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIONS AS N EEDED IN RESPONSE TO IDENTIFIED UNMET HEALTH NEEDS IN THE 2016 COMMUNITY HEALTH NEEDS ASS ESSMENT, DURING FY17-FY19 SCRIPPS HEALTH IS FOCUSING ON THE STRATEGIES AND INITIATIVES, TH EIR MEASURES OF IMPLEMENTATION AND THE METRICS USED TO EVALUATE THEIR EFFECTIVENESS SCRIP PS WILL MONITOR AND EVALUATE THE STRATEGIES LISTED IN THE IMPLEMENTATION PLAN FOR THE PURP OSE OF TRACKING THE IMPLEMENTATION OF THOSE STRATEGIES AS WELL AS DOCUMENT THE ANTICIPATED IMPACT PLANS TO MONITOR WILL BE TAILORED TO EACH STRATEGY AND WILL INCLUDE THE COLLECTIO N AND DOCUMENTATION OF TRACKING MEASURE THE COMPLETE FY17-FY19 IMPLEMENTATION PLAN REPORT IS AVAILABLE ONLINE AT SCRIPPS ORG IN SUPPORT OF THE 2016 COMMUNITY HEALTH NEEDS ASSESSM ENT, AND ONGOING COMMUNITY BENEFIT INITIATIVES, A DETAILED DESCRIPTION OF SCRIPPS STRATEGI ES AND CORRESPONDING MEASURES/METRICS FOR THE FOUR HEALTH PRIORITY AREAS IDENTIFIED IN THE CHNA CAN BE FOUND AT SCRIPPS ORG/COMMUNITYBENEFIT METRICS ARE AS CURRENT AS FY16 DURING THIS FISCAL YEAR, SCRIPPS INVESTED $2,670,655 IN COMMUNITY HEALTH SERVICES THIS FIGURE R EFLECTS THE COST ASSOCIATED WITH PROVIDING SUCH ACTIVITIES, INCLUDING SALARIES, MATERIALS AND SUPPLIES, MINUS REVENUE IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED /ENGAGED IN THE FOLLOWING PROGRAMS IN FISCAL YEAR 2016 ACCESS TO CARE TWO PRIMARY BARRIER S TO OBTAINING HEALTH CARE, ON BOTH THE LOCAL AND NATIONAL LEVEL, ARE LACK OF HEALTH INSUR ANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS REDUCED ACCESS TO BASIC HEALTH CA RE SERVICES INCREASES ILLNESS, INJURY AND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEALTH PROVIDERS, WHO MUST PROVIDE UNCOMPENSATED CARE FOR THE UNINSURED MORE PEOPLE WITH OUT INSURANCE TRANSLATES INTO HIGHER USE OF EMERGENCY DEPARTMENTS, WHICH BY LAW MUST PROVI DE STABILIZING CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY MERCY OUTREACH SU RGICAL TEAM WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM (M O S T) PROVIDES RECONST RUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SPECIAL CIRCU MSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FISCAL YEAR 2016, THE M O S T TEA M SERVED IN TWO OUTREACH MISSION TRIPS THE M O S T TEAM VOLUNTEERED 4,088 HOURS TO PROVID E RECONSTRUCTIVE SURGERIES FOR MORE THAN 800 PEOPLE SERVED (SPONSORED BY SCRIPPS MERCY HO SPITAL, SAN DIEGO AND AFFILIAT

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FORM 990, PART III, LINE 4A (CONTINUED)	ED PHYSICIANS) SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS A LL PATIENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH IS SUES THE LACK OF FUNDING AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, M AKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGH T IS PROVIDED BY SCRIPPS WITH PHYSICIAN BACK UP TO ENSURE COMPLETION OF THEIR MEDICAL RECO VERY GOALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THEY PROVIDE A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION, MEDICAT ION OVERSIGHT, MEALS, CLOTHING, AND COUNSELING ASSISTANCE WITH COUNTY MEDICAL SERVICES, ME DI-CAL AND DISABILITY APPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATI ENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIP PS TO MAINTAIN THE PATIENTS MEDICAL STABILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PR OVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSY CHIATRIC DISORDER ARE ESTABLISHED WITH A PSY CHIATRIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECT ED WITH A MEDICAL HOME IN THE COMMUNITY IN 2016, 68 PATIENTS HAD A CUMULATIVE 1,518 HOSPI TAL DAYS OF STAY BEFORE GOING TO THE RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, IN CLUDING THOSE WITH TRACHEOTOMIES, FEEDING TUBES, IV ANTIBIOTICS, WOUND VACS, MULTIPLE FRAC TURES, ABSCESS, OSTEOMY ELITIS, PARAPLEGIA, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, HEAR T VALVE REPLACEMENT, DIABETES, TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, CRANIOT OMY, COMPLEX TRAUMA, CVA, CANCER, HIV/AIDS, AND A PATIENT WITH AND EXTERNAL DEFIBRILLATOR, THE LIFE VEST OF RCU PATIENTS, 44% HAD STANDARD MEDI-CAL INSURANCE 19% HAD MEDI-CAL HPE (HEALTH PRESUMPTIVE ELIGIBILITY) 12% HAD MEDI-CAL HMOS (MOLINA 4 4%, COMMUNITY HEALTH GR OUP MCAL 6% AND HEALTH NET MEDI-CAL 1 5%) CARE 1ST MEDI-CAL CONTRACTS DIRECTLY WITH THE R CU TO SUPPORT THEIR PATIENTS 9% OF SCRIPPS PATIENTS THAT WENT TO THE RCU WERE WITHOUT INS URANCE, EITHER SELF-PAY OR MEDI-CAL PENDING 7% HAD RESTRICTED MEDI-CAL, 7% HAD OUT OF STA TE OR OUT OF COUNTY MEDICAID/MEDI-CAL INSURANCE, 1% HAD MEDICARE SLIGHTLY OVER 25% WERE I NVOLVED WITH A SOCIAL WORKER TO SECURE INCOME FROM GOVERNMENT PROGRAMS 12% WERE SOCIAL SE CURITY DISABILITY INSURANCE (SSDI) WITH NO FUNDS OR NO ACCESS TO THEIR FUNDS (SEVERAL WITH LOST OR STOLEN BANK CARD) WHO RESOLVED THEIR ISSUES, 7% HAVE STARTED OR HAVE PENDING SSDI APPLICATIONS, 2% GOT SSDI AND STARTED RECEIVING A MONTHLY BENEFIT, 2% MADE CA SHORT TERM DISABILITY APPLICATION TO EDD, 5% STARTED RECEIVING MEDICARE AND SOCIAL SECURITY BENEFITS MONTHLY FOLLOWING THEIR APPLICATION ONE HUNDRED PERCENT OF PATIENTS WERE CONNECTED TO A P RIMARY CARE PROVIDER AT ONE OF THE COMMUNITY CLINICS WITH AN APPOINTMENT MADE 65% OF THE RCU DISCHARGED PATIENTS DID NO

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FORM 990, PART III, LINE 4A (CONTINUED)	T RETURN TO THE STREETS THEY EITHER WENT TO A RECOVERY PROGRAM (20%), BACK TO THE HOSPITA L OR HOSPICE AND BACK TO THE RCU (16%), TO FAMILY OR FRIEND (12%), OR TRANSITIONAL HOUSING , (6%), SRO OR APARTMENT (4 5%) BOARD AND CARE (4 5%) AND BACK TO MEXICO (1%) TWO CLIENTS ARE DECEASED THIS YEAR 35% OF CLIENTS DID RETURN TO THE STREETS OR LEFT THE FACILITY WIT HOUT DISCLOSING THEIR PLAN (SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO) GRADUATE MEDIC AL EDUCATION STAFF SUPPORT ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND ST LEO'S CLINIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 36 RESIDENTS AND 38 FELLOWS WE EKLY COMMUNITY CLINICS WERE HELD AT THE ST VINCENT DE PAUL AND ST LEOS CLINICS STAFFED BY SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CA RED FOR APPROXIMATELY 800 OF OUR COUNTYS MOST VULNERABLE RESIDENTS DURING FISCAL YEAR 2016 (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL) FIJI ALLIANCE PROJECT IN PARTNERSHIP WITH T HE INTERNATIONAL RELIEF TEAMS OF SAN DIEGO AND THE LOLOMA FOUNDATION, SCRIPPS EMPLOYEES, S CRIPPS CLINIC PHYSICIANS AND OTHER SCRIPPS-AFFILIATED PHYSICIANS PROVIDED MEDICAL AND SURG ICAL SERVICES IN FIJI AS ONE OF THEIR ROTATIONS, RESIDENTS FROM SCRIPPS CLINIC AND SCRIPP S GREEN HOSPITAL HAVE THE OPPORTUNITY TO PARTICIPATE IN THESE MEDICAL MISSIONS THE TEAM P ERFORMS PROCEDURES TO REMEDY CLEFT LIPS AND PALATES, EYELID, FACE AND FEET DEFORMITIES, BU RN SCARS, BREAST MASSES AND HERNIAS, AS WELL AS PROVIDING DIABETES MANAGEMENT ALL SURGICA L SUPPLIES WERE DONATED BY PROFESSIONAL HOSPITAL SUPPLY CORPORATION (PHS), THE SUPPLIER FO R SCRIPPS HEALTH THE SUPPLIES INCLUDED SURGICAL GOWNS, GLOVES, DRAPES, DRESSINGS, BANDAGE S, SUTURES, ETC CARDINAL HEALTH SYSTEMS, WHICH PROVIDES PHARMACEUTICALS AND OTHER SUPPLIE S FOR SCRIPPS HEALTH, DONATED ALL MEDICATIONS (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL) SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FISCAL YEAR 2016, SCRIPPS HEALTH CONTINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH ESTABLISHMENT OF ITS COMMUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $212,000 IN COMMUNITY GRANTS TO PROGRAMS IN SAN DIEGO (FIVE GRANTS RANGING FROM $10,000 TO $120,000) THE FUNDED PROJECTS ADDRESS SOME OF SAN DIEGO COUNTYS HIGH PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACCESS TO VITAL HEALTH CA RE SERVICES FOR AT RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMICALLY DISADVANTAGED, M ENTALLY ILL AND OTHERS

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FORM 990, PART III, LINE 4A (CONTINUED)	SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $3 3 MILLION PROGRAMS FUNDED DURING FISCAL YEAR 2016 INCLUDE. CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW-INCOME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP O BTAINING HEALTH CARE BENEFITS, SSI AND RELATED SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXPENSES AT MERCY THE PROJECT PROVIDES ADVOCACY SERVICES FOR TIME-INTENSIVE GOVERNMENT B ENEFIT CASES (SPONSORED BY SCRIPPS MERCY HOSPITAL ADMINISTRATION) CATHOLIC CHARITIES FUND ING PROVIDES SHORT TERM EMERGENCY SHELTER FOR MEDICALLY FRAGILE HOMELESS PATIENTS BEING DI SCHARGED FROM SCRIPPS MERCY HOSPITAL, SAN DIEGO THE PROGRAM IS BEING EXPANDED TO SCRIPPS MERCY HOSPITAL, CHULA VISTA CASE MANAGEMENT AND SHELTER ARE PROVIDED FOR HOMELESS PATIENT S DISCHARGED FROM SCRIPPS MERCY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT TERM RECUPERATIVE ENVIRONMENT PATIENTS WHO DEMONSTRATE A WILLI NGNESS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CAS E PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNEC T TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES THE PARTN ERSHIP SEEKS TO REDUCE EMERGENCY ROOM RECIDIVISM IN THIS POPULATION AND IMPROVE THEIR QUAL ITY OF LIFE (SPONSORED BY SCRIPPS CORPORATE COMMUNITY BENEFITS) 2-1-1 HEALTH CARE NAVIGAT ION PROGRAM LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005 AS A MULTILINGUAL AND CONFI DENTIAL SERVICE COMMITTED TO PROVIDING 24/7 ACCESS THERE WAS AN OVERWHELMING NEED FOR A D EPENDABLE SERVICE TO HELP PEOPLE NAVIGATE TODAYS COMPLEX HEALTH CARE SYSTEM SCRIPPS HEALT H HAS BEEN A LONGTIME SUPPORTER OF 2-1-1 SAN DIEGOS HEALTH NAVIGATION PROGRAM WHICH CREATE S A RECORD FOR EVERY PERSON WHO CALLS, SO AS TO PROVIDE A SERVICE THAT NAVIGATES CLIENTS T HROUGH DIFFERENT REFERRALS AND TRACKS THEIR SUCCESS TOWARD ACHIEVING IMPROVED SOCIAL DETER MINANTS OF HEALTH BETWEEN JULY 2, 2015 AND JUNE 30, 2016, THE PERCENTAGE OF CLIENTS WITH HEALTH INSURANCE WAS 82%, A THREE PERCENT INCREASE FROM THE PREVIOUS YEAR AS MORE PEOPLE BEGIN TO HAVE HEALTH INSURANCE, 2-1-1 EXPECTS THAT CLIENT NEEDS WILL ALSO BEGIN TO SHIFT F ROM SEEKING TO OBTAIN COVERAGE TO LEARNING HOW TO USE THEIR COVERAGE. MANY OF THE HEALTH N AVIGATION PROGRAMS CLIENTS ARE ALREADY SEEKING THE LATTER THIS PAST YEAR, NAVIGATORS PROV IDED A DEEPER LEVEL OF CARE COORDINATION, PREVENTATIVE SUPPORT, AND ADVOCACY TO ABOUT 1,00 0 CLIENTS COMPARED TO CLIENTS WHO RECEIVED BASIC INFORMATION AND REFERRAL SERVICES, CLIEN TS WHO RECEIVED THE DEEPER LEVEL OF SUPPORT REPORTED A HIGHER RATE OF CONFIDENCE IN MANAGI NG THEIR HEALTH NEEDS (49% CONFIDENCE AMONG I&R CLIENTS, COMPARED TO 65% CONFIDENCE AMONG CARE COORDINATION CLIENTS) (SPONSORED BY SCRIPPS CORPORATE COMMUNITY BENEFITS) AMERICAN H EART ASSOCIATION SCRIPPS PROVIDED FUNDING FOR THE 2016 HEART WALK THROUGH CORPORATE SPONSO RSHIP HEART DISEASE AND STROK

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FORM 990, PART III, LINE 4A (CONTINUED)	E ARE THE NUMBER ONE AND THREE CAUSES OF DEATH IN THE NATION HEART DISEASE CLAIMS MORE TH AN 950,000 AMERICANS EACH YEAR. SCRIPPS PARTNERS WITH THE AMERICAN HEART ASSOCIATION ON IT S ANNUAL HEART WALK TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUBLIC EDUCATION AND ADV OCACY (SPONSORED BY SCRIPPS CORPORATE COMMUNITY BENEFITS) FOSTERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN PEOPLE TAKE AN ACTIVE ROLE IN MAKING A POSITI VE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCR IPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT TO MAKE AN EVEN LARGER IMPACT ON THEIR C OMMUNITY SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLOYEES AND PHYSICIANS WITH COMMU NITY NEEDS, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND PROVIDING FREE MEDICAL A ND SURGICAL CARE FOR PATIENTS IN NEED IN ADDITION TO THE FINANCIAL COMMUNITY BENEFIT CONT RIBUTIONS MADE DURING FISCAL YEAR 2016, SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS DONATE D A SIGNIFICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS SPONSORED C OMMUNITY BENEFIT PROGRAMS WITH CLOSE TO 27,903 HOURS, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $1,335,158 55*, WHICH IS NOT INCLUDED IN THE SCRIPPS FISCAL YEAR 2016 C OMMUNITY BENEFIT PROGRAMS AND SERVICES TOTALS (*CALCULATION BASED UPON AN AVERAGE HOURLY WAGE FOR THE SCRIPPS HEALTH SYSTEM PLUS BENEFITS) CANCER/ONCOLOGY CANCER IS A TERM USED TO DESCRIBE A GROUP OF DISEASES THAT CAUSE THE UNCONTROLLED GROWTH, INVASION, AND SPREAD (ME TASTASIS) OF ABNORMAL CELLS CANCER IS CAUSED BY EXTERNAL FACTORS SUCH AS ENVIRONMENTAL CO NDITIONS, RADIATION, INFECTIOUS ORGANISMS, POOR DIET AND LACK OF EXERCISE, AND TOBACCO USE , AS WELL AS INTERNAL FACTORS SUCH AS GENETIC MUTATIONS, AND HORMONES CANCER IS THE SECON D LEADING CAUSE OF DEATH IN THE UNITED STATES CANCER CAUSES ONE OUT OF EVERY FOUR DEATHS IN THE UNITED STATES IN 2013 CANCER WAS THE LEADING CAUSE OF DEATH IN SDC, RESPONSIBLE FO R 24 4 PERCENT OF DEATHS THERE WERE 5,030 DEATHS DUE TO CANCER (ALL SITES), AND AN AGE AD JUSTED DEATH RATE OF 155 6 DEATHS PER 100,000 POPULATION ACCORDING TO A 2016 REPORT FROM THE AMERICAN CANCER SOCIETY, CALIFORNIA CANCER FACTS & FIGURES, CANCER SURVIVAL IS MORE LI KELY TO BE SUCCESSFUL IF THE CANCER IS DIAGNOSED AT AN EARLY STAGE. SUCH DIAGNOSIS IS AN I NDICATION OF SCREENING AND EARLY DETECTION REGULAR SCREENING THAT ALLOW FOR THE EARLY DET ECTION AND REMOVAL OF PRECANCEROUS GROWTHS ARE KNOWN TO REDUCE MORTALITY FOR CANCERS OF TH E CERVIX, COLON AND RECTUM FIVE YEAR RELATIVE SURVIVAL RATES FOR COMMON CANCERS, SUCH AS BREAST, PROSTATE, COLON AND RECTUM, CERVIX, AND MELANOMA OF THE SKIN, ARE 93 PERCENT TO 10 0 PERCENT IF THEY ARE DISCOVERED BEFORE HAVING SPREAD BEYOND THE ORGAN WHERE THE CANCER BE GAN IN 2013, THE PERCENTAGE OF CANCER CASES DIAGNOSED AT AN EARLY AGE IS LOWEST AMONG AFR ICAN AMERICAN WOMEN FOR BREAST AND HISPANIC MALES FOR PROSTATE IN SDC MOST COMMONLY DIAGN OSED CANCERS PROSTATE, LUNG, A

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FORM 990, PART III, LINE 4A (CONTINUED)	ND COLORECTAL CANCERS ARE THE MOST COMMONLY DIAGNOSED CANCERS AND THE LEADING CAUSES OF CA NCER RELATED DEATH AMONG MEN SIMILARLY, BREAST, LUNG, AND COLORECTAL CANCERS ARE THE MOST COMMONLY DIAGNOSED CANCERS AND THE LEADING CAUSES OF CANCER RELATED DEATH AMONG WOMEN FO R BOTH SEXES COMBINED, MELANOMA OF THE SKIN IS THE FIFTH MOST COMMONLY DIAGNOSED CANCER AN D PANCREATIC CANCER IS THE FOURTH LEADING CAUSE OF CANCER RELATED DEATH CANCER DISPARITIE S THE BURDEN OF CANCER DOES NOT FALL EQUALLY ON ALL CALIFORNIANS, AND RISK OF DEVELOPING C ANCER VARIES CONSIDERABLY BY RACE/ETHNICITY AMONG MEN, AFRICAN AMERICANS HAVE THE HIGHEST INCIDENCE AND MORTALITY FROM CANCER, FOLLOWED BY NON-HISPANIC WHITES AMONG WOMEN, NON-HI SPANIC WHITES HAVE THE HIGHEST INCIDENCE OF CANCER, BUT AFRICAN AMERICANS HAVE THE HIGHEST CANCER MORTALITY IN GENERAL, PERSONS OF ASIAN/PACIFIC ISLANDER AND HISPANIC ORIGIN HAVE CANCER RATES THAT ARE ABOUT 30 TO 35 PERCENT LOWER THAN NON-HISPANIC WHITES HOWEVER, ASIA N/PACIFIC ISLANDERS AND HISPANICS ARE TWO TO THREE TIMES MORE LIKELY THAN NON-HISPANIC WHI TES TO DEVELOP STOMACH AND LIVER CANCER HISPANIC WOMEN ALSO HAVE TWICE THE RISK OF BEING DIAGNOSED WITH INVASIVE CERVICAL CANCER RELATIVE TO NON-HISPANIC WHITE WOMEN SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPLE ABOUT THE IMPORTA NCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER AT SCRIP PS, CANCER CARE IS MORE THAN JUST MEDICAL TREATMENT, AND A WIDE ARRAY OF RESOURCES ARE PRO VIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERAPIES AND EDUCATIONAL WORKSHOP S HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FISCAL YEAR 2016 SCRIPPS CAN CER CENTER DIRECTORY OF COMMUNITY RESOURCES SCRIPPS COLLABORATES WITH THE COMMUNITY AND DE VELOPS A CANCER DIRECTORY OF A COMPREHENSIVE LIST OF RESOURCES AVAILABLE FOR CANCER SURVIV ORS, THEIR FAMILIES, AND THE COMMUNITY (SPONSORED BY SCRIPPS GREEN CANCER CENTER) SCRIPPS GREEN CANCER CENTER SUPPORT GROUPS SCRIPPS GREEN HOSPITAL SUPPORT GROUPS OFFER CANCER PAT IENTS THE OPPORTUNITY TO EXPRESS THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AND HELP T HEM COPE MORE EFFECTIVELY WITH THEIR TREATMENT REGIMENS BY SUPPORT GROUPS THAT NURTURE THE IR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING CLASSES AT SCRIPPS GREEN CANCER CENTER, S UCH AS THE FREE CANCER WRITING WORKSHOP, "WHEN WORDS HEAL," USE EXPRESSIVE WRITING TO HELP PATIENTS NAVIGATE THEIR JOURNEY WITH CANCER (SPONSORED BY SCRIPPS GREEN CANCER CENTER) H EALTH SCIENCE MIDDLE SCHOOL CITY HEIGHTS EDUCATIONAL TOUR HEALTH SCIENCE MID-HIGH SCHOOL (6TH TO 8TH GRADERS) FROM CITY HEIGHTS (40 STUDENTS AND 2 INSTRUCTORS) SPENT TWO HOURS AT S CRIPPS MERCY SAN DIEGO OTOOLE BREAST CARE CENTER. IT WAS AN EDUCATIONAL VISIT TO LEARN ABO UT CANCER CARE SERVICES FROM DR PAUL GOLDFARB AND DR WILLIAM STANTON THE TOUR WAS PROVI DED BY THE OTOOLE BREAST CARE CENTERS STAFF

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FORM 990, PART III, LINE 4A (CONTINUED)	FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS A TOTAL OF 346 FIREFIG HTERS, LIFEGUARDS AND POLICE OFFICERS WERE SCREENED FOR SKIN CANCER (SPONSORED BY SCRIPPS MARKET OUTREACH) HEALTHY WOMEN, HEALTHY LIFESTYLES SCRIPPS MERCY BREAST HEALTH OUTREACH AND EDUCATION PROGRAM A PROMOTORA LED HEALTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF WOMEN IN SAN DIEGOS SOUTH BAY WITH BREAST CANCER EDUCATION, PREVENTION AND TREAT MENT SUPPORT PROMOTORAS TEACH BREAST HEALTH TO WOMEN WHO HAVE LIMITED OR NO ACCESS TO HEA LTH CARE PROMOTORAS TEACH WOMEN IN THEIR NATIVE LANGUAGE WITH SENSITIVITY TO A WOMANS ETH NIC AND CULTURAL NORMS THE PROGRAM MODEL INCLUDES A PROMOTORA, CANCER SURVIVOR AND A NURS E NAVIGATOR THE PROMOTORA HAS KNOWLEDGE OF BREAST CANCER, OFFERS EDUCATION AND EMOTIONAL SUPPORT SHE ALSO PROVIDES REFERRALS IN CULTURALLY APPROPRIATE AND LANGUAGE SENSITIVE WAY A BREAST CANCER SURVIVOR AND VOLUNTEER STRENGTHENS THE BENEFITS OF BREAST CANCER EDUCATIO N AND PREVENTION BY TALKING TO SOMEONE WHO HAS BEEN THERE AND CAN PROVIDE INSIGHT AND SUGG ESTIONS, AND IS LIVING PROOF THAT THE DISEASE IS NOT FATAL WORKING HAND-IN-HAND, THE PROM OTORA AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWARENESS AND FULL SUPPO RT SYSTEM FOR THOSE ALREADY DIAGNOSED MOREOVER, THE FACT THEY ARE BI-LINGUAL LATINAS LEND AN AIR OF AUTOMATIC TRUST AMONG THE HISPANIC COMMUNITY AS THEY CAN CONNECT WITH THE RESID ENTS ON A CULTURAL LEVEL SCRIPPS MERCY HOSPITAL, CHULA VISTA BREAST HEALTH CLINICAL SERV ICES A TOTAL OF 600 WOMEN ARE REFERRED TO CLINICAL BREAST HEALTH SERVICES AT COMMUNITY AND SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY SERVICES MORE THAN 2,000 SERVICES WERE PRO VIDED, INCLUDING TELEPHONE REMINDERS, OUTREACH AND EDUCATION, CASE MANAGEMENT AND A VARIET Y OF PRESENTATIONS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNITY BENEFITS) S CRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY LOSS TO FOLLOW UP SERVICES MORE THAN 50 SERVI CES WERE PROVIDED, INCLUDING ENCOURAGEMENT FOR PATIENTS TO REPEAT EXAMS, ASSISTANCE TO GET PATIENTS HEALTH INSURANCE APPROVAL FOR REPEAT EXAMS, SOCIAL/EMOTIONAL SUPPORT AND EDUCATI ON ABOUT PREVENTING BREAST CANCER (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA COMMU NITY BENEFITS) SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY, POSITIVE BREAST CANCER PATIE NT SUPPORT MORE THAN 850 SERVICES WERE PROVIDED INCLUDING PHONE CALLS, HOME VISITS, MAILED EDUCATIONAL MATERIALS AND SUPPLIES (WIGS, BRAS, PROSTHESIS AND MEDICAL RECORD ORGANIZER B INDER) A RESOURCE PACKAGE WITH EDUCATIONAL MATERIALS ON NUTRITION, TREATMENT OPTIONS, COM MONLY ASKED QUESTIONS AND LOCAL RESOURCES WERE ALSO PROVIDED (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA COMMUNITY BENEFITS) SCRIPPS MERCY HOSPITAL, CHULA VISTA BREAST CANCE R SUPPORT GROUP TOGETHER PROMOTORAS AND CANCER SURVIVORS HOLD A BI-MONTHLY SUPPORT GROUP T HAT HELPS INDIVIDUALS COPE WITH LIVING WITH CANCER MORE THAN 20 WOMEN PARTICIPATE AS PART OF THIS GROUP GROUP SUPPORT

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FORM 990, PART III, LINE 4A (CONTINUED)	INCLUDING NAVIGATING THE CANCER SYSTEM AND EDUCATIONAL PRESENTATIONS BY LOCAL PROVIDERS AR E OFFERED (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA COMMUNITY BENEFITS) SCRIPPS P OLSTER BREAST CARE CENTER (SPBCC) SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SPONSORS THE YOUNG WOMENS SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 TO COME TOG ETHER, DISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT THE GROUPS ARE OFFERED TO WOMEN IN THE SAN DIEGO COMMUNITY TOPICS RELATED TO BREAST HEALTH ARE ALSO OFFERED TO THE COMMUNITY (SPONSORED BY SCRIPPS POLSTER BREAST CARE CENTER) AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER SCRIPPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVE NT TO RAISE MONEY FOR BREAST CANCER RESEARCH SCRIPPS ALSO PARTICIPATES IN HOSTING LOOK GO OD FEEL BETTER CLASSES PUT ON BY THE ACS (SPONSORED BY SCRIPPS CORPORATE) SUSAN G KOMEN RACE FOR THE CURE SCRIPPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVENT TO SUPPORT BREAST CANCER RESEARCH AND LOCAL BREAST HEALTH INITIATIVES THE KOMEN RACE FOR THE CURE SERIES RA ISES SIGNIFICANT FUNDS AND AWARENESS FOR THE FIGHT AGAINST BREAST CANCER, CELEBRATES BREAS T CANCER SURVIVORSHIP AND HONORS THOSE WHO HAVE LOST THEIR BATTLE WITH THE DISEASE (SPONS ORED BY SCRIPPS CORPORATE) SUSAN G KOMEN 3 DAY BREAST CANCER WALK SCRIPPS HEALTH WAS THE OFFICIAL PHY SICAL THERAPY SPORTS MEDICINE CREW AT THE EVENT PROVIDED WOUND CARE, ORTHOPED IC EVALUATIONS AND TREATMENTS, INCLUDING LIMB AND JOINT TAPING, ASSISTANCE WITH STRETCHING AND EDUCATION FOR SELF-CARE NINE GIRLS ASK (FOR CURE FOR OVARIAN CANCER) SCRIPPS HEALTH PARTICIPATES IN THE FUNDRAISING EVENT TO SUPPORT OVARIAN CANCER RESEARCH AND INITIATIVES (SPONSORED BY SCRIPPS CORPORATE) CANCER AWARENESS AND EDUCATIONAL EVENTS A SERIES OF EDUCA TIONAL EVENTS ARE COORDINATED WITH THE AMERICAN CANCER SOCIETY AWARENESS MONTHS THE EVENT S FOCUS ON VARIOUS TYPES OF CANCER, INCLUDING BREAST, LUNG, CERVICAL, COLORECTAL, SKIN, OV ARIAN/GYNECOLOGICAL AND PROSTATE A REGISTERED NURSE CLINICIAN ANSWERS QUESTIONS AND PROVI DES EDUCATIONAL MATERIALS (SPONSORED BY SCRIPPS MEMORIAL LA JOLLA CANCER CENTER) ALOHA LO CK CANCER WIG PROGRAM THIS PROGRAM PROVIDES WIGS AND HAIR ACCESSORIES TO CANCER PATIENTS S UFFERING FROM ALOPECIA OR EXPECTED TO SUFFER FROM ALOPECIA (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA CANCER CENTER) CANCER CENTER REGISTERED NURSE NAVIGATOR PROGRAM SCRIPPS PROVIDED A REGISTERED NURSE, DEDICATED TO ASSISTING CANCER PATIENTS AND THEIR FAMILIES WI TH NAVIGATING THROUGH THE JOURNEY FROM DIAGNOSIS, TREATMENT AND SURVIVORSHIP FROM CANCER THE FOCUS IS ON EDUCATION AND OUTREACH, AS WELL AS, SUPPORT SERVICES IN THIS POPULATION (SPONSORED BY SCRIPPS CANCER CENTER) CANCER CENTER OUTPATIENT HEREDITY AND CANCER GENETIC C OUNSELING PROGRAM THIS PROGRAM PROVIDES GENETIC TESTING AND COUNSELING TO CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS (SPONSORED BY SCRI PPS CANCER CENTER) CANCER CENT

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FORM 990, PART III, LINE 4A (CONTINUED)	ER OUTPATIENT SOCIAL WORKER & LIAISON PROGRAM SCRIPPS PROVIDED A SOCIAL WORKER, DEDICATED TO ASSISTING CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND C AREGIVERS (SPONSORED BY SCRIPPS CANCER CENTER) CANCER SURVIVORS DAY SCRIPPS HOLDS A CELEB RATORY EVENT AT EACH SCRIPPS HOSPITAL EACH Y EAR TO PROVIDE AN OPPORTUNITY FOR THOSE THAT H AVE BATTLED CANCER TO COME TOGETHER AND ENJOY THE COMPANY OF FRIENDS, FAMILY AND THE CAMAR ADERIE OF FELLOW CANCER SURVIVORS THROUGHOUT THE MONTH OF JUNE CANCER SURVIVORS AND OTHER GUESTS SHARE INSPIRATIONAL STORIES, LEARN ABOUT ADVANCES IN CANCER TREATMENT AND RESEARCH , AND ENJOY THE OPPORTUNITY TO CONNECT WITH CAREGIVERS AND FELLOW SURVIVORS EACH Y EAR THE CANCER SURVIVOR EVENT HELPS CELEBRATE LIFE, INSPIRE THOSE RECENTLY DIAGNOSED, OFFER SUPPO RT TO FAMILY AND LOVED ONES AND RECOGNIZE ALL WHO PROVIDED SUPPORT ALONG THE WAY THEY ALS O PROVIDE A FORUM FOR DISCUSSING THE PHY SICAL, FINANCIAL AND SOCIAL ISSUES THAT MANY CANCE R SURVIVORS FACE FOLLOWING COMPLETION OF TREATMENT (SPONSORED BY SCRIPPS CANCER CENTER) C ARDIOVASCULAR DISEASE 'DISEASES OF THE HEART' WERE THE SECOND LEADING CAUSE OF DEATH IN SA N DIEGO COUNTY IN 2012 IN ADDITION 'CEREBROVASCULAR DISEASES' WERE THE FIFTH LEADING CAUS E OF DEATH, AND 'ESSENTIAL (PRIMARY) HY PERTENSION AND HY PERTENSIVE RENAL DISEASE' WAS THE TENTH CORONARY HEART DISEASE IS THE MOST COMMON FORM OF HEART DISEASE HIGH BLOOD PRESSUR E, HIGH CHOLESTEROL, AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CVD AND STROKE A BOUT HALF OF AMERICANS (49%) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS RISK FACTORS F OR CARDIOVASCULAR DISEASE BEHAVIORS TOBACCO USE, OBESITY, POOR DIET THAT IS HIGH IN SATU RATED FATS, AND EXCESSIVE ALCOHOL USE CONDITIONS HIGH CHOLESTEROL LEVELS, HIGH BLOOD PRE SSURE AND DIABETES HEREDITY GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DISEASE AND CAN INCREASE RISK HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE UNITED STATES - HEART DI SEASE IS THE LEADING CAUSE OF DEATH FOR PEOPLE OF MOST RACIAL/ETHNIC GROUPS IN THE UNITED STATES, INCLUDING AFRICAN AMERICANS, HISPANICS AND WHITES PREVALENCE DATA - IN 2012, 11 1 % OF ADULTS AGED 18 AND OVER HAD EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL T HAT THEY HAD HEART DISEASE - IN 2012, 224% OF ADULTS 18 AND OVER HAD BEEN TOLD ON TWO OR MORE VISITS THAT THEY HAD HY PERTENSION DISPARITIES AND CARDIOVASCULAR DISEASE - IN 2012, THIRTY FIVE PERCENT OF NON-HISPANIC BLACK WOMEN HAD HY PERTENSION COMPARED WITH 22% OF NON- HISPANIC WHITE WOMEN AND 22% OF HISPANIC WOMEN THIRTY PERCENT OF NON-HISPANIC BLACK MEN H AD HY PERTENSION COMPARED WITH 25% OF NON-HISPANIC WHITE MEN AND 19% OF HISPANIC MEN - MEN ARE MORE LIKELY THAN WOMEN TO HAVE EVER BEEN TOLD THEY HAVE CORONARY HEART DISEASE OR HY P ERTENSION - INDIVIDUALS WITH LOW INCOMES ARE MUCH MORE LIKELY TO SUFFER FROM HIGH BLOOD P RESSURE, HEART ATTACK, AND STROKE - AMONG ADULTS AGED 65 AND OVER, THOSE COVERED BY MEDIC ARE AND MEDICAID WERE MORE LIK

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FORM 990, PART III, LINE 4A (CONTINUED)	EDUCATING WOMEN ABOUT HEART HEALTH TOGETHER WITH WOMEN HEART NATIONAL HOSPITAL ALLIANCE, S CRIPPS CARDIOVASCULAR DEVELOPED A WOMEN AND HEART DISEASE EDUCATION PROGRAM THE EFFORTS E DUCATE WOMEN ON THE IMPORTANCE OF HEART HEALTH, PROVIDE SUPPORT GROUPS AND ADVOCATE FOR RE SEARCH FUNDING AND POLICIES (SPONSORED BY SCRIPPS HEALTH FOUNDATION) SENIOR HEALTH CHATS A WIDE VARIETY OF SENIOR CHATS ARE OFFERED AT LOCAL SENIOR CENTERS IN SOUTH BAY TO ADDRESS EDUCATION AND PREVENTION OF HEART DISEASE. SOME TOPICS INCLUDE HEART HEALTH 101, STROKE A ND A VARIETY OF PREVENTION MORE THAN 6 TO 10 INDIVIDUALS ARE GIVEN THIS INFORMATION (SPO NSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) THE ERIC PAREDES SAVE A LIFE FOUNDATION EACH YEAR, 7,000 TEENS LOSE THEIR LIVES DUE TO SUDDEN CARDIAC ARREST (SCA) SCA IS NOT A HEART ATTACK, IT IS CAUSED BY AN ABNORMALITY IN THE HEARTS ELECTRICAL SYSTE M THAT CAN EASILY BE DETECTED WITH A SIMPLE EKG UNFORTUNATELY, HEART SCREENINGS ARE NOT P ART OF A REGULAR, WELL-CHILD EXAM OR PRE-PARTICIPATION SPORTS PHY SICAL THE FIRST SY MPTOM OF SCA COULD BE DEATH SAN DIEGO ALONE LOSES THREE TO FIVE TEENS FROM SCA AS A SPONSOR FO R THE ERIC PAREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS HELD MORE THAN 20,000 FREE CARDIAC SCREENINGS TO LOCAL TEENS, INCLUDING THE HOMELESS, UNINSURED AND UNDERINSURED IN 2016, SC RIPPS MADE A $15,000 DONATION TO HELP PAY FOR SCREENINGS IN 2016, SCRIPPS SUPPORTED SCREE NING EVENTS AT AREA HIGH SCHOOLS AND SCREENED 3,869 TEENS, IDENTIFYING 41 WITH ABNORMALITI ES AND 16 WHO WERE AT RISK (SPONSORED BY SCRIPPS MARKETING DEPARTMENT) SCREENING ATHLETES FOR SUDDEN CARDIAC ARREST EVERY YEAR, THREE TO FIVE STUDENT ATHLETES IN SAN DIEGO COUNTY DIE SUDDENLY AND UNEXPECTEDLY FROM SUDDEN CARDIAC ARREST/DEATH (SCA/D) SCA IS AN ABNORMAL ITY IN THE HEARTS ELECTRICAL SY STEM THAT CAN HAPPEN WITHOUT SY MPTOMS OR WARNING SIGNS HOW EVER, THIS LIFE-THREATENING CONDITION CAN BE DETECTED WITH A CARDIAC SCREENING EXAM SCRIP PS MERCY HOSPITAL CHULA VISTA FAMILY MEDICINE RESIDENCY, SOUTHWEST SPORTS WELLNESS FOUNDAT ION AND THE SWEETWATER UNION HIGH SCHOOL DISTRICT PARTNER TO PREVENT SUDDEN CARDIAC ARREST AND DEATH AMONG HIGH SCHOOL STUDENTS BY INCREASING AWARENESS OF THE IMPORTANCE OF HEALTHY LIFESTYLES AND CARDIOVASCULAR SCREENINGS AMONG ACTIVE STUDENTS FAMILY MEDICINE RESIDENTS OFFER YEARLY CARDIAC SCREENING AND SPORTS PHY SICALS BEFORE STUDENTS PARTICIPATE IN ORGANI ZED SPORTS, AND IMPLEMENT AN INJURY CLINIC DURING FOOTBALL SEASON TO EVALUATE AND TREAT PO SSIBLE CONCUSSIONS AND OTHER INJURIES (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, C OMMUNITY BENEFITS) SU VIDA, SU CORAZON / YOUR LIFE, YOUR HEART COMMUNITY INTERVENTION TO I MPROVE EDUCATION AND AWARENESS OF HEART DISEASE HEART DISEASE IS ONE OF THE MOST WIDESPREA D AND COSTLY HEALTH PROBLEMS FACING OUR NATION, EVEN THOUGH ITS ALSO ONE OF THE MOST PREVE NTABLE HEART FAILURE AND STROKE ACCOUNT FOR MORE THAN $500 BILLION IN HEALTH CARE COSTS P ER YEAR HEART FAILURE IS A PR

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FORM 990, PART III, LINE 4A (CONTINUED)	OGRESSIVE DISEASE, PRIMARILY CAUSED BY HIGH BLOOD PRESSURE, HIGH CHOLESTEROL/LIPIDS AND DA MAGE TO THE HEART MUSCLE FROM CORONARY ARTERY DISEASE. SCRIPPS HEALTH OFFERS A FIVE WEEK E DUCATIONAL BASED COMMUNITY INTERVENTION PROGRAM TO SUPPORT IMPROVED QUALITY OF LIFE FOR PA TIENTS DIAGNOSED WITH HEART DISEASE TOBACCO USE, ALCOHOL ABUSE, LACK OF PHYSICAL ACTIVITY , POOR NUTRITION, STRESS AND DEPRESSION ARE SOME OF THE MAJOR CONTRIBUTING FACTORS LEADING TO HEART DISEASE, HEART FAILURE AND READMISSION RECENT LITERATURE SUGGEST THAT A LACK OF POST DISCHARGE SOCIAL SUPPORT AND EDUCATION ARE IMPORTANT TO PREVENT READMISSION GROUP S ESSIONS PROVIDE EDUCATION AND SOCIAL SUPPORT DISCHARGE PLANNING THAT USES TRANSITIONAL CO ACHES HAS BEEN PROVEN TO REDUCE READMISSION RATES THE OVERALL GOAL OF YOUR LIFE, YOUR HEA RT IS TO DECREASE THE READMISSION RATES FOR HEART FAILURE PATIENTS, WHICH REDUCES MEDICAL COSTS FOR THE PATIENT AND IMPROVES THEIR QUALITY OF LIFE A TOTAL OF 51 COMMUNITY MEMBERS HAVE PARTICIPATED IN THIS EDUCATIONAL SERIES FOR THOSE AFFECTED BY HYPERTENSION, ANGINA, C ARDIAC HEART FAILURE OR ANY OTHER HEART HEALTH CONCERNS TOPICS COVERED INCLUDE THE RISK O F HEART DISEASE, SIGNS OF HEART ATTACK, DIABETES, CHOLESTEROL, PHYSICAL ACTIVITY, HEALTHY EATING AND MUCH MORE. WITH 19 HEART HEALTH PARTICIPANTS STILL ACTIVE IN THE PROGRAM HEALTH ASSESSMENTS ARE REVIEWED INCLUDING WAIST CIRCUMFERENCE, WEIGHT, HEIGHT, BMI AND BLOOD PRE SSURE OVERALL, PARTICIPANTS HAVE IMPROVED THEIR BMI BY 6 9%, LOST A COMBINED 42 POUNDS TO GETHER, AND IMPROVED THEIR BLOOD PRESSURE AT AN AVERAGE OF 131/74 (THREE TIMES NORMALIZED AND MAINTAINED SINCE INITIAL ASSESSMENT) (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA , COMMUNITY BENEFITS) DIABETES DIABETES IS AN IMPORTANT HEALTH NEED BECAUSE OF ITS PREVALE NCE, ITS IMPACT ON MORBIDITY AND MORTALITY, AND ITS PREVENTABILITY AN ANALYSIS OF MORTALI TY DATA FOR SAN DIEGO COUNTY FOUND THAT IN 2012 'DIABETES MELLITUS' WAS THE SEVENTH LEADIN G CAUSE OF DEATH THE PERCENTAGE OF ADULTS AGED 20 AND OLDER WHO HAVE EVER BEEN DIAGNOSED WITH DIABETES WAS 7 2% IN 2012 IN SAN DIEGO COUNTY AND HAS BEEN STEADILY RISING SINCE 2005 ACCORDING TO THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION TYP E 2 DIABETES IS AN IMPORTANT TARGET FOR INTERVENTION BECAUSE HOSPITALIZATIONS DUE TO DIABE TES RELATED COMPLICATIONS ARE POTENTIALLY PREVENTABLE WITH PROPER MANAGEMENT AND A HEALTHY LIFESTYLE IN SAN DIEGO, APPROXIMATELY 1 5% OF DISCHARGES IN THE BLACK PATIENT POPULATION WERE ATTRIBUTABLE TO DIABETES COMPARED TO 0 7% OF DISCHARGES OF WHITES THERE ARE THREE M AJOR TYPES OF DIABETES TYPE 1, TYPE 2 AND GESTATIONAL ALL THREE TYPES SHARE SIMILAR CHAR ACTERISTICS, THE BODY LOSES THE ABILITY TO EITHER MAKE OR TO USE INSULIN WITHOUT ENOUGH I NSULIN, GLUCOSE STAYS IN THE BLOOD, CREATING DANGEROUS BLOOD SUGAR LEVELS OVER TIME, THIS BUILDUP DAMAGES KIDNEYS, HEART, NERVES, EYES AND OTHER ORGANS TYPE 2 DIABETES, ONCE KNOW N AS ADULT ONSET OR NONINSULIN

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FORM 990, PART III, LINE 4A (CONTINUED)	DEPENDENT DIABETES, IS A CHRONIC CONDITION THAT AFFECTS THE WAY YOUR BODY METABOLIZES SUG AR (GLUCOSE), WHICH IS YOUR BODYS MAIN SOURCE OF FUEL WITH TYPE 2 DIABETES, YOUR BODY EIT HER RESISTS THE EFFECTS OF INSULIN, A HORMONE THAT REGULATES THE MOVEMENT OF SUGAR INTO YO UR CELLS OR DOESNT PRODUCE ENOUGH INSULIN TO MAINTAIN A NORMAL GLUCOSE LEVEL IF LEFT UNTR EATED, TYPE 2 DIABETES CAN BE LIFE THREATENING CLINICAL SYMPTOMS CAN INCLUDE FREQUENT UR INATION, EXCESSIVE THIRST, EXTREME HUNGER, SUDDEN VISION CHANGES, UNEXPLAINED WEIGHT LOSS, EXTREME FATIGUE, SORES THAT ARE SLOW TO HEAL, AND INCREASED NUMBER OF INFECTIONS TYPE 2 DIABETES HAS REACHED EPIDEMIC PROPORTIONS, AND PEOPLE OF HISPANIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE DISEASE AND THE COMPLICATIONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMPUTATION IN FACT, IT IS ESTIMAT ED THAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULT HOOD THIS IS ESPECIALLY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOSED DIABETES AND TENS OF THOUSAN DS MORE WHO ARE UNDIAGNOSED, HAVE PRE- DIABETES AND ARE AT HIGH RISK OF DEVELOPING DIABETE S SOME ALARMING FACTS ABOUT TYPE 2 DIABETES - ABOUT 1 7 MILLION PEOPLE AGED 20 OR OLDER WERE NEWLY DIAGNOSED WITH DIABETES IN 2012 IN THE U S - DIABETES IS A MAJOR CAUSE OF HEAR T DISEASE AND STROKE, AND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND CALIF ORNIA - MORE THAN 1 OUT OF 3 ADULTS HAVE PREDIABETES AND 15 TO 30% OF THOSE WITH PREDIABE TES WILL DEVELOP TYPE 2 DIABETES WITHIN 5 YEARS SOME RISK FACTORS FOR DEVELOPING DIABETES INCLUDE - BEING OVERWEIGHT OR OBESE - HAVING A PARENT, BROTHER OR SISTER WITH DIABETES - SMOKING - HAVING BLOOD PRESSURE MEASURING 140/90 OR HIGHER - BEING PHYSICALLY INACTIVE, EXERCISING FEWER THAN THREE TIMES A WEEK DISPARITIES AND DIABETES - HISPANICS AND AFRIC AN AMERICANS HAVE TWO TIMES HIGHER PREVALENCE 1 IN 20 NON-HISPANIC WHITES HAVE TYPE 2 DIA BETES, COMPARED WITH 1 IN 10 HISPANICS AND 1 IN 11 AFRICAN AMERICANS IN 2011 2012 - IN SA N DIEGO, WHITES AND BLACKS HAD THE HIGHEST DEATH RATES DUE TO DIABETES IN 2012 - THE PREV ALENCE OF TYPE 2 DIABETES IS 13 PERCENT HIGHER IN MEN THAN WOMEN IN CALIFORNIA - IN SAN D IEGO, MALES HAD A HIGHER DEATH RATE THAN FEMALES (22 5 PER 100,000 VERSUS 19 0 PER 100,000 IN 2012) - THE PERCENT OF ADULTS IN CALIFORNIA WITH DIABETES IS ALMOST TWO TIMES HIGHER IN THOSE WITH FAMILIES INCOMES BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL COMPARED TO THOSE WHOSE INCOME IS 300 PERCENT ABOVE - ADULTS WITH DIABETES ARE MORE LIKELY TO HAVE AR THRITIS, HYPERTENSION AND CARDIOVASCULAR DISEASE THAN ADULTS WITHOUT DIABETES - DIABETES IS A LEADING CAUSE OF LOWER LIMB AMPUTATION AND KIDNEY FAILURE IN THE UNITED STATES

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FORM 990, PART III, LINE 4A (CONTINUED)	MORE THAN 7 MILLION AMERICANS ARE UNAWARE THAT HAVE DIABETES THE COMPLICATIONS RELATED TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DIABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM, LEADING TO SCHOOL AND WORK ABSENTEEISM, ELEVATED HOSPITALIZATION RATES, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIES AND SOMETIMES DEAT H DURING FISCAL YEAR 2016, SCRIPPS SPONSORED THE FOLLOWING DIABETES MANAGEMENT INITIATIVE S PROJECT DULCE PROJECT DULCE IS A COMPREHENSIVE, CULTURALLY SENSITIVE DIABETES MANAGEMEN T PROGRAM FOR UNDERSERVED AND UNINSURED PEOPLE IN SAN DIEGO COUNTY THE PROGRAM IS TEAM BA SED AND INCORPORATES THE CHRONIC CARE MODEL PROJECT DULCE HAS BEEN ACTIVE IN COMMUNITIES ACROSS SAN DIEGO FOR THE PAST 19 YEARS, PROVIDING DIABETES CARE AND SELF-MANAGEMENT EDUCAT ION NURSE LED TEAMS STRIVE FOR MEASURABLE IMPROVEMENTS IN THEIR PATIENTS HEALTH, NURSE ED UCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATORS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATIENT EDUCATION FOR TH EIR COMMUNITIES THIS INNOVATIVE PROGRAM COMBINES STATE OF THE ART CLINICAL DIABETES MANAG EMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS ONE OF THE PRIMARY COMPONENTS OF THE PROGRAM IS RECRUITING PEER EDUCATORS FROM THE COMMUNITY TO WORK DIRECTLY WITH PATIE NTS THESE EDUCATORS REFLECT THE DIVERSE POPULATION AFFECTED BY DIABETES AND HELP TEACH OT HERS ABOUT CHANGING EATING HABITS, ADOPTING EXERCISE ROUTINES AND OTHER WAYS TO HELP MANAG E THIS CHRONIC DISEASE IN FISCAL YEAR 2016, PROJECT DULCE PROVIDED 5,970 DIABETES CARE, R ETINAL SCREENINGS AND EDUCATION VISITS FOR LOW INCOME AND UNDERSERVED INDIVIDUALS THROUGHO UT SAN DIEGO AND ENROLLED 1,327 NEW PROJECT DULCE PATIENTS THE PROGRAM ALSO INITIATED FOU R NEW PROJECTS, DIABETES PREVENTION FOR WOMEN WITH A HISTORY OF GESTATIONAL DIABETES, REPL ICATING PROJECT DULCE IN TIJUANA, DIABETES CARE COORDINATION AT SCRIPPS MERCY HOSPITAL CHU LA VISTA AND THE DIABETES GENE BANK PROGRAM (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTI TUTE) MEDICAL ASSISTANT HEALTH COACHING (MAC) DIABETES AFFECTS NEARLY 25 MILLION INDIVIDUA LS IN THE U S , AND IF CURRENT TRENDS CONTINUE, 1 OF 3 ADULTS WILL HAVE DIABETES BY 2050 DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME) IS A CORNERSTONE OF EFFECTIVE CARE T HAT IMPROVES CLINICAL CONTROL AND HEALTH OUTCOMES, HOWEVER, DSME PARTICIPATION IS LOW, PAR TICULARLY AMONG UNDERSERVED POPULATIONS, AND ONGOING SUPPORT IS OFTEN NEEDED TO MAINTAIN D SME GAINS THE COMPLEX NEEDS OF INDIVIDUALS WITH DIABETES CANNOT BE ADEQUATELY ADDRESSED I N THE TYPICAL 15-MINUTE PRIMARY CARE VISIT THEREFORE, THE SCRIPPS WHITTIER INSTITUTE WILL BE STUDYING THE USE OF SPECIALLY TRAINED MEDICAL ASSISTANTS AS DIABETES HEALTH COACHES B Y ADOPTING A "TEAM-BASED" APPROACH THAT IS INFORMED BY THE CHRONIC CARE MODEL, OTHER PRIMA RY CARE PERSONNEL [E G , MEDICAL ASSISTANTS (MAS)] CAN BE TRAINED AS HEALTH COACHES TO WOR K IN TANDEM WITH PRIMARY CARE

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FORM 990, PART III, LINE 4A (CONTINUED)	PROVIDERS TO DELIVER SELF-MANAGEMENT SUPPORT (SPONSORED BY SCRIPPS WHITTIER DIABETES INST ITUTE) DIABETES PREVENTION THE UCLA CENTER FOR HEALTH POLICY AND RESEARCH RECENTLY PUBLISH ED DATA THAT REVEALED NEARLY HALF OF CALIFORNIA ADULTS HAVE PREDIABETES OR DIABETES WHILE THE SCRIPPS WHITTIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WITH DIABETES FOR DECADES, THIS YEAR THE INSTITUTE KICKED OFF THE SCRIPPS DIABETES PREVENTION P ROGRAM (DPP), WHICH IS A YEARLONG INTERVENTION WHERE PEOPLE WITH PREDIABETES MEET WEEKLY F OR 16 WEEKS, THEN MONTHLY THEREAFTER THE PRIMARY OBJECTIVE IS TO LOSE 5 TO 7% OF BODY WEI GHT THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY THE DIABETES PREVENTION PROGRAM (DPP) HA S BEEN THOROUGHLY EVALUATED IN NIH SPONSORED RANDOMIZED CONTROLLED TRIALS, AND HAS BEEN FO UND TO DECREASE THE NUMBER OF NEW CASES OF DIABETES AMONG THOSE WITH PREDIABETES BY 58% A MONG PEOPLE OVER AGE 60, THERE WAS A 71% REDUCTION IN NEW CASES IN 2016, 63 PATIENTS ATTE NDED 21 SCRIPPS DPP ORIENTATION SESSIONS MUCH OF THE EFFORT IS FOCUSED IN THE SOUTH BAY F OR THE LATINO POPULATION, WHICH IS AT HIGHER RISK OF GETTING DIABETES THAN THEIR WHITE COU NTERPARTS (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) HEALTHY LIVING ANOTHER PREVE NTION INITIATIVE OF THE INSTITUTE IS HEALTHY LIVING, A SERIES OF 3 CLASSES FOCUSED ON PROM OTING HEALTH BEHAVIORS THAT ARE DIRECTLY RELATED TO THE INCIDENCE OF CHRONIC DISEASE, SMOK ING, NUTRITION, AND PHYSICAL ACTIVITY 675 PEOPLE ATTENDED HEALTHY LIVING CLASSES THAT WER E PROVIDED THROUGHOUT THE COUNTY, AGAIN WITH SPECIAL ATTENTION TO THE LATINO COMMUNITY OF THE SOUTH BAY (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) SCRIPPS WHITTIER DIABETE S INSTITUTE PROFESSIONAL EDUCATION AND TRAINING SCRIPPS WHITTIER DIABETES INSTITUTE PROFES SIONAL EDUCATION TEAMS PROVIDE STATE OF THE ART EDUCATION AND TRAINING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS WITH THE RISE IN DIABETES REL ATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIANS WITH THE LATEST INFORMATION AND CL INICAL SKILLS THE WHITTIERS PROFESSIONAL EDUCATION PROGRAM IS LED BY A TEAM OF EXPERTS, I NCLUDING ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSY CHOLOGISTS AND OTHER DIABETES SPECIALIS T THESE INDIVIDUALS TRAIN PRACTICING PROFESSIONALS TO DELIVER THE BEST POSSIBLE CARE FOR THEIR DIABETES PATIENTS COURSES RESPOND TO THE NEEDS OF ALLIED HEALTH PROFESSIONALS SEEKI NG TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TYPE 1, TYPE 2 AND GESTATI ONAL DIABETES PROFESSIONAL EDUCATION WAS PROVIDED FOR 374 PEOPLE ON INSULIN MANAGEMENT, I NCRETIN THERAPY, AND DIABETES DIET AND DIABETES BASICS PARTICIPANTS CAME FROM LOCAL HEALT H INSTITUTIONS AND THROUGHOUT THE UNITED STATES TO LEARN FROM THE WHITTIER INSTITUTES MOST EXPERIENCED DIABETES EXPERTS OVER THE LAST FISCAL YEAR, THE WHITTIER INSTITUTES PROFESSI ONAL EDUCATION DEPARTMENT PROVIDED FOUR CME PROGRAMS FOR PHYSICIANS, NURSES, PHARMACISTS, DIETITIANS, MIDLEVEL PROVIDERS

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FORM 990, PART III, LINE 4A (CONTINUED)	AND SOCIAL WORKERS AND MADE NUMEROUS ACADEMIC AND RESEARCH PRESENTATIONS AT PROFESSIONAL ASSOCIATION MEETINGS (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) RETINAL SCREENING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LOSE THEIR VISION AS A RESULT OF DIABETIC RETINOPATHY WITH EARLY DIAGNOSIS AND APPROPRIATE TREATMENT, 95 PERCENT OF DI ABETIC BLINDNESS COULD BE PREVENTED FOR THE PAST DECADE, THE SCRIPPS DIABETES CARE RETINA L SCREENING PROGRAM HAS PROVIDED LOW COST OR FREE SCREENINGS TO THE COMMUNITY ANNUALLY RE ACHING ABOUT 500 INDIVIDUALS DIRECTLY AND ABOUT 1,000 INDIRECTLY, THE PROGRAM IDENTIFIES T HOSE AT HIGH RISK FOR RETINAL DAMAGE AND PROVIDES ACCESS TO EDUCATION, TREATMENT AND REFER RALS THIS INNOVATIVE PREVENTION PROGRAM HAS EDUCATED AND SAVED THE VISION OF THOUSANDS (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) HEALTH RELATED BEHAVIORS HEALTH RELATED BEHAVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPLES HEALTH AND WELL-BEING ITS IMPOR TANCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICINE HAS ADVANCED DISEASES THAT WERE O NCE INCURABLE CAN NOW BE PREVENTED OR SUCCESSFULLY TREATED HEALTH RELATED BEHAVIORS, SUCH AS IMMUNIZATION, SMOKING CESSATION, IMPROVED NUTRITION, INCREASED PHY SICAL ACTIVITY, ORAL HEALTH AND INJURY PREVENTION, HAVE BECOME IMPORTANT COMPONENTS OF LONG TERM LIFE THE RIS K FACTORS FOR MANY CHRONIC DISEASES ARE WELL KNOWN IN PARTICULAR, AN UNHEALTHY DIET, PHYS ICAL INACTIVITY AND SUBSTANCE ABUSE HAVE NEED CITED BY THE WORLD HEALTH ORGANIZATION (HTTP //WWW WHO INT/CHP) AS IMPORTANT HEALTH BEHAVIORS THAT CONTRIBUTE TO ILLNESSES SUCH AS CAR DIOVASCULAR DISEASE, CANCER, CHRONIC RESPIRATORY DISEASE, DIABETES, AND OTHERS INCLUDING M ENTAL DISORDERS AND ORAL DISEASES FRUIT/VEGETABLE CONSUMPTION ACCORDING TO DATA FROM CAL IFORNIA HEALTH INTERVIEW SURVEY, 48 3% OF CHILDREN AGE 2 AND OLDER REPORTED CONSUMING LESS THAN FIVE SERVINGS OF FRUITS AND VEGETABLES A DAY COMPARED TO 47 7% IN CALIFORNIA OVERALL ADULTS AGE 18 AND OVER REPORTED EVEN LESS FRUIT AND VEGETABLE CONSUMPTION APPROXIMATELY 70 5% OF ADULTS REPORTED EATING THE RECOMMENDED AMOUNT EACH DAY UNHEALTHY EATING HABITS ARE A SIGNIFICANT CONTRIBUTING FACTOR TO FUTURE HEALTH ISSUES INCLUDING OBESITY AND DIABET ES PHY SICAL INACTIVITY ACCORDING TO THE CDCS NATIONAL CENTER FOR CHRONIC DISEASE PREVENT ION AND HEALTH PROMOTION, 14 9% OF ADULTS AGE 20 AND OLDER SELF-REPORTED THAT THEY PERFORM NO LEISURE TIME PHY SICAL ACTIVITY HIGHER RATES OF LIMITED LEISURE TIME ACTIVITY WERE REP ORTED AT THE STATE AND NATIONAL LEVEL (16 6% AND 22 6% RESPECTIVELY) FOR YOUTH RESULTS OF THE FITNESSGRAM PHY SICAL FITNESS TEST SHOW THAT 29 35% OF CHILDREN 5,7 AND 9 RANKED WITHI N THE "HIGH RISK"NEEDS IMPROVEMENT" ZONES FOR AEROBIC CAPACITY FOR THE 2013 2014 YEAR THE PERCENTAGE OF CHILDREN THAT ARE NOT IN THE HEALTHY FITNESS ZONE VARIES AMONG ETHNIC GROUP S WITH THE LOWEST BEING NON-HISPANIC ASIANS AT 20 6% AND THE HIGHEST BEING HISPANIC OR LAT INOS AT 42 1% ALTHOUGH T

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FORM 990, PART III, LINE 4A (CONTINUED)	DURING FISCAL YEAR 2016, SCRIPPS SPONSORED A NUMBER OF HEALTH BEHAVIOR MODIFICATION EFFORT S COMMUNITY PROGRAMS AND CLINICAL SERVICES OF SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNIT Y BENEFITS AND FAMILY MEDICINE RESIDENCY PROGRAMS HAVE DELIVERED EXTENSIVE VALUE WITH SUPE RIOR OUTCOMES COMMUNITY SERVICES COMBINED REACHED 10,608 PROGRAM PATIENTS AND PARTICIPANT S THERE WERE MORE THAN 13,500 CLINICAL VISITS PROVIDED BY SCRIPPS FAMILY MEDICINE RESIDEN CY (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) COMMUNITY BASED H EALTH IMPROVEMENT ACTIVITIES EACH MONTH APPROXIMATELY 200 COMMUNITY MEMBERS PARTICIPATE IN CLASSES, PREVENTION LECTURES AND SUPPORT GROUPS HELD AT THE WELL BEING CENTER AND NORMAN PARK SENIOR CENTER. A TOTAL OF 3,000 COMMUNITY MEMBERS HAVE PARTICIPATED IN CLASSES AND SU PPORT GROUPS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) Y OUTH PROGRAM ACTIVITIES SCRIPPS CHULA VISTA COMMUNITY BENEFITS SERVICES IMPLEMENTED A WIDE VARI ETY OF YOUTH IN HEALTH CAREER ACTIVITIES INCLUDING CAMP SCRIPPS, MENTORING PROGRAMS, HOSP ITAL TOURS, IN- CLASSROOM PRESENTATIONS AND SURGERY VIEWINGS SCRIPPS FAMILY MEDICINE RESI DENTS ALSO PROVIDE FOOTBALL GAME COVERAGE, SPORT INJURY CLINICS AND PHYSICALS A TOTAL OF 3,726 Y OUTH PARTICIPATED IN THESE PROGRAMS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VIS TA, COMMUNITY BENEFITS) SENIOR PROGRAMS EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD W ITH LOCAL SENIOR CENTERS, CHURCHES, AND SENIOR HOUSING SOME OF THESE ACTIVITIES INCLUDE. SENIOR HEALTH CHATS AND MENS GROUP MORE THAN 200 SENIORS PARTICIPATED IN RESIDENCY SENIOR ACTIVITIES INCLUDING GROUP VISITS OVER 400 SENIORS PARTICIPATED IN THESE PROGRAMS (SPON SORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) PATIENT COMMUNITY SERVICE S SERVICES ARE OFFERED DIRECTLY TO PATIENTS AND THEIR FAMILY POST DISCHARGE TO DECREASE TH E RISKS OF READMISSION AND TO INCREASE PATIENT CONTINUITY SUPPORT SERVICES ARE REFERRAL B ASED AND PROVIDE ASSISTANCE WITH THE FOLLOWING HOUSING/HOMELESSNESS, SENIOR ISSUES, CHRON IC DISEASE ISSUES, DRUG/ALCOHOL AND MENTAL HEALTH, CANCER AND MORE. THIS SERVICE IS CURREN TLY ONLY AVAILABLE AT THE SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS SINCE THE START OF TH E PROJECT IN JULY 2014, 709 REFERRALS HAVE BEEN RECEIVED (SPONSORED BY SCRIPPS MERCY HOSP ITAL CHULA VISTA, COMMUNITY BENEFITS) COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND RES IDENT LEADERSHIP ACADEMY MODEL SCRIPPS IS A PARTNER WITH CHIP AND COLLABORATIVELY WORKS ON A RESIDENT LEADERSHIP MODEL THAT HAS EMPOWERED 700+ CITIZENS ACROSS THE COUNTY (AND BEYON D) TO AFFECT CHANGE IN A WIDE RANGE OF COMMUNITY HEALTH AREAS SUCH AS PUBLIC SAFETY, ACCES S TO HEALTHY FOODS, AND INCREASED OPPORTUNITIES FOR PHYSICAL ACTIVITY ASK A NURSE PUBLIC HEALTH NURSES ARE AVAILABLE TO PROVIDE INFORMATION TO PROMOTE AND ENCOURAGE HEALTHY CHOICE S THAT LEAD TO BETTER LIVES THE CENTRAL PUBLIC HEALTH NURSES PROVIDE INFORMATION TO ALL P ARTICIPANTS AT THE CITY HEIGHT

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FORM 990, PART III, LINE 4A (CONTINUED)	S WELLNESS CENTER ON MONTHLY TOPICS THAT INCLUDE ASTHMA, HEART HEALTH, SEASONAL HEALTH AND OTHER TOPICS (SPONSORED BY CITY HEIGHTS WELLNESS CENTER) HEALTH EDUCATION AND SUPPORT GR OUPS EDUCATION AND SUPPORT GROUPS ARE PROVIDED TO SAN DIEGO COUNTY RESIDENTS FOR A WIDE VA RIETY OF HEALTH CONCERNS TOPICS INCLUDE, PARKINSONS DISEASE, MENTAL ILLNESS, POSTPARTUM I SSUES, GYNECOLOGICAL CANCER, CHRONIC PAIN AND MULTIPLE SCLEROSIS (SPONSORED BY TRAUMA DEP ARTMENT AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA) BRAIN AND HEAD GEAR PROTECTION EDUCATIONAL PROGRAM FOR HIGH SCHOOL STUDENTS TO STRESS THE IMPORTANCE OF BIKE SAFETY BRAIN INJURY PRO TECTION THROUGH THE PROPER USED OF HEAD GEAR (SPONSORED BY TRAUMA DEPARTMENT AT SCRIPPS M EMORIAL HOSPITAL LA JOLLA) PRESCRIPTION TAKE BACK DAY SCRIPPS COLLABORATES WITH THE COUNTY OF SD ON THE PRESCRIPTION DRUG TAKE BACK DAY WHICH PROVIDES AN OPPORTUNITY FOR SAFE DISPO SAL OF LEFT OVER MEDICATIONS (SPONSORED BY DISASTER PREPAREDNESS DEPARTMENT) DEMENTIA AND ALZHEIMERS DISEASE DEMENTIA IS A CLINICAL SYNDROME OF DECLINE IN MEMORY AND OTHER THINKIN G ABILITIES IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS THAT RESULT IN DAMAGE TO BRAI N CELLS AND LEAD TO DISTINCT SYMPTOM PATTERNS AND DISTINGUISHING BRAIN ABNORMALITIES ALZH EIMERS DISEASE (AD) IS A PROGRESSIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSONS MEMO RY AND ABILITY TO LEARN, REASON, MAKE JUDGEMENTS, COMMUNICATE AND CARRY OUT DAILY ACTIVITI ES SUCH AS BATHING AND EATING ALZHEIMERS IS THE 6TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND 3RD LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY IN 2013, AN ESTIMATED 62,000 SA N DIEGANS AGE 55 YEARS AND OLDER WERE LIVING WITH ALZHEIMERS DISEASE AND DEMENTIAS (ADOD), ACCOUNTING FOR 8 3% OF THE 55 YEARS AND OLDER POPULATION THIS POPULATION WILL ROUGHLY DO UBLE IN LESS THAN 20 YEARS IN 2013, MORE THAN 20,000 SAN DIEGANS AGE 55 AND OLDER WERE DI SCHARGED FROM THE EMERGENCY DEPARTMENT (ED) OR HOSPITAL WITH A MENTION OF ADOD FINANCIAL BURDEN - IN 2013 NEARLY 141,000 CAREGIVERS PROVIDED UNPAID CARE FOR THE 62,000 PEOPLE LIV ING WITH ADOD IN SAN DIEGO COUNTY THESE CAREGIVERS PROVIDED NEARLY 161 MILLION HOURS OF U NPAID CARE, VALUED AT NEARLY $2 BILLION DOLLARS DUE TO THE NEGATIVE EFFECTS OF CAREGIVING ON THEIR OWN HEALTH, THE COST OF PROVIDING HEALTH CARE TO THESE RESIDENTS IN 2013 WAS APP ROXIMATELY $77 7 MILLION DOLLARS PREVALENCE - THERE ARE MORE THAN 5 2 MILLION PEOPLE IN T HE UNITED STATES LIVING WITH ADOD AS THE POPULATION AGES THE NUMBER IS EXPECTED TO TRIPLE BY 2015 - IN CALIFORNIA THERE ARE 588,208 PEOPLE 55 YEARS AND OLDER LIVING WITH ADOD ON E TENTH OF AD PATIENTS LIVE IN CALIFORNIA - IN SAN DIEGO COUNTY, THE NUMBER OF THOSE 55 Y EARS AND OLDER WITH ADOD IS EXPECTED TO INCREASE BY 51% BETWEEN 2012 AND 2030, FROM 60,000 TO NEARLY 94,000 RESIDENTS CURRENTLY, THE EAST COUNTY REGION HAS THE GREATEST NUMBER (14 ,765) AND PROPORTION (12 4%) OF RESIDENTS 55 YEARS AND OLDER WITH ALZHEIMERS DISEASE AND O THER DEMENTIAS THE REGION WIT

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FORM 990, PART III, LINE 4A (CONTINUED)	H THE LARGEST ANTICIPATED INCREASE IN ADOD IN THE NORTH CENTRAL AREA, WITH A PROJECTED INC REASE OF 76 8% FROM 2012 TO 2030 HOWEVER, IT IS ESTIMATED THAT BY 2030, NEARLY ONE OUT OF FOUR SAN DIEGANS 55 YEARS AND OLDER WITH ADOD WILL LIVE IN EAST COUNTY DURING FISCAL YEA R 2016, SCRIPPS ENGAGED IN THE FOLLOWING ALZHEIMERS AND DEMENTIA PREVENTION AND TREATMENT ACTIVITIES SENIOR HEALTH AND WELL BEING PROGRAMS THE GOAL IS TO INCREASE HEALTH CARE INFO RMATION AND PREVENTATIVE SERVICES FOR SENIORS/OLDER ADULTS IN THE SOUTH BAY EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD AT LOCAL SENIOR CENTERS, CHURCHES AND SENIOR HOUSING SOME OF THESE ACTIVITIES INCLUDED DEMENTIA, ALZHEIMERS AND PAIN MANAGEMENT, NUTRITION AND WELLNESS AND SPONSORSHIP OF THE ALZHEIMERS ASSOCIATION CAREGIVER CONFERENCE. MORE THAN 200 SENIORS PARTICIPATED IN THESE ACTIVITIES (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VIST A, COMMUNITY BENEFITS) THE ALZHEIMERS PROJECT SAN DIEGO UNITES FOR A CURE AND CARE THE ALZ HEIMERS PROJECT IS A COUNTYWIDE INITIATIVE AIMED AT ACCELERATING THE SEARCH FOR A CURE AND HELPING THE ESTIMATED 60,000 SAN DIEGANS WITH THE DISEASE, ALONG WITH THEIR CAREGIVERS P ARTICIPANTS BEGAN MEETING IN EARLY 2014 TO CRAFT A REGIONAL ROADMAP TO ADDRESS THE DISEASE , FOCUSING ON CURE, CARE, CLINICAL, AND PUBLIC AWARENESS AND EDUCATION INITIATIVES THE BO ARD OF SUPERVISORS APPROVED THE ROADMAP IN DECEMBER 2014 AND LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE. DR MICHAEL LOBATZ FROM SCRIPPS HEALTH IS A LEADING PARTICIPANT OF THIS INITIATIVE AS A CO-CHAIRPERSON OF THE CLINICAL ROUND TABLE AND IS A MEMBER OF THE STEERING COMMITTEE. ALZHEIMERS SAN DIEGO PROGRAM SUPPORT ALZHEIMERS SAN DIEGO OFFERS A FRE E HALF DAY EVENT ATTENDEES LEARN THE BASICS OF ALZHEIMERS DISEASE, HOW TO PARTNER WITH YO UR DOCTOR AND GET A DIAGNOSIS, AND ADDRESSING BEHAVIOR THROUGH COMPASSIONATE COMMUNICATION SCRIPPS DONATED $25,000 FOR PROGRAM SUPPORT OBESITY, WEIGHT STATUS, NUTRITION, ACTIVITY AND FITNESS OBESITY IS AN IMPORTANT HEALTH NEED DUE TO ITS HIGH PREVALENCE IN THE U S AN D SAN DIEGO ALTHOUGH IT IS NOT A LEADING CAUSE OF DEATH, IT IS A SIGNIFICANT CONTRIBUTOR TO THE DEVELOPMENT OF OTHER CHRONIC CONDITIONS ADULTS 36 3% OF ADULTS AGED 18 AND OLDER SELF-REPORTED THEY HAVE A BMI BETWEEN 25 0 AND 30 0 (OVERWEIGHT) IN SAN DIEGO COUNTY ACCOR DING TO 2011 2012 BRFSS DATA AN ADDITIONAL 20 1% OF ADULTS AGED 20 YEARS AND OLDER SELF-R EPORTED THEY HAVE A BMI GREATER THAN 30 0 (OBESE) IN SAN DIEGO COUNTY THE PERCENTAGE OF R ESIDENTS WHO ARE OBESE WAS HIGHER SLIGHTLY AMONG MEN (21 3%) THAN WOMEN (18 8%) EXCESS WE IGHT MAY INDICATE AN UNHEALTHY LIFESTYLE AND PUTS INDIVIDUALS AT RISK FOR FURTHER HEALTH I SSUES INCLUDING OBESITY, HEART DISEASE, DIABETES, AND OTHER HEALTH ISSUES YOUTH FITNESSG RAM IS THE REQUIRED PHY SICAL FITNESS TEST THAT SCHOOL DISTRICTS MUST ADMINISTER TO ALL CAL IFORNIA STUDENTS IN GRADES 5, 7 AND 9 THE PERCENTAGE OF CHILDREN IN GRADES 5, 7 AND 9 RAN KING WITHIN THE "HEALTH RISK"

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FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH CONSEQUENCES DUE TO OVERWEIGHT AND OBESITY RESEARCH HAS SHOWN THAT AS WEIGHT INCRE ASES TO REACH THE LEVELS OF "OVERWEIGHT"OBESITY" THE RISKS FOR THE FOLLOWING CONDITIONS AL SO INCREASES - CORONARY HEART DISEASE - TYPE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST AN D COLON) - HYPERTENSION (HIGH BLOOD PRESSURE) - STROKE - LIVER AND GALLBLADDER DISEASE - S LEEP APNEA AND RESPIRATORY PROBLEMS - OSTEOARTHRITIS OVERWEIGHT AND OBESITY ASSOCIATED COS TS - IN 2008, MEDICAL COSTS ASSOCIATED WITH OBESITY WERE ESTIMATED AT $147 BILLION, THE M EDICAL COSTS FOR PEOPLE WHO ARE OBESE WERE $1,429 HIGHER THAN THOSE OF NORMAL WEIGHT DISP ARITIES AND OBESITY OBESITY & RACE - ACCORDING TO THE BRFSS, FROM 2012 THROUGH 2014, NON-H ISPANIC BLACKS HAD THE HIGHEST PREVALENCE OF SELF-REPORTED OBESITY (38 1%), FOLLOWED BY HI SPANICS (31 3%) AND NON-HISPANIC WHITES (27 1%) - IN 2011 2012, THE PREVALENCE AMONG CHILD REN AND ADOLESCENTS WAS HIGHER AMONG HISPANICS (22 4%) AND NON-HISPANICS (20 2%) THAN AMON G NON-HISPANIC WHITES (14 1%) OBESITY & GENDER - AMONG MEN, 42% WERE CONSIDERED TO BE OVER WEIGHT COMPARED TO 29% OF WOMEN THE MEDIAN PERCENTAGE OF OBESITY WAS SIMILAR AMONG MEN (2 8%) AND WOMEN (27%)IN THE U S OBESITY & INCOME - AMONG NON-HISPANIC BLACK AND MEXICAN AME RICAN MEN, THOSE WITH HIGHER INCOMES ARE MORE LIKELY TO HAVE OBESITY THAN THOSE WITH LOW I NCOME - HIGHER INCOME WOMEN AND WOMEN WITH HIGHER EDUCATIONAL ATTAINMENT ARE LESS LIKELY TO BE OBESE THAN LOW INCOME WOMEN - OBESITY PREVALENCE WAS THE HIGHEST AMONG CHILDREN IN FAMILIES WITH AN INCOME TO POVERTY RATIO OF 100% OF LESS OBESITY & QUALITY OF LIFE - OBES ITY CAN AFFECT THE QUALITY OF LIFE THROUGH LIMITED MOBILITY AND DECREASED PHY SICAL ENDURAN CE, IN ADDITION TO SOCIAL, ACADEMIC, AND JOB DISCRIMINATION DURING FISCAL YEAR 2016, SCRI PPS ENGAGED IN THE FOLLOWING OBESITY PREVENTION AND TREATMENT ACTIVITIES COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND CHILDHOOD OBESITY INITIATIVE THE SAN DIEGO COUNTY CHILDHOO D OBESITY INITIATIVE (THE INITIATIVE) IS A PRIVATE PUBLIC PARTNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SY STEMS, AND ENVIRONMENT CHANGE THE INITIATIVE IS FACILITATED BY COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) CORE FUNDI NG FOR THE INITIATIVE IS PROVIDED BY THE COUNTY OF SAN DIEGO, FIRST 5 COMMISSION OF SAN DI EGO COUNTY, THE CALIFORNIA ENDOWMENT, AND KAISER-PERMANENTE SCRIPPS IS A STRONG PARTNER W ITH CHIP AND THE OUTCOMES OF THE INITIATIVE HAVE SHOWN A DECREASED CHILDHOOD OBESITY FROM 4% FROM 2005-2010, THE LARGEST DROP IN SOUTHERN CALIFORNIA (MANY AREAS HAVE SEEN INCREASES) DIABETES PREVENTION PROGRAM (DPP) THE DIABETES PREVENTION PROGRAM IS A SCIENTIFICALLY V ALIDATED LIFESTYLE INTERVENTION BASED MODEL THE CENTERS FOR DISEASE CONTROL (CDC) AND THE NATIONAL INSTITUTES OF HEALTH (NIH) PROMOTE WIDESPREAD ADOPTION OF THE DPP DUE TO IS DEMO NSTRATED EFFECTIVENESS SCRIPPS AIMS TO DECREASE THE INCIDENCE OF TYPE 2 DIABETES BY MANAG ING A MAJOR DIABETES RISK FACT

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FORM 990, PART III, LINE 4A (CONTINUED)	OR, OBESITY IN THE UNDERSERVED, ETHNICALLY DIVERSE POPULATIONS BY TESTING THE EFFECTIVENES S OF LIFESTYLE CURRICULUM SCRIPPS AIMS TO EXAMINE THE EFFECTIVENESS OF THE DPP PROGRAM IN IMPROVING BEHAVIORAL AND PSYCHOLOGICAL RISK PROFILES (SPONSORED BY SCRIPPS WHITTIER DIAB ETES INSTITUTE) HEALTHY LIVING PROGRAM DIABETES, HEART DISEASE, CANCER AND RESPIRATORY DIS EASE ARE THE FOUR MOST PREVALENT SERIOUS CHRONIC DISEASES IN CALIFORNIA THESE DISEASES CA USE 50 PERCENT OF ALL DEATHS IN SAN DIEGO AND THROUGHOUT THE U S , AND MANY PEOPLE HAVE MO RE THAN ONE OF THESE CONDITIONS BECAUSE LIFESTYLE CAN PLAY A MAJOR ROLE IN PREVENTING THE SE CHRONIC ILLNESSES, SCRIPPS INTRODUCED HEALTHY LIVING, A FREE, INTERACTIVE EDUCATION PRO GRAM TO HELP THE SAN DIEGO COMMUNITY LEARN ABOUT AND ADOPT PRACTICAL WAYS TO IMPROVE THREE BEHAVIORS SMOKING, POOR DIET AND PHYSICAL INACTIVITY THAT CONTRIBUTE TO THESE FOUR DISEAS ES PARTICIPANTS LEARN HOW TO MAKE HEALTHY FOOD CHOICES USING LOW COSTS OPTIONS, MAKE PHYS ICAL ACTIVITY PART OF THEIR DAILY LIFE AND LEARN HOW TO STAY MOTIVATED AND MAINTAIN HEALTH Y HABITS SCRIPPS IMPLEMENTS A SERIES OF THREE FREE SESSIONS THAT ENCOURAGE PARTICIPANTS T O IDENTIFY AND ADOPT PRACTICAL WAYS TO IMPROVE THEIR HEALTH HABITS SESSIONS ARE OFFERED T HROUGHOUT SAN DIEGO COUNTY IN ENGLISH AND SPANISH, WITH SPECIAL EMPHASIS ON THE LATINO AND UNDERSERVED COMMUNITIES SESSIONS INCLUDE HEALTH SCREENING, HEALTHY COOKING TIPS, AND MIN DFUL EATING AND PRACTICE SESSIONS PARTICIPANTS ALSO RECEIVE A PREDIABETES SCREENING, THOS E WHO SCORE HIGH ARE THEN REFERRED TO THE SCRIPPS DIABETES PREVENTION PROGRAM (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) PROMISE NEIGHBORHOOD INITIATIVE SCRIPPS ALSO ADDRE SSES CHILDHOOD OBESITY AT THE HIGH SCHOOL LEVEL IN SAN DIEGOS SOUTH BAY COMMUNITIES THROUG H ITS PARTNERSHIP WITH THE PROMISE NEIGHBORHOOD INITIATIVE, WHICH IMPLEMENTS ACTIVITIES RE LATED TO THE NATIONAL 5-2-1-0 CAMPAIGN SCRIPPS PARTNERS WITH THE PROMISE NEIGHBORHOOD INI TIATIVE AND CASTLE PARK ELEMENTARY SCHOOL TO INCREASE EDUCATION AND AWARENESS ABOUT HEALTH Y LIFESTYLES FOR STUDENTS, THEIR PARENTS AND SCHOOL STAFF PROMISE NEIGHBORHOOD DEVELOPED A WELLNESS COMMITTEE COMPOSED OF THE SCHOOL PRINCIPAL, TEACHERS, PARENTS AND SCRIPPS STAFF AIMED TO IMPLEMENT ACTIVITIES THAT SUPPORT 5210 5 FRUITS OR MORE A DAY, 2 HOURS OR LESS OF SCREEN TIME, 1 HOUR OF PHYSICAL ACTIVITY AND 0 SUGARY JUICES SCHOOL ADMINISTRATORS AND STAFF ARE CLOSELY INVOLVED IN THE PROGRAM, WHICH INCLUDES FIVE EDUCATIONAL SESSIONS, A HE ALTH ASSESSMENT SURVEY AND HEALTH PLAN, AND SUPPORT TO HELP THE STUDENTS PASS THEIR YEARLY PHYSICAL EDUCATION REQUIREMENTS SINCE 2013, MORE THAN 400 CHILDREN AND 200 PATIENTS HAVE PARTICIPATED IN WELLNESS ACTIVITIES ON CAMPUS AS A RESULT OF ACTIVITIES, LESSON PLANS AN D ADVOCACY FOR HEALTHY LIVING, THE AMOUNT OF PHYSICAL ACTIVITY AND CONSUMPTION OF FRUITS A ND VEGETABLES BY CHILDREN, PARENTS AND STAFF HAS INCREASED BASED ON ANNUAL STUDENT SURVEY S, 60 PERCENT OF STUDENTS ARE

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FORM 990, PART III, LINE 4A (CONTINUED)	MORE PHYSICALLY ACTIVE, COMPARED TO 26 PERCENT IN PREVIOUS YEARS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) LETS GET COOKING IN JANUARY 2014 THE CITY HEIGHTS WELLNESS CENTER LAUNCHED "LETS GET COOKING," A HANDS ON COOKING CLASS FOR MOMS, DADS, CAREGIVERS AND THEIR KIDS (AGES EIGHT AND OLDER) WHO WANT TO LEARN SIMPLE, HEALTHY RECIPES FOR THE WHOLE FAMILY "LETS GET COOKING" AIMS TO INSPIRE FAMILIES TO EAT FRESH, NUTRITIOUS, WHOLE FOODS AND TO MAKE HEALTHY LIFESTYLE CHOICES THROUGH COOKING, EDUCATION AND DISCUSSIONS THE CLASSES ARE TAUGHT IN BOTH ENGLISH AND SPANISH BY BILINGUAL REGISTERED DIETICIANS IN THE MID-CITY REGION OF SAN DIEGO, THERE ARE CURRENTLY NO OTHER HANDS ON COOKING/NUTRITION, EDUCATION/OBESITY PROGRAMS AVAILABLE WHAT SETS THIS PROGRAM APART IS BEING ABLE TO OFFER THE HANDS ON COOKING EXPERIENCE IN A CERTIFIED TEACHING KITCHEN THERE ARE CURRENTLY NUTRITION EDUCATION PROGRAMS OFFERED IN THE COMMUNITY HOWEVER, NONE OF THEM IS OFFERING NUTRITION EDUCATION THROUGH COOKING THE TEACHING KITCHEN PROVIDES NOT ONLY A HANDS ON LEARNING EXPERIENCE, BUT MORE IMPORTANTLY A PLACE FOR FAMILY INTERACTION AND BUILDING A SENSE OF COMMUNITY (SPONSORED BY CITY HEIGHTS WELLNESS CENTER) SUPER CHEF PROGRAM AND CAMP JOINT PROGRAM OF THE CHWC AND LEAHS PANTRY THROUGH A GRANT FROM GENERAL MILLS, CITY HEIGHTS CHILDREN AND THEIR PARENTS MOVE, COOK AND LEARN TO ADOPT HEALTHIER BEHAVIORS THROUGHOUT THE YEAR BY PARTICIPATING IN FOOD SMARTS WORKSHOPS, A USDA/FNS APPROVED COOKING AND NUTRITION EDUCATION SERIES THREE DAY SUMMER CAMPS ARE HELD FOR THREE AGE RANGES OF NEIGHBORHOOD CHILDREN, AND INCLUDED A FULL HOUR OF PHYSICAL ACTIVITY EACH DAY COOKING AND NUTRITION WORKSHOPS TEACH THE BUILDING BLOCKS OF A BALANCED DIET, BASIC COOKING AND KITCHEN SAFETY SKILLS, DEVELOP INDIVIDUAL NUTRITION GOALS, AND SPEND TIME EXERCISING (SPONSORED BY CITY HEIGHTS WELLNESS CENTER) VOCATIONAL ENGLISH SECOND LANGUAGE CULINARY TRAINING PROGRAM THE INTERNATIONAL RESCUE COMMITTEE (IRC) IN SAN DIEGO OFFERS AN INNOVATIVE VOCATIONAL ENGLISH AS A SECOND LANGUAGE (VESL) PLUS PROGRAM FOR REFUGEES THESE NEWLY ARRIVING REFUGEES SPEND 32 HOURS A WEEK, 8 WEEKS FOR IRAQI REFUGEES OR 16 WEEKS FOR SWAHILI AND KAREN BURMESE SPEAKERS, LEARNING VALUABLE SKILLS THAT WILL HELP THEM FIND AND KEEP EMPLOYMENT TO SUPPORT THE ECONOMIC HEALTH OF THEIR FAMILIES THE PROGRAM INCLUDES 60 HOURS OF KITCHEN BASED TRAININ G IN A COMMERCIAL KITCHEN SPACE THAT THE CHWC PROVIDES (SPONSORED BY CITY HEIGHTS WELLNESS CENTER) NUTRITION SERVICES AND PHYSICAL ACTIVITY ACCORDING TO THE 2013 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA FOR SAN DIEGO COUNTY, MORE THAN 63 PERCENT OF ADULTS ARE OVERWEIGHT OR OBESE OBESITY INCREASES THE RISK FOR HEART DISEASE, TYPE 2 DIABETES, HIGH BLOOD PRESSURE, STROKE AND SOME FORMS OF CANCER THE NATIONS LOW INCOME, MINORITY POPULATIONS ARE AT AN EVEN GREATER RISK IN AN EFFORT TO ADDRESS THIS CRITICAL HEALTH CONCERN, STAFF MEMBERS AT THE C

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FORM 990, PART III, LINE 4A (CONTINUED)	LA MAESTRA FAMILY CLINIC WILL BRING A NEW PERSPECTIVE TO THE PARTNERSHIP AS A COMMUNITY HE ALTH CENTER AND PRIMARY CARE PROVIDER SERVING THE CULTURALLY DIVERSE POPULATIONS WITHIN TH E CITY HEIGHTS COMMUNITY LA MAESTRA IS COMMITTED TO MAINTAINING THE COLLABORATIVE NATURE OF THE PARTNERSHIP, AND WILL CONTINUE TO WORK WITH CURRENT CHWC AGENCIES AS WELL AS LOOK F OR OPPORTUNITIES TO EXPAND HEALTH PROMOTION SERVICES THE SCRIPPS MERCY SUPPLEMENTAL NUTRI TION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC), COLLOCATED IN THE WELLNESS CENTER, WIL L CONTINUE TO PROVIDE WIC SERVICES AS ONE PROGRAM WITHIN THE CITY HEIGHTS WELLNESS CENTER COLLABORATIVE FOR HEALTHY WEIGHT THIS ADVISORY GROUP MEETS MONTHLY COLLABORATE FOR HEALT HY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDRENS HEALTHCARE QUALITY (NICHQ) THE SHARED VISION IS TO CREA TE PARTNERSHIPS BETWEEN PRIMARY CARE, PUBLIC HEALTH, AND COMMUNITY ORGANIZATIONS TO DISCOV ER SUSTAINABLE WAYS TO PROMOTE HEALTHY WEIGHT AND ELIMINATE HEALTH DISPARITIES IN COMMUNIT IES ACROSS THE UNITED STATES ALL THREE SECTORS COMPOSING OF 120 MEMBERS MUST COLLABORATE, USING EVIDENCE-BASED APPROACHES, TO REVERSE THE OBESITY EPIDEMIC AND IMPROVE THE HEALTH O F OUR COMMUNITIES SEVERAL MANUSCRIPTS ARE UNDER DEVELOPMENT (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) MATERNAL CHILD HEALTH & HIGH RISK PREGNANCY MOTH ERS, INFANTS AND CHILDREN MAKEUP A LARGE SEGMENT OF THE U S POPULATION AND THEIR WELL-BEI NG IS A HEALTH PREDICTOR FOR THE NEXT GENERATION THERE IS TREMENDOUS FOCUS ON MATERNAL IL LNESS AND DEATH, AND INFANT HEALTH AND SURVIVAL, INCLUDING INFANT MORTALITY RATES, ACCESS TO PREVENTATIVE CARE, AND FETAL, PERINATAL AND OTHER INFANT DEATHS MATERNAL AND INFANT HE ALTH ISSUES INCLUDE - ALCOHOL, TOBACCO AND ILLEGAL SUBSTANCES DURING PREGNANCY, WHICH ARE MAJOR RISK FACTORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS ABORTION, LOW PRE-PREGNANCY WEIGHT AND SMOKING - INFANT DEATH RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAGERS AND MOTHERS 44 YEA RS AND OLDER BEING PREGNANT, OR TRYING TO BECOME PREGNANT, IS ONLY A SMALL PORTION OF A W OMANS LIFE UNINTENDED PREGNANCY, EITHER MISTIMED OR UNWANTED AT THE TIME OF CONCEPTION, A CCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIES IN THE U S THESE PREGNANCIES ARE ASSOC IATED WITH INCREASED MORBIDITY, AS WELL AS BEHAVIORS LINKED TO ADVERSE HEALTH WOMEN WHO C AN PLAN THE NUMBER AND TIMING OF THEIR CHILDREN EXPERIENCE IMPROVED HEALTH, FEWER UNPLANNE D PREGNANCIES AND BIRTHS, AND LOWER ABORTION RATES HIGH RISK PREGNANCY HIGH RISK PREGNANC Y CAN BE THE RESULT OF A MEDICAL CONDITION PRESENT BEFORE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES THE PREGNANCY TO BECOME HIGH RISK A HIGH RISK PREGNANCY CAN POSE PROBLEMS BEFORE, DURING OR AFTER DELIVERY AND MI GHT REQUIRE SPECIAL MONITORING

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FORM 990, PART III, LINE 4A (CONTINUED)	THROUGHOUT THE PREGNANCY RISK FACTORS - ADVANCED MATERNAL AGE. INCREASED RISK FOR MOTHE RS 35 YEARS AND OLDER - LIFESTYLE CHOICES SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL D RUGS - MEDICAL HISTORY PRIOR HIGH RISK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIO NS, FAMILY HISTORY OF GENETIC CONDITIONS - UNDERLYING CONDITIONS DIABETES, HIGH BLOOD PR ESSURE AND EPILEPSY - MULTIPLE PREGNANCY - OBESITY DURING PREGNANCY THERE WERE 43,627 LI VE BIRTHS IN SDC OVERALL IN 2013 AND THE FETAL MORTALITY IN SDC WAS 4 56 DEATHS, MEETING T HE HP 2020 NATIONAL TARGETS FOR ALL MATERNAL AND INFANT HEALTH INDICATORS INCLUDING THE TA RGET OF LESS THAN 5 6 FETAL DEATHS PER 1,000 LIVE BIRTHS AND FETAL DEATHS MATERNAL AND IN FANT HEALTH INDICATORS BY SDC REGION, 2013 SDC REGIONS MET ALL HP 2020 NATIONAL TARGETS IN 2013 IN 2013, FETAL MORTALITY WAS 4 5 FETAL DEATHS PER 1,000 LIVE BIRTHS AND FETAL DEATH S IN THE NORTH COASTAL REGION, 4 3 IN THE NORTH CENTRAL REGION, 5 7 IN THE CENTRAL REGION, 3 1 IN THE SOUTH REGION, 5 6 IN THE EAST REGION, AND 4 1 IN THE NORTH INLAND REGION SCRI PPS HEALTH CONTINUED TO ENHANCE PRENATAL EDUCATION FOR LOW INCOME WOMEN IN SAN DIEGO COUNT Y IN FISCAL YEAR 2016 THE FOLLOWING ARE SOME EXAMPLES SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 1,000 MATERNAL CHILD HEALTH CLASSES THROUG HOUT SAN DIEGO COUNTY TO ENHANCE PARENTING SKILLS LOW INCOME WOMEN IN SAN DIEGO WHO WERE ELIGIBLE ATTENDED CLASSES AT NO CHARGE OR ON A SLIDING FEE SCHEDULE. - MAINTAINED EXISTING PRENATAL EDUCATION SERVICES IN ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUE D TO DEMONSTRATE A SATISFACTION RATING ABOVE 90 PERCENT - PROVIDED AND SUPPORTED WEEKLY BR EASTFEEDING SUPPORT GROUPS AT SEVEN LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING TWO W ITH BILINGUAL SERVICES - OFFERED MATERNAL CHILD HEALTH CLASSES THROUGHOUT THE COMMUNITY, SUCH AS BASIC TRAINING FOR DADS, GETTING READY FOR THE BABY, INFANT CPR AND SAFETY, PARENT CONNECTION PROGRAMS AND REDIRECTING CHILDRENS BEHAVIOR. - OFFERED THE DOGS AND BABIES PRO GRAMS QUARTERLY, WITH MORE THAN 40 ATTENDEES - OFFERED WEEKLY MOMMY AND ME YOGA PROGRAMS FOR NEW PARENTS - OFFERED A PRENATAL YOGA PROGRAM FOR EXPECTANT WOMEN IN SAN DIEGO COUNTY - OFFERED A PREGNANCY NUTRITION PROGRAM QUARTERLY AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA - OFFERED CLASSES IN PELVIC FLOOR AND PREGNANCY CHANGES FOR EXPECTANT FAMILIES AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA - OFFERED CLASSES IN PELVIC FLOOR AND POSTPARTUM CHANGES FOR NEW MOTHERS THROUGHOUT THE COMMUNITY FIRST 5 AND PROMISE NEIGHBORHOOD MORE THAN 350 SERVI CES WERE RECEIVED FOR FIRST TIME MOTHERS INCLUDING HOME VISITS, REFERRALS RECEIVED, DATA ENTRY, FOLLOW UP PHONE CALLS, PATENTING CLASSES AND OTHER SUPPORT SERVICES A TOTAL OF 231 PARENTS PARTICIPATED IN PARENTING CLASSES, 213 SESSIONS PROVIDED (SPONSORED BY SCRIPPS M ERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) SCRIPPS MERCYS SUPPLEMENTAL NUTRITION PROGR AM FOR WOMEN, INFANTS AND CHIL

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FORM 990, PART III, LINE 4A (CONTINUED)	DREN (WIC) SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZATIONS THAT ADMINISTER TH E STATE FUNDED WIC PROGRAM THE PROGRAM SERVES SIX LOCATIONS CONVENIENTLY SITUATED NEAR CO MMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA WIC TARGETS LOW INCOME PRE GNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5 YEARS) SCRIPPS MERCY WIC SE RVES APPROXIMATELY 7,500 WOMEN AND CHILDREN ANNUALLY, 44 PERCENT IN THE CITY HEIGHTS COMMU NITY IN CITY HEIGHTS CLIENTS ARE 91 PERCENT HISPANIC AND INCLUDE PREGNANT AND POSTPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FISCAL YEAR 2016, THE PROGRAM PROVIDED N UTRITION SERVICES, COUNSELING AND FOOD VOUCHERS FOR 80,049 WOMEN AND CHILDREN IN SOUTH AND CENTRAL SAN DIEGO THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY RE ACHING LOW INCOME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEEDING DURING PREGNANCY AND OFFER LACTATION SUPPORT (ONE ON ONE AND GROUP), AS WELL AS SUPPLIES, PUMPS A ND BREAST PADS, DURING THE POSTPARTUM PERIOD (SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIE GO) CITY HEIGHTS EAST AFRICAN ALLIANCE HEALTH ADVOCACY PROJECT THE CITY HEIGHTS WELLNESS C ENTER HEALTH ADVOCACY PROJECT IS SUPPORT BY A GRANT FROM THE CALIFORNIA ENDOWMENT FOUNDATI ON AND IS DESIGNED TO STRENGTHEN THE CAPACITY TO DELIVER CULTURALLY AND RELIGIOUSLY COMPET ENT HEALTH PROMOTION SERVICES TO SOMALI AND EAST AFRICAN WOMEN AND THEIR FAMILIES THE PRO GRAM ADDRESSES UNMET NEEDS LIKE PRENATAL OUTREACH AND EDUCATION, CULTURALLY ADAPTED NUTRIT ION AND FITNESS EDUCATION, BREASTFEEDING EDUCATION, EARLY CHILDHOOD HEALTH, AND NUTRITION AND SAFETY CLASSES (SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO, COMMUNITY BENEFITS) CE NTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY RAISING HEALTHY FAMILIES AND CARING F OR THE NEXT GENERATION OF SAN DIEGANS BEFORE THEY RE BORN HELP CREATE A HEALTHIER COMMUNITY FOR Y EARS TO COME. THE SCRIPPS FAMILY MEDICINE PROGRAM AT SCRIPPS MERCY HOSPITAL CHULA VI STA, IS PROVIDING ACCESS, EDUCATION AND CLINICAL SERVICES TO NEARLY 200 PREGNANT WOMEN IN SOUTH SAN DIEGO COUNTY THE GOAL OF THE PROGRAM, "IMPROVING PERINATAL CARE FOR UNDERSERVED LATINA WOMEN - HEALTHY WOMEN, HEALTHY BABIES", IS TO PROVIDE ACCESS TO PERINATAL CARE FOR UNDERSERVED LATINA WOMEN IN ORDER TO IMPROVE BIRTH OUTCOMES THE PROGRAM APPLIES THE PRIN CIPLES OF THE CENTER HEALTH CARE INSTITUTE AND FOCUSES ON CHANGING THE WAY PATIENTS EXPERI ENCE THEIR CARE THROUGH ASSESSMENT, EDUCATION AND GROUP SUPPORT CENTERING PREGNANCY IS TH E INSTITUTES MODEL DEVOTED SPECIFICALLY TO IMPROVING MATERNAL AND CHILD HEALTH, AND HAS BE EN SHOWN TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREASTFEEDING AND STRON GER RELATIONSHIPS BETWEEN MOTHERS AND THEIR HEALTHCARE PROVIDERS BEFORE, DURING AND AFTER PREGNANCY THE RESULTS ARE PROMISING WOMEN WHO GAVE BIRTH REPORTED AN ENHANCED PRENATAL E XPERIENCE, GAINED LESS WEIGHT THROUGHOUT THEIR PREGNANCY AND SHOWED IMPROVED HEALTHCARE KN OWLEDGE. AS THE PROGRAM CONTIN

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FORM 990, PART III, LINE 4A (CONTINUED)	EVERY 15 MINUTES ALCOHOL CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN THE U S ANNUALL Y, INCLUDING 41% OF ALL TRAFFIC FATALITIES THE EVERY 15 MINUTES PROGRAM IS A TWO-DAY IMME RSION EXPERIENCE FOR TEENS ON THE REALISTIC CONSEQUENCES OF DRINKING AND DRIVING, WHICH IN VOLVES THE SCHOOLS, LAW ENFORCEMENT, COURTS, EMERGENCY SERVICE PROVIDERS, AND THE MORTUARY THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER THIS PROGRAM IS SPONSOR ED JOINTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE AND SHERIFFS DEPARTMENTS, AMBULANCE SERVIC ES, AND EMERGENCY DEPARTMENTS (SPONSORED BY SCRIPPS MERCY HOSPITAL) BEACH AREA COMMUNITY COURT PROGRAM THE PROGRAM IS AN EDUCATIONAL PROGRAM FOR FIRST TIME OFFENDERS FOR QUALITY O F LIFE CRIMES THIS IS A COLLABORATION WITH THE SAN DIEGO POLICE DEPARTMENT, PARKS AND REC REATION, DISTRICT ATTORNEYS OFFICE AND DISCOVER PACIFIC BEACH EDUCATION IS PROVIDED TO TH E PARTICIPANTS REGARDING THESE QUALITY OF LIFE CRIMES AND THEIR EFFECTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALCOHOL CONSUMPTION AND THE RULES AND REGULATIONS FOR THE BEACH COMMUNITY (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, TRAUMA DEPARTMENT) CAR SEAT CHECK SCRIPPS PROVIDES A SAFETY ASSESSMENT OF THE INSTALLATION OF A CHILDS CARE SEAT OFFE RED AT NO COST TO LOW/MEDIAN INCOME AND REFUGEE FAMILIES (SPONSORED BY SCRIPPS MERCY HOSP ITAL SAN DIEGO) BEHAVIORAL HEALTH BEHAVIORAL HEALTH IS AN IMPORTANT HEALTH NEED BECAUSE IT IMPACTS AN INDIVIDUALS OVERALL HEALTH STATUS AND IS A COMORBIDITY OFTEN ASSOCIATED WITH M ULTIPLE CHRONIC CONDITIONS, SUCH AS DIABETES, OBESITY AND ASTHMA BEHAVIORAL HEALTH ENCOMP ASSES MANY DIFFERENT AREAS INCLUDING MENTAL HEALTH, MENTAL ILLNESS AND SUBSTANCE ABUSE BE CAUSE OF ITS BROADNESS, IT IS OFTEN DIFFICULT TO CAPTURE THE NEED FOR BEHAVIORAL HEALTH SE RVICES WITH A SINGLE MEASURE AN ANALYSIS OF MORTALITY DATA IN SAN DIEGO COUNTY FOUND THAT IN 2012, ALZHEIMERS DISEASE WAS THE THIRD LEADING CAUSE OF DEATH AND INTENTIONAL SELF-HAR M (SUICIDE) WAS THE EIGHTH HOSPITAL EMERGENCY DEPARTMENT ENCOUNTERS AND INPATIENT DISCHAR GE DATA FOR PATIENTS WITH A PRIMARY DIAGNOSIS OF BEHAVIORAL HEALTH-ASSOCIATED ICD 9 CODE I N 2013 WAS USED TO PROVIDE AN OVERVIEW OF MAIN REASONS INDIVIDUALS SOUGHT CARE RELATED TO BEHAVIORAL HEALTH BY AGE GROUP A SUMMARY OF THE TRENDS FOUND WERE AS FOLLOWS - OSHPD ED DISCHARGE DATA ANXIETY DISORDERS WERE THE TOP PRIMARY DIAGNOSIS FOR ED DISCHARGE AMONG TH OSE AGED 5 THROUGH 44 AND THOSE 65 AND OLDER FOR THOSE AGED 45-64, THE TOP ED DISCHARGE F OR BEHAVIORAL HEALTH WAS ALCOHOL-RELATED DISORDER FOLLOWED BY ANXIETY AND MOOD DISORDERS ALCOHOL RELATED DISORDERS WAS THE NUMBER TWO PRIMARY DIAGNOSIS FOR DISCHARGE FOR THOSE AGE D 15 THROUGH 44 AND THOSE 65 YEARS AND OLDER - OSHPD INPATIENT DISCHARGE DATA REVEALED TH AT WHEN EXAMINING THE ICD 9 CODES RELATED TO BEHAVIORAL HEALTH, 'MOOD DISORDERS' WAS THE T OP PRIMARY DIAGNOSIS FOR INPATIENT DISCHARGE FOR AGES 5 THROUGH 24 AND 45 AND OVER FOR TH OSE AGED 25 THROUGH 44, THE TO

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FORM 990, PART III, LINE 4A (CONTINUED)	P BEHAVIORAL HEALTH PRIMARY DIAGNOSIS WAS 'SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS' FO LLOWED BY MOOD DISORDERS - FEEDBACK FROM THE BEHAVIORAL HEALTH DISCUSSIONS IN THE 2016 CH NA FOUND THAT HIGH RATES OF PSYCHOTIC DISCHARGES IN AGES 25 TO 44 WERE LIKELY LINKED TO UN DERLYING SUBSTANCE ABUSE PROBLEMS ALTHOUGH PARTICIPANTS AGREED WITH THE FINDINGS, IT WAS FOUND THAT HOSPITAL CODING MAY POTENTIALLY UNDERREPRESENT THE PREVALENCE OF UNDERLYING ISS UES AND MISS CERTAIN CONDITIONS MOST NOTABLY MISSING FROM OSHPD DATA WAS DEVELOPMENTAL DI SORDERS THE GROUPS ALSO POINTED OUT THE IMPORTANCE OF EMERGING DATA TRENDS IN RECENT YEA RS, DISCUSSION PARTICIPANTS CITED A SIGNIFICANT INCREASE IN DRUG-RELATED DISCHARGES, PARTI CULARLY METHAMPHETAMINE (~OVER 100%) IN THE 2016 CHNA MENTAL HEALTH ISSUES AND ALCOHOL/DR UG ABUSE ISSUES WERE CONSISTENTLY SELECTED BY THE HIGHEST NUMBER OF HHSA SURVEY PARTICIPAN TS IN ALL REGIONS AS HEALTH PROBLEMS THAT HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HE ALTH IN ADDITION, AGING CONCERNS INCLUDING ALZHEIMERS DISEASE WAS CITED AMONG THE TOP FIV E MOST IMPORTANT HEALTH NEEDS IN ALL REGIONS IN SDC EXCEPT THE CENTRAL REGION THE FOLLOWI NG CATEGORIES WERE FOUND TO BE IMPORTANT HEALTH NEEDS WITH BEHAVIORAL HEALTH IN SDC - ALZ HEIMERS DISEASE (SENIORS) - ANXIETY (ALL AGE GROUPS) - DRUG AND ALCOHOL ISSUES (TEENS AND ADULTS) - MOOD DISORDERS (ALL AGE GROUPS) ANXIETY ANXIETY IS A NORMAL REACTION TO STRESS BUT CAN BECOME EXCESSIVE, DIFFICULT TO CONTROL, AND ULTIMATELY INTERFERE WITH NORMAL DAY-T O-DAY LIVING THERE ARE WIDE VARIETY OF ANXIETY DISORDERS INCLUDING POST-TRAUMATIC STRESS DISORDER NATIONAL PREVALENCE DATA ESTIMATES THAT 18% OF THE POPULATION HAD AN ANXIETY DIS ORDER, WITH PHOBIAS AND GENERALIZED ANXIETY BEING THE MOST COMMON IN SAN DIEGO COUNTY, TH ERE HAS BEEN A STEADY INCREASE IN THE RATE OF ED DISCHARGES WITH A PRIMARY DIAGNOSIS OF AN XIETY IN PARTICULAR, THERE HAS BEEN A 64 2% INCREASE IN CHILDREN UP TO AGE 14 FROM 25 PER 100,000 IN 2010 TO 41 PER 100,000 IN 2013 SUBSTANCE ABUSE THE SUBSTANCE ABUSE AND MENTA L HEALTH SERVICES ADMINISTRATION (SAMHSA) DEFINES SUBSTANCE USE DISORDERS AS THE RECURRENT USE OF ALCOHOL AND/OR DRUGS WHICH CAUSES CLINICALLY AND FUNCTIONALLY SIGNIFICANT IMPAIRME NT, SUCH AS HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WOR K, SCHOOL, OR HOME THE PERCENTAGE OF ADULTS AGED 18 AND OLDER IN SAN DIEGO COUNTY WHO SEL F-REPORT HEAVY ALCOHOL CONSUMPTION (DEFINED AS MORE THAN TWO DRINKS PER DAY ON AVERAGE FOR MEN AND ONE DRINK PER DAY ON AVERAGE FOR WOMEN) IS 17 2%, ADDITIONALLY, 12 1% REPORTED CU RRENTLY SMOKING CIGARETTES SOME DAYS OR EVERY DAY ACCORDING TO THE BRFSS ACUTE SUBSTANCE A BUSE HOSPITALIZATION RATES INCREASED 37 4% FROM 2010 TO 2013 AND INCREASED MOST AMONG 15-2 4 YEAR OLDS (58%) ACUTE ALCOHOL HOSPITALIZATION RATES GREW MOST AMONG 25-44 YEAR OLDS WIT H A 45 9% INCREASE BETWEEN 2010 AND 2013 FINALLY, CHRONIC ALCOHOL ED VISITS AMONG SENIORS AGED 65 AND OLDER INCREASED 8

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FORM 990, PART III, LINE 4A (CONTINUED)	9 7% DURING THE SAME PERIOD ALZHEIMERS DISEASE ALZHEIMERS IS THE MOST COMMON FORM OF DEM ENTIA ALTHOUGH ALL DEMENTIAS ARE CHARACTERIZED BY A DECLINE IN MEMORY, THINKING SKILLS, AN D ABILITY TO PERFORM EVERY DAY ACTIVITIES ACCORDING TO THE 2015 SAN DIEGO COUNTY SENIOR HE ALTH REPORT, ROUGHLY 60,000 INDIVIDUALS IN SAN DIEGO ARE LIVING WITH ALZHEIMERS DISEASE OR OTHER DEMENTIA (ADOD) IN 2012 IT IS PROJECTED THAT THE NUMBER OF SAN DIEGO ADULTS AGED 5 5 AND OLDER WITH ADOD WILL INCREASE BY 55 9% BETWEEN 2012 AND 2030 THE LARGEST MAJORITY O F INDIVIDUALS LIVE IN THE EAST REGION THOUGH THE LARGEST PERCENTAGE IS PROJECTED IN THE NO RTH CENTRAL ADOD ALSO AFFECTS CAREGIVERS PHY SICALLY AND EMOTIONALLY SO SIGNIFICANT INCREA SES IN THE NUMBER OF PEOPLE LIVING WITH ADOD WILL HAVE AN IMPACT THAT EXTENDS BEY OND THOSE AFFECTED MOOD DISORDERS MOOD DISORDERS ARE PARTICULARLY PREVALENT IN THE COMMUNITY AND INCREASING DATA FROM THE CENTERS FOR MEDICARE AND MEDICAID SHOW THAT AMONG THE FEE-FOR-SE RVICE POPULATION, 14 5% SUFFER FROM DEPRESSION COMPARED TO 13 4% IN CALIFORNIA IN 2012 IN ADDITION, AN ANALY SIS OF OSHPD DATA SHOWS THAT THE RATE OF ED DISCHARGES PER 100,000 INDI VIDUALS WITH A PRIMARY DIAGNOSIS OF MOOD DISORDERS INCREASED BY 38 7% FROM 2010 TO 2013 FO R CHILDREN UP TO AGE 14, HOSPITALIZATIONS ALSO WENT UP BY 26 8% IN THIS AGE GROUP MOOD DI SORDERS ARE OFTEN ASSOCIATED WITH COMORBIDITIES INCLUDING DIABETES, OBESITY AND ASTHMA SU ICIDE IS ALSO AN INDICATOR OF POOR MENTAL HEALTH AND IS ONE OF THE MAJOR COMPLICATIONS OF DEPRESSION IN SAN DIEGO COUNTY, THE SUICIDE RATE ACCORDING TO THE CALIFORNIA DEPARTMENT O F PUBLIC HEALTH IS 11 3 PER 100,000 POPULATION WHICH IS ABOVE THE STATE SUICIDE RATE OF 9 8 PER 100,000 AND ABOVE THE HP2020 BENCHMARK OF 10 2 PER 100,000 POPULATION IT IS ALSO TH E EIGHTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY WHEN ADJUSTING FOR RACE/ETHNICITY, NO N-HISPANIC WHITES ARE MORE LIKELY TO COMMIT SUICIDE FOLLOWED BY NATIVE HAWAIIAN/PACIFIC IS LANDERS COMPARING SUICIDE RATES BY RACE, NON-HISPANIC, BLACK, ASIAN, NATIVE HAWAIIAN/PACI FIC ISLANDERS, AND THOSE OF MULTIPLE RACES WERE ALL ABOVE STATE LEVELS MENTAL AND BEHAVIO R HEALTH COVERS A BROAD RANGE OF TOPICS - SUBSTANCE ABUSE AND MISUSE ARE ONE SET OF BEHAV IORAL HEALTH PROBLEMS OTHERS INCLUDE (BUT NOT LIMITED TO) SERIOUS PSY CHOLOGICAL DISTRESS, SUICIDE, AND MENTAL ILLNESS - BARRIERS CAN EXIST FOR PATIENTS ACROSS THE LIFESPAN THE N ATIONAL SURVEY FOR CHILDRENS HEALTH (HRSA, 2010) SHOWED THAT AMONG CHILDREN WITH EMOTIONAL , DEVELOPMENTAL, OR BEHAVIORAL CONDITIONS, 45 6% WERE RECEIVING NEEDED MENTAL HEALTH SERVI CES - IN 2014, AMONG THE 20 2 MILLION ADULTS WITH A PAST YEAR SUBSTANCE USE DISORDER, 7 9 MILLION (39 1%) HAD ANY MENTAL ILLNESS IN THE PAST YEAR DEPRESSION - DEPRESSION IS THE LEADING CAUSE OF DISABILITY WORLDWIDE AND IS A MAJOR CONTRIBUTOR OF GLOBAL BURDEN OF DISEA SE - IN 2014, 11 4% OF ADOLESCENTS AGED 12 TO 17 HAD A MAJOR DEPRESSIVE EPISODE THE PERC ENTAGE WHO USED ILLICIT DRUGS

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH BEHAVIORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SUFFERING FROM ACUTE PSYCH IATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO T HEMSELVES OR OTHERS IN SUCH CASES, HOSPITALIZATION MAY BE THE MOST APPROPRIATE ALTERNATIV E. THE BEHAVIORAL HEALTH INPATIENT PROGRAM AT SCRIPPS MERCY HOSPITAL HELPS PATIENTS AND TH EIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNESS AND RESUME THEIR DAIL Y LIVES CHALLENGES - LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE WITH THE COST TO PROVIDE CARE - IN 2016, T HE SCRIPPS MERCY BEHAVIORAL HEALTH PROGRAM LOST $2 9 MILLION - IN 2016, 1 9 PERCENT OF PA TIENTS IN THE INPATIENT UNIT WERE UNINSURED BEHAVIORAL HEALTH OUTPATIENT PROGRAMS SCRIPPS BEHAVIORAL HEALTH ENTERED INTO AN AGREEMENT IN MAY 2016 TO TRANSITION THE INTENSIVE BEHAV IORAL HEALTH OUTPATIENT PROGRAM TO THE FAMILY HEALTH CENTERS OF SAN DIEGO AND EXPAND OUTPA TIENT BEHAVIORAL HEALTH OFFERINGS TO THE POPULATION SERVED SCRIPPS MERCY AND FAMILY HEALT H CENTERS BEHAVIORAL HEALTH PARTNERSHIP SCRIPPS MERCY HAS ESTABLISHED AN INITIATIVE WITH F AMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) TO CREATE A MORE ROBUST BEHAVIORAL HEALTH CARE S YSTEM FOR MEDI-CAL PATIENTS THAT RECEIVE CARE AT SMH THE GOAL IS TO STRENGTHEN THE CONTIN UUM OF INTEGRATED PRIMARY AND MENTAL HEALTH SERVICES FOR PATIENTS DISCHARGED FROM VARIOUS HOSPITAL SETTINGS (MEDICAL AND BEHAVIORAL HEALTH INPATIENT AND EMERGENCY CARE) THROUGH A V ARIETY OF TIMELY PATIENT ENGAGEMENT STRATEGIES INCLUDING THE EXPANSION OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES ADJACENT TO THE HOSPITAL THE ULTIMATE GOAL IS TO INVOLVE PATIE NTS IN APPROPRIATE OUTPATIENT CARE BEFORE THEIR BEHAVIORAL HEALTH ISSUES BECOME ACUTE SO T HEY DO NOT RETURN TO THE EMERGENCY DEPARTMENT MENTAL HEALTH OUTREACH SERVICES, A-VISONS V OCATIONAL TRAINING PROGRAM BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNE RSHIP WITH THE SAN DIEGO CHAPTER OF MENTAL HEALTH OF AMERICA ESTABLISHED THE A-VISONS VOCA TIONAL TRAINING PROGRAM (SOCIAL REHABILITATION AND PREVOCATIONAL SERVICES FOR PEOPLE LIVIN G WITH MENTAL ILLNESS) TO HELP DECREASE THE STIGMA OF MENTAL ILLNESS AND OFFER VOLUNTEER A ND EMPLOYMENT OPPORTUNITIES TO PERSONS WITH MENTAL ILLNESS THIS SUPPORTIVE EMPLOYMENT PRO GRAM PROVIDES VOCATIONAL TRAINING FOR PEOPLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALL Y LEADING TO GREATER INDEPENDENCE. THIS YEAR, BEHAVIORAL HEALTH SERVICES CONTINUED PARTICI PATING IN THE A-VISIONS PROGRAM SINCE ITS INCEPTION, 484 CLIENTS HAVE BEEN ENROLLED AND 9 1 HAVE BEEN SCRIPPS VOLUNTEERS AND 46 HAVE BEEN EMPLOYED AT SCRIPPS HEALTH CURRENTLY, THE RE ARE A TOTAL OF 29 ACTIVE CANDIDATES, 25 EMPLOYEES AND FOUR VOLUNTEERS PARTICIPATING IN THIS SUPPORTIVE EMPLOYMENT PROGRAM A-VISIONS PARTICIPANTS HAVE BEEN EMPLOYED ON A CASUAL/ PER DIEM BASIS BY SCRIPPS ENVIRONMENTAL SERVICES, FOOD SERVICES AND CLERICAL SUPPORT FOR H EALTH AND INFORMATION SERVICES

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FORM 990, PART III, LINE 4A (CONTINUED)	, EMERGENCY SERVICES, NURSING RESEARCH, HUMAN RESOURCES AND PALLIATIVE CARE SERVICES PAID A-VISIONS CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHICH ALLOWS THE M TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFITS, MEDICATIONS AND ONGOING BEHAVIORAL HEALTHCARE THAT SUPPORTS THEIR WORK INCREASING AWARENESS OF MENTAL HEALTH ISSUES IN FISCA L YEAR 2016, SCRIPPS BEHAVIORAL HEALTH SERVICES IMPROVED AWARENESS OF MENTAL HEALTH ISSUES BY PROVIDING INFORMATION AND SUPPORTIVE SERVICES FOR MORE THAN 1,000 PEOPLE AT COMMUNITY EVENTS (SPONSORED BY SCRIPPS MERCY BEHAVIORAL HEALTH DEPARTMENT) COMMUNITY HEALTH IMPROVE MENT PARTNERS (CHIP) AND SUICIDE PREVENTION COUNCIL SCRIPPS IS A STRONG PARTNER OF CHIP C HIP TRAINED APPROXIMATELY 8,000 COMMUNITY MEMBERS IN SUICIDE PREVENTION TO HELP ADDRESS RI SING RATES OF SUICIDE IN THE COUNTY PSYCHIATRIC LIAISON TEAM (PLT) THE PSYCHIATRIC LIAISO N TEAM IS A MOBILE PSYCHIATRIC ASSESSMENT TEAM CLINICIANS PROVIDE MENTAL HEALTH EVALUATIO N AND TRIAGE SERVICES TO ACCURATELY ASSESS PATIENTS AND PROVIDE THEM WITH BEST AND SAFEST COMMUNITY RESOURCES TO PROMOTE ONGOING CARE. THE TEAM AIMS TO HELP PEOPLE ADHERE TO TREATM ENT PLANS, REDUCE HOSPITAL READMISSION RATES, RELIEVE SYMPTOMS AND ULTIMATELY ENSURE THE L ONG-TERM STABILIZATION OF THE PATIENTS MENTAL HEALTH SCRIPPS WILL CONTINUE TO PROVIDE A D EDICATED PSYCHIATRIC LIAISON TEAM AT ALL SCRIPPS HOSPITALS EMERGENCY DEPARTMENTS AND URGEN T CARE SETTINGS (RANCHO BERNARDO AND TORREY PINES) SCRIPPS DRUG AND ALCOHOL RESOURCES NUR SES SCRIPPS HAS IMPLEMENTED THE ROLE OF A MOBILE GROUP OF SPECIALLY TRAINED DRUG AND ALCOH OL RESOURCE NURSES THAT PROVIDE EDUCATION, INTERVENTIONS AND DISCHARGE PLACEMENT ASSISTANC E TO PATIENTS IN THE SCRIPPS HOSPITALS THE RESOURCE NURSES WORK DIRECTLY WITH THE NURSING STAFF AT EACH OF THE HOSPITALS IN SEARCH OF PATIENTS WHO MAY BE AT RISK FOR ALCOHOL/DRUG WITHDRAWAL AND ASSIST WITH IMPLEMENTING A STANDARDIZED PROTOCOL WITHDRAWAL PROCESS THROUG H A CONTRACT WITH VOLUNTEERS OF AMERICA (VOA), THE SCRIPPS RESOURCE NURSE IN COLLABORATION WITH CASE MANAGEMENT IS ABLE TO OFFER A LIMITED NUMBER PATIENTS IN NEED OF DETOX RESIDENT IAL PLACEMENT AT THE VOA FACILITY IN NATIONAL CITY MI PUENTE/MY BRIDGE-SCRIPPS MERCY HOSP ITAL CHULA VISTA INDIVIDUALS OF LOW SOCIOECONOMIC (SES) AND ETHNIC MINORITY STATUS, INCLUD ING HISPANICS, THE LARGEST U S ETHNIC MINORITY GROUP ARE DISPROPORTIONATELY BURDENED BY C HRONIC CARDIOVASCULAR AND METABOLIC CONDITIONS ("CARDIOMETABOLIC" E G OBESITY, DIABETES, HYPERTENSION, HEART DISEASE) HIGH LEVELS OF UNMET BEHAVIORAL HEALTH IN THIS POPULATION CO NTRIBUTE TO STRIKING DISPARITIES IN DISEASE PREVALENCE AND OUTCOMES MI PUENTE APPLIES A R N PLUS VOLUNTEER APPROACH, AND BUILDS UPON A STRONG COLLABORATIVE PARTNERSHIP BETWEEN INPA TIENT ("REFERRING") AND OUTPATIENT ("RECEIVING") CARE SETTINGS MI PUENTE AIMS TO IMPROVE CONTINUITY OF CARE AND ADDRESS THE (PHYSICAL AND BEHAVIORAL) HEALTH NEEDS OF THE AT-RISK H ISPANIC POPULATION THIS PROGR

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FORM 990, PART III, LINE 4A (CONTINUED)	AM HOLDS PROMISE FOR IMPACTFUL EXPANSION TO OTHER CONDITIONS AND UNDERSERVED POPULATIONS (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES IS AN INTEGRATE D, INTERDISCIPLINARY APPROACH TO MANAGING THE EMOTIONAL AND BEHAVIORAL NEEDS OF INDIVIDUAL S WITH TYPE 1 AND TYPE 2 DIABETES THE COLLOCATION OF MEDICAL AND BEHAVIORAL HEALTH SERVIC ES IN THE SAME FACILITY ALLOW FOR CONVENIENT, WARM HAND-OFF FROM PHYSICIAN TO BEHAVIORAL H EALTH SPECIALIST IT ALSO AFFORDS OPPORTUNITIES FOR PHYSICIANS, DIABETES EDUCATORS AND OTH ERS TO RECEIVE CONSULTATION ON BEHAVIORAL HEALTH CONCERNS, AND IN TURN, MORE COMPREHENSIVE LY ADDRESS THE MULTI-FACETED NEEDS OF THEIR PATIENTS WITH DIABETES (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) GUIDING VETERANS TO MENTAL HEALTH SERVICES SAN DIEGO IS HOME TO MORE THAN 250,000 VETERANS A SUBSTANTIAL NUMBER OF OUR SERVICE MEMBERS HAVE SUFFERED O R ARE STRUGGLING WITH POST-TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL CONDITIONS RELATED TO MILITARY SERVICE AND REPEATED DEPLOYMENTS PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, SCRIPPS IS ACTIVELY WORKING TO ASSIST THESE VETERANS THROUGH INFORMATIONAL SESSIONS DESIGNED TO IMPROVE KNOWLEDGE OF VETERANS MENTAL HEALTH ISS UES AND ACCESS TO COMMUNITY-BASED SERVICES SCRIPPS IS WORKING WITH SAN DIEGO STATE UNIVER SITY TO IMPLEMENT A VETERANS MENTAL HEALTH COURSE IN THE SOCIAL WORK DEPARTMENT (SPONSORE D BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) MENTAL HEALTH SUPPORT SERVICE S AT LOCAL SCHOOL-BASED CLINICS SCRIPPS FAMILY MEDICINE RESIDENCY AND SCRIPPS MERCY HOSPIT AL CHULA VISTA WELL-BEING CENTER HAVE PARTNERED TO OFFER CLINICAL TRAINING OPPORTUNITIES F OR MASTER SOCIAL WORK STUDENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOUTHWEST AN D PALOMAR HIGH SCHOOLS THESE STUDENTS WORK WITH LOCAL PROVIDERS THAT ADDRESS THE MENTAL H EALTH NEEDS OF VULNERABLE ADOLESCENTS A VARIETY OF MENTAL HEALTH ISSUES ARE PRESENT FOR L OCAL HIGH SCHOOL STUDENTS MANY OF THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND SUICIDE RE LATED CONCERNS THE PROGRAM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-BASED CLINIC APPROXIMATELY 240 HOURS WERE SPENT IN THE SCHOOL-BASED CLI NICS OFFERING SERVICES FOR ADOLESCENTS TO AN AVERAGE OF 12 STUDENTS PER WEEK (SPONSORED B Y SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) LATINOS Y LATINAS EN ACCIN LATIN OS Y LATINAS EN ACCIN IS AN ORGANIZATION THAT WORKS WITH THE LATINO COMMUNITY THROUGH EDUC ATION ON RIGHTS AND HEALTH OPPORTUNITIES THE NEED FOR MENTAL HEALTH COUNSELING WAS IDENTI FIED IN THE LATINO COMMUNITY SO A SERIES OF CLASSES WERE FORMULATED TO MEET THE IDENTIFIED NEEDS OF LATINOS IN CENTRAL SAN DIEGO THE SERIES WAS CALLED "EMOTIONAL HEALING TO MAINTA IN EMOTIONAL HEALTH" THE SIX WEEK SERIES INCLUDED THE FOLLOWING TOPICS ANXIETY, DEPRESSI ONS, STRESS, CO-DEPENDENCY, EM

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FORM 990, PART III, LINE 4A (CONTINUED)	FOOD INSECURITY FOOD INSECURITY WAS PRIORITIZED AS THE NUMBER ONE SOCIAL DETERMINANTS OF H EALTH IN THE 2016 CHNA FOOD INSECURITY IS THE INABILITY TO AFFORD ENOUGH FOOD FOR AN ACTI VE, HEALTHY LIFE ONE IN SIX SAN DIEGANS ARE "FOOD INSECURE" AN ESTIMATED 485,521 SAN DIE GO COUNTY RESIDENTS, OR 15 7 PERCENT OF THE COUNTY'S POPULATION, DO NOT HAVE ENOUGH FOOD FO R AN ACTIVE, HEALTHY LIFE THE CALFRESH PROGRAM, FEDERALLY KNOWN AS THE SUPPLEMENTAL NUTRI TION ASSISTANCE PROGRAM (SNAP), ISSUES MONTHLY ELECTRONIC BENEFITS THAT CAN BE USED TO BUY FOODS AT PARTICIPATING MARKETS AND STORES MORE THAN 290,000 SAN DIEGANS RECEIVE CALFRESH STUDIES DEMONSTRATE THAT HUNGER SIGNIFICANTLY IMPACTS HEALTH LACK OF ACCESS TO HEALTHY FOOD, OFTEN DUE TO AVAILABILITY AND COST, ARE STRESSORS THAT CONTRIBUTE TO DIABETES, HEART DISEASE, OBESITY, AND OTHER BEHAVIORAL HEALTH ISSUES IN A MYRIAD OF WAYS - FOOD INSURE A DULTS WITH DIABETES HAVE HIGHER AVERAGE BLOOD SUGARS - FOOD INSURE ADULTS ARE MORE LIKELY TO BE OBESE - FOOD INSECURITY IS SIGNIFICANTLY MORE PREVALENT IN ADULTS WITH MOOD DISORD ERS - FOOD INSECURITY IS ASSOCIATED WITH INCREASED RISK OF SUICIDAL THOUGHTS AND SUBSTANC E ABUSE IN ADOLESCENTS - FOOD INSECURE SENIORS HAVE A SIGNIFICANTLY HIGHER LIKELIHOOD OF HEART DISEASE, DEPRESSION AND LIMITED ACTIVITIES OF DAILY LIVING - FOOD INSECURE ADULTS D ELAY BUYING FOOD IN ORDER TO PURCHASE MEDICATIONS THE CITY HEIGHTS WELLNESS CENTER (CHWC) HOSTS ELIGIBILITY WORKERS FROM LA MAESTRA FAMILY CLINIC ARE AVAILABLE TO COUNSEL PEOPLE A ND ASSIST FILLING OUT APPLICATIONS FOR FOOD STAMP ASSISTANCE CHWC NOT ONLY PROVIDES THE N EEDED SPACE FOR THE ACTIVITY, BUT ALSO ACTIVELY PARTICIPATES BY DEVELOPING OUTREACH FLYERS , SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS APPLICATIONS AND ASSISTANCE FOR CALFRESH TO SUPPLEMENT FOOD BUDGET AND ALLOW FAMILIES/INDIVIDUALS TO BUY N UTRITIOUS FOOD HEALTH INSURANCE ENROLLMENT ASSISTANCE ASSIST COMMUNITY MEMBERS WITH HEALT H INSURANCE ELIGIBILITY AND APPLICATIONS HEALTH EDUCATION AND PARENTING CLASSES WORKING WI TH A VARIETY OF COMMUNITY-BASED ORGANIZATION, THE CHWC PROVIDES A BROAD ARRAY OF HEALTH ED UCATION, PARENTING, NUTRITION AND COOKING CLASSES SCRIPPS MERCY WIC PROGRAM THE CHWC IS H OME TO THE SMH-WIC PROGRAM THAT PROVIDES NUTRITION EDUCATION AND COUNSELING, BREASTFEEDING EDUCATION AND SUPPORT AND FOOD VOUCHERS TO PREGNANT AND PARENTING WOMEN, AND CHILDREN 0-5 YEARS OF AGE IN ADDITION TO THE CHNA AND IMPLEMENTATION PLAN, SCRIPPS HEALTH WILL CONTIN UE TO MEET COMMUNITY NEEDS BY PROVIDING CHARITY CARE AND UNCOMPENSATED CARE, PROFESSIONAL EDUCATION AND COMMUNITY BENEFIT PROGRAMS SCRIPPS OFFERS COMMUNITY BENEFIT SERVICES THROUG H OUR FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH SERVICES, WELLNESS CENTERS AND CLINIC S SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY POPULATION, CONCENTRATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH REGIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED UNCOMP

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FORM 990, PART III, LINE 4A (CONTINUED)	ENSATED HEALTH CARE SCRIPPS CONTRIBUTES SIGNIFICANT RESOURCES TO PROVIDE LOW AND NO-COST H EALTH CARE FOR OUR PATIENTS IN NEED DURING FISCAL YEAR 2016, SCRIPPS CONTRIBUTED $335,093 ,576 IN UNCOMPENSATED HEALTH CARE, INCLUDING $23,824,941 IN CHARITY CARE, $304,933,898 IN MEDI- CAL AND MEDICARE SHORTFALL, AND $6,334,737 IN BAD DEBT SCRIPPS PROVIDES HOSPITAL SE RVICES FOR ONE-QUARTER OF THE COUNTY'S UNINSURED PATIENTS SCRIPPS MERCY HOSPITAL, SAN DIE GO AND SCRIPPS MERCY HOSPITAL, CHULA VISTA PROVIDE 57 PERCENT OF SCRIPPS' CHARITY CARE TH E HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUN ITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERV ED COMMUNITIES FINDING MO RE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E.G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEG O COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMB INED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ABSO RB THE COST OF CARING FOR UNINSURED PATIENTS IN THEIR OPERATING BUDGETS THIS PLACES A SIG NIFICANT FINANCIAL BURDEN ON HOSPITALS AND PHYSICIANS DEMOGRAPHIC PROFILE OF SAN DIEGO CO UNTY CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPU LATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMP ORTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS POPULATION OVER THREE MILLION PEOP LE (3,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BURE AU AMERICAN COMMUNITY SURV EY 2009-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AR EA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULAT ION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULA TION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATI ON IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POP ULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATE S (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDEN TIFIED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%) , FOLLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HIS PANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MUL

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FORM 990, PART III, LINE 4A (CONTINUED)	TIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) SAN DIEGOS UNINSURED THE LACK OF HEALTH INSURANC E IS CONSIDERED A KEY DRIVER OF HEALTH STATUS BETWEEN 2010 AND 2013 UNINSURED RATE WAS RE LATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN 2014, THE UNI NSURED RATE SHARPLY DECREASED TO 12 3% WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CA RE ACT (ACA) THE CHANGING LANDSCAPE UNDER THE AFFORDABLE CARE ACT* THE AFFORDABLE CARE AC T (ACA) HAS PLAY ED A SIGNIFICANT ROLE IN INCREASING ACCESS TO HEALTHCARE IN 2014, A NUMBE R OF CHANGES TOOK EFFECT IN CALIFORNIA INCLUDING - THE EXPANSION OF MEDI-CAL TO INDIVIDUA LS MAKING LESS THAN 138% OF THE POVERTY LEVEL - THE ESTABLISHMENT OF COVERED CALIFORNIA FO R INDIVIDUALS WHO MAKE UP TO 400% OF THE POVERTY LEVEL TO PURCHASE SUBSIDIZED HEALTH INSUR ANCE - THE ELIMINATION OF DISCRIMINATION DUE TO PRE-EXISTING CONDITIONS - THE REQUIREMENT TO OBTAIN HEALTH INSURANCE COVERAGE THESE HEALTHCARE REFORMS HAVE RESULTED IN A LARGE NUMB ER OF NEWLY INSURED INDIVIDUALS RECENT DATA FROM THE US CENSUS BUREAU DEMONSTRATES THE FO LLOWING CHANGES IN COVERAGE AS OF 2014 - DECREASE IN THE PERCENTAGE OF UNINSURED OVERALL IN THE US FROM 13 3% IN 2013 TO 10 4% IN 2014 - DECREASE IN THE PERCENTAGE OF UNINSURED CH ILDREN UNDER AGE 19 FROM 7 5% TO 6 2% - DECREASE IN THE PERCENTAGE OF UNINSURED ACROSS ETH NIC GROUPS TO 19 9%, 11 8%, 9 3% AND 7 6% FOR HISPANICS, BLACKS, ASIANS, AND NON-HISPANICS WHITES, RESPECTIVELY STILL, DISCREPANCIES REMAIN WITH THOSE AGED 19-64 LEAST LIKELY TO B E INSURED AND ROUGHLY 1 IN 5 HISPANICS STILL LACKING HEALTH INSURANCE (*SOURCE SMITH, JE SSICA C AND CARLA MEDALIA, U S CENSUS BUREAU, CURRENT POPULATION REPORTS, P60-253, HEALT H INSURANCE COVERAGE IN THE UNITED STATES 2014, U S GOVERNMENT PRINTING OFFICE, WASHINGT ON, DC, 2015) THERE ARE THREE INDICATORS DETERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH POVERTY RATE, PERCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINM ENT LOW-INCOME, UNINSURED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RI SK FOR POOR HEALTH STATUS FIVE-YEAR ESTIMATES FROM THE 2009-2013 AMERICAN COMMUNITY SURVE Y (ACS) SHOW HOW THESE INDICATORS IMPACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FA CTORS IS IMPORTANT FOR IDENTIFY ING COMMUNITIES WITH THE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES POVERTY WITHIN SDC, 14 5% OR 441,648 INDIVIDUALS ARE LIVING IN HOUSEH OLDS WITH INCOME BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) FOR CHILDREN 0-17, THE PER CENTAGE LIVING 100% BELOW THE FPL INCREASES TO 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% P OVERTY LEVEL IS $20,090 PER YEAR POVERTY CREATES BARRIERS TO ACCESSING SERVICES THAT PROM OTE WELL-BEING INCLUDING HEALTH SERVICES, HEALTHY FOOD, AND OTHER NECESSITIES THAT CONTRIB UTE TO IMPROVED HEALTH STATUS

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FORM 990, PART III, LINE 4A (CONTINUED)	UNEMPLOYMENT ACCORDING TO THE BUREAU OF LABOR STATISTICS, TOTAL UNEMPLOYMENT IN SDC FOR T HE MONTH OF JULY 2015 WAS 106,822, OR 6 9%, OF THE CIVILIAN NON-INSTITUTIONALIZED POPULATI ON AGE 16 AND OLDER (NON-SEASONALLY ADJUSTED) UNEMPLOYMENT CREATES FINANCIAL INSTABILITY AND BARRIERS TO ACCESSING NECESSITIES SUCH AS HEALTH SERVICES AND HEALTHY FOOD THAT CONTRI BUTE TO IMPROVED HEALTH STATUS FINANCIAL ASSISTANCE ASSISTING LOW-INCOME, UNINSURED PATIE NTS ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS CO NSISTENT WITH THE LANGUAGE OF BOTH STATE (AB774) CALIFORNIA HOSPITAL FAIR PRICING POLICY L EGISLATION AND THE INTERNAL REVENUE CODE (IRC) 501(R) REGULATIONS THESE PRACTICES REFLECT OUR COMMITMENT TO ASSISTING LOW-INCOME AND UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CH ARGES, CHARITY CARE AND FLEXIBLE BILLING AND DEBT COLLECTION PRACTICES THESE PROGRAMS ARE AVAILABLE TO EVERYONE IN NEED, REGARDLESS OF THEIR RACE, ETHNICITY, GENDER, RELIGION OR N ATIONAL ORIGIN SCRIPPS MAKES EVERY EFFORT TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINAN CIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHE N NEEDED IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDEN CES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS FORGIVES THE ENTIRE BILL FOR THOSE PATIEN TS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, A PORTION OF THE BILL IS FORGIVEN PATIENT S WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT CHARGED MORE THAN SCRIPPS DISCOUNTED FINANC IAL ASSISTANCE AMOUNT FOR 2016, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES DEFINED A FAM ILY OF FOUR'S 200 PERCENT FEDERAL POVERTY LEVEL AS $48,600 PROFESSIONAL EDUCATION & HEALT H RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AND MEDIC AL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS, OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, TH E QUALITY OF HEALTH CARE WILL BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORT ANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND INNOVATIVE TREA TMENTS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLI NICAL RESEARCH, MEDICAL EDUCATION AND HEALTH PROFESSIONAL EDUCATION DURING FISCAL YEAR 20 16 (OCTOBER 2015 TO SEPTEMBER 2016), SCRIPPS INVESTED $24,201,857 IN PROFESSIONAL TRAINING PROGRAMS AND CLINICAL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES IN SAN DIEGO COUNTY THIS SECTION HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AND HEALTH RESEA RCH ACTIVITIES HEALTH PROFESSIONS TRAINING INTERNSHIPS SCRIPPS' COMMITMENT TO ONGOING LE ARNING AND HEALTH CARE EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR INTERNSHIP PROGRAMS HELP PROMOTE HEALTH CARE CARE

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FORM 990, PART III, LINE 4A (CONTINUED)	ERS TO A NEW GENERATION, SHAPE THE FUTURE WORKFORCE AND DEVELOP FUTURE LEADERS IN OUR COMM UNITY INTERACTING WITH HEALTH CARE PROFESSIONALS IN THE FIELD EXPANDS EDUCATION OUTSIDE T HE CLASSROOM SCRIPPS EMPLOYEES PLAY AN IMPORTANT ROLE AS PRECEPTORS BY INVESTING THEIR TI ME TO CREATE A VALUABLE EXPERIENCE FOR THE COMMUNITY IN FISCAL YEAR 2016, SCRIPPS HOSTED 2,406 INTERNS WITHIN OUR SYSTEM AND PROVIDED 344,084 DEVELOPMENT HOURS SPANNING NURSING AN D ANCILLARY SETTINGS COLLEGE AND UNIVERSITY AFFILIATIONS SCRIPPS COLLABORATES WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO HELP STUDENTS EXPLORE HEALTH CARE ROLES AND GAI N FIRSTHAND EXPERIENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS SCRIPPS IS AFFILIATED WITH MORE THAN 110 SCHOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PARTNERSHIPS LOCA L SCHOOLS INCLUDE, BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSI TY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), SAN DIE GO STATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY CO LLEGE, GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE. SCRIPPS IS REGULARLY ACC EPTING NEW PARTNERSHIPS, BASED ON COMMUNITY AND WORKFORCE NEEDS, AND MAINTAINS AN AFFILIAT ION AGREEMENT COMMITTEE TO REVIEW ALL REQUESTS AND PROVIDE A SYSTEMWIDE APPROACH TO SECURI NG NEW STUDENTS PLACEMENTS THIS INTERDISCIPLINARY COMMITTEE REPRESENTS EDUCATION AND DEPA RTMENT LEADERSHIP ACROSS THE SCRIPPS SYSTEM ENSURING A PROACTIVE APPROACH TO BUILDING A CA REER PIPELINE FOR TOP TALENT TO ENSURE STUDENTS FROM HEALTH CARE PROFESSIONS PROGRAMS HAV E ACCESS TO APPROPRIATE EDUCATIONAL EXPERIENCES AT SCRIPPS AND FOSTER A SMOOTH, EFFICIENT PROCESS FOR STUDENT PLACEMENT REQUESTS RECEIPT AND MANAGEMENT, SCRIPPS IS A MEMBER OF THE SAN DIEGO NURSING AND ALLIED HEALTH SERVICE EDUCATION CONSORTIUM RESEARCH STUDENTS SCRIPP S SUPPORTS GRADUATE RESEARCH FOR MASTERS AND DOCTORAL STUDENTS AT UNIVERSITIES WITH AFFILI ATION AGREEMENTS SCRIPPS CENTER FOR LEARNING & INNOVATION OVERSEES THE STUDENT PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WHO CONDUCT RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEA LTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY AND NURSING IN FISCAL YEAR 2016, SCRIPPS RESEARCH INCLUDED STUDENTS FROM USD, WESTERN GOVERNORS UNIVERSIT Y, SDSU, PLNU, LOMA LINDA UNIVERSITY AND POSTDOCTORAL PHARMACY RESIDENCY PROGRAMS, INCLUDI NG THE PGY1 PHARMACY RESIDENCY PROGRAM HIGH SCHOOL PROGRAMS SCRIPPS IS DEDICATED TO PROMO TING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH A NUMBER OF HIGH SCHOOLS TO OFF ER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIENCE W ORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS BELOW IS A SUMMARY OF THE HIGH SCHOOL PROGR AMS SCRIPPS MADE AVAILABLE TO THE COMMUNITY SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM HEALT H AND SCIENCE PIPELINE IMITATIVE (HASPI) THIS PROGRAM REACHES OUT TO SCAN DIEGO HIGH SCHOO L STUDENTS INTERESTED IN EXPLO

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FORM 990, PART III, LINE 4A (CONTINUED)	RING A CAREER IN HEALTH CARE. IN FISCAL YEAR 2016, 22 STUDENTS PARTICIPATED IN THE PROGRAM. DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS WERE EXPOSED TO DIFFERENT DEPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUABLE LIFE LESSON ABOUT HEALTH AND HEALING. UC HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVIDE A REAL-LIFE CONTEXT TO THE SCHOOLS HEALTH CARE ESSENTIALS COURSE FOR FISCAL YEAR 2016, SIXTEEN STUDENTS WERE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRING SEMESTER, TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS. UC HIGH STUDENTS VISITED SCRIPPS CLINIC TORREY PINES, CARMEL VALLEY, RANCHO BERNARDO, MERCY SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL LA JOLLA AND GREEN HOSPITAL. THE STUDENTS WERE ABLE TO VIEW SURGERIES AND SHADOWING HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PEDIATRICS, AMBULATORY SERVICES, REHAB THERAPY, PATIENT LOGISTICS, LAB AND TRAUMA. YOUNG LEADER IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HEALTH CARE TARGETS LOCAL HIGH SCHOOLS STUDENTS INTERESTED IN EXPLORING HEALTH CARE CAREERS. STUDENTS GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVIDES A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNITIES. THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEETING AT LOCAL SCHOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS AT SCRIPPS HOSPITAL ENCINITAS. THE PROGRAM MENTORS STUDENTS ON LEADERSHIP AND PROVIDES TOOLS FOR DAILY CHALLENGES. YOUNG LEADERS IN HEALTH CARE ALSO INCLUDES A SERVICE PROJECT TO MEET HIGH SCHOOL REQUIREMENTS AND MAKE A POSITIVE IMPACT ON THE COMMUNITY. THE PROGRAM CLOSES THE YEAR WITH A PRESENTATION ALIGNED WITH THE YEARLY FOCUS. MORE THAN 100 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTATIONS ON TYPES OF CANCER AND TREATMENTS. STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIGIBLE TO APPLY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM. SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS HAVE HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION. SCRIPPS HAS A COMPREHENSIVE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIPPS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL. SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS ARE WELL-RECOGNIZED FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUSES ON PATIENT CENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCLUDING INTERNAL MEDICINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE. SCRIPPS HAS A PHARMACY RESIDENCY PROGRAM WHICH TRAIN RESIDENTS WITH DOCTOR OF PHARMACY DEGREES. IN 2016, SCRIPPS HAD A TOTAL OF 140 RESIDENTS AND 36 FELLOWS ENROLLED THROUGHOUT THE SCRIPPS HEALTH SYSTEM. MORE DETAILS ON THESE PROGRA

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

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FORM 990, PART VI, LINE 12C	COMPLIANCE POLICY MONITORING WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISOR S AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & COMPLIANCE S ERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER EMPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFICIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUSINESS PRACT ICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST COMMI TMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSID E PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLIC T OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMA TION TO THEIR SUPERVISORS AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WI LL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS A ND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSON ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT IS REQUIRED TO COMPLET E AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OCCURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURES REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE DISCLOSU RES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNIT CHIEF EXECUTIVE AND EMPLOYEE 'S SUPERVISOR. LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIOR TO THE ME ETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN APPROPRIATE C OURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEMENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE. COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSING THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO T HE BOARD MINUTES REGARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETER MINATION IS THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INT ERESTED PERSON" UNDER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH AP PLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY T HE COVERED INDIVIDUAL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISC USSION AND VOTING IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSIDE PR OFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISORS AS SOON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CON FLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMI TTEE, AS APPROPRIATE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES - FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - THE BOARD SELECTS THE 65TH PERCENTILE FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I E THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL) - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORTS FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORTS WERE REVIEWED ON JANUARY 27, 2016 AND MARCH 30, 2016 REVIEW AND DISCUSSION OF SUCH REPORTS ARE DOCUMENTED IN THE MINUTES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OTHER (869,241) CHANGE IN VALUE IN DEFERRED GIFTS 514,070 JOINT VENTURES DISTRIBUTION 1,717,551 ROUNDING 1 ---------- TOTAL 1,362,381

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES 339804467

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SVS - NON MED TOTAL FEES 69676115

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 58974901

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 25325055

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER FEES FOR SERVICES TOTAL FEES 26900436

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MAXWELL H & MURIEL GLUCK CHILD CARE CTR 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 35-0504809	CHILDCARE	CA	501(c)(3)	2	SCRIPPS HLTH	Yes	
(2) MERCY HOSPITAL FOUNDATION 10140 CAMPUS POINT COURT SAN DIEGO, CA 92121 94-2958094	FUNDRAISING	CA	501(c)(3)	11,I	SCRIPPS HLTH	Yes	
(3) SCRIPPS HEALTH PLAN SERVICES INC 10140 CAMPUS COURT DRIVE SAN DIEGO, CA 92121 33-0782099	HEALTHCARE SV	CA	501(c)(3)	11,I	SCRIPPS HLTH	Yes	
(4) HORIZON HOSPICE 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0220777	HOSPICE CARE	CA	501(c)(3)	9	SCRIPPS HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SCRIPPS ENCINITAS SURGERY CENTER LLC 15305 DALLAS PARKWAY STE 1600 LB ADDISON, TX 75001 20-5942958	AMBUL SURGERY	CA	SCRIPPS HEALTH	Related	1,820,189	229,120		No	0		No	55 500 %
(2) SCRIPPSUSP SURGERY CENTERS 15305 DALLAS PARKWAY STE 1600 LB ADDISON, TX 75001 20-5942911	AMBUL SURGERY	CA	NA	Related	636,094	1,003,583		No	0		No	50 000 %
(3) SCRIPPS MERCY AMBUL SURGERY CENTER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-0503246	AMBUL SURGERY	CA	SCRIPPS HEALTH	Related	1,000,892	3,279,074		No	0	Yes		73 500 %
(4) SCRIPPS IDN MANAGEMENT LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-4557426	HEALTHCARE SVCS	CA	NA	Related	0	16,126		No	0		No	50 000 %
(5) XIMED MEDICAL CENTER LP 9850 Genesee Ave Ste 900 La Jolla, CA 92037	REAL ESTATE	CA	SCRIPPS HEALTH	RELATED	697,997	3,198,401		No	0	Yes		15 304 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) SCRIPPS HEALTH & HEALING CENTER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-5156965	PATIENT EDUCATION	CA	SCRIPPS HEALTH	C Corp	0	0	100 000 %	Yes	
(2)SCRIPPSCARE 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-2870638	HEALTHCARE SRVCS	CA	SCRIPPS HEALTH	C Corp	0	0	100 000 %	Yes	
(3) SCRIPPS CLINICAL SCIENCE CENTER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 26-4479543	RESEARCH	CA	SCRIPPS HEALTH	C Corp	0	0	100 000 %	Yes	
CHARITABLE REMAINDER **(4)**TRUST (56) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-5156965	HOSPITAL SUPPORT	CA	NA	Trust					
(5) CHARITABLE LEAD TRUST (2) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0796247	HOSPITAL SUPPORT	CA	NA	Trust					

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

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

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

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			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS SCRIPPS ENCINITAS SURGERY CENTER, LLC EIN 20-5942958 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS/USP SURGERY CENTERS, LLC EIN 20-5942911 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS MERCY AMBULATORY SURGERY CENTER, LLC EIN 45-0503246 ADDRESS 10140 CAMPUS POINT DRIVE, SAN DIEGO, CA 92121 SCRIPPS IDN MANAGEMENT, LLC EIN 45-4557426 ADDRESS 10140 CAMPUS POINT DRIVE, SAN DIEGO, CA 92121 SCRIPPS MEMORIAL - XIMED MEDICAL CENTER, LP EIN 33-0475481 ADDRESS 9850 GENESEE AVE, STE 900, LA JOLLA, CA 92037

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) SCRIPPS MERCY BILLING LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0737748	HLTHCR ADMIN	CA	49,595,390	0	SCRIPPS HLTH
(1) IHS HOLDING COMPANY LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,890,367	SCRIPPS HLTH
(2) IMAGING HEALTHCARE SPECIALISTS LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-3872122	HLTHCR ADMIN	CA	17,569,162	30,806,606	IHS HOLDING
(3) SCRIPPS CARDIO&THORACIC SURGERY BILLING 10140 CAMPUS POINT COURT SAN DIEGO, CA 92121 27-0620996	HLTHCR ADMIN	CA	5,470,337	0	SCRIPPS HLTH
(4) SCRIPPS HOSPITAL BILLING SERVICES LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 61-1677183	HLTHCR ADMIN	CA	3,019,683	0	SCRIPPS HLTH
(5) SCRIPPS CLINIC BILLING LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0737749	HLTHCR ADMIN	CA	336,000,708	0	SCRIPPS HLTH
(6) SCRIPPS ACCOUNTABLE CARE ORGANIZATION 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 36-4837441	HLTHCR ADMIN	CA	0	0	SCRIPPS HLTH

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)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	m	130,307,578	ACCRUAL
(1)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	q	34,358,287	ACCRUAL
(2)	SCRIPPS ENCINITAS SURGERY CENTER	a(IV)	362,125	ACCRUAL
(3)	SCRIPPS MERCY AMBULATORY SURGERY CENTER	a(IV)	564,799	ACCRUAL
(4)	HORIZON HOSPICE	q	2,110,399	ACCRUAL
(5)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	b	4,700,000	ACCRUAL
(6)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	j	136,088	ACCRUAL
(7)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	l	227,019,191	ACCRUAL