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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
Grossmont Hospital Foundation

Doing business as

Number and street (or P O box if mail is not delivered to street address) 8695 Spectrum Center Blvd | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 921231489

D Employer identification number
33-0124488

E Telephone number
(858) 499-5150

G Gross receipts $ 11,302,131

F Name and address of principal officer
ELIZABETH MORGANTE
8695 Spectrum Center Blvd
San Diego, CA 921231489

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

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

H(c) Group exemption number ▶

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

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

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

L Year of formation 1985

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	348
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,446,433	2,725,489
9	Program service revenue (Part VIII, line 2g)	975,112	1,179,300
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,200	1,127,612
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,050	54,101
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,647,795	5,086,502

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,582,684	3,917,559
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)	848,797	984,717
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶839,009		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	181,674	167,771
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,613,155	5,070,047
19	Revenue less expenses Subtract line 18 from line 12	1,034,640	16,455

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,376,009	24,921,973
21	Total liabilities (Part X, line 26)	622,862	718,325
22	Net assets or fund balances Subtract line 21 from line 20	23,753,147	24,203,648

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: 2018-08-01

ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 4365 Executive Drive Suite 1600
SAN DIEGO, CA 921212101 — Phone no (858) 535-7200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 4,076,236 including grants of $ 3,917,559) (Revenue $ 1,179,300)

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** ▶ 4,076,236

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	29		
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**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
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	18		
	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	17		
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?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?				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?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Tim Handgis 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-5150

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dee Ammon VICE CHAIR	20 0	X		X				0	0	0
(2) Alex Matuk TREASURER	20 0	X		X				0	0	0
(3) Lew Silverberg CHAIR	20 10	X		X				0	0	0
(4) Philip Szold MD SECRETARY	20 0	X		X				0	0	0
(5) DR Ali Banaie DIRECTOR	20 00	X						0	30,000	0
(6) Noori Barka PhD DIRECTOR	20 0	X						0	0	0
(7) Joyce Butler DIRECTOR	20 0	X						0	0	0
(8) John Fonseca DIRECTOR	20 0	X						0	0	0
(9) Freddy Garmo JD DIRECTOR	20 0	X						0	0	0
(10) Ann Goldberg DIRECTOR	20 0	X						0	0	0
(11) Kristy Gregg DIRECTOR	20 0	X						0	0	0
(12) Al Johnstone DIRECTOR	10 0	X						0	0	0
(13) Howard Levenson DIRECTOR	02 0	X						0	0	0
(14) Scott Musicant MD DIRECTOR	05 00	X						0	1,000	0
(15) Fred Robinson DIRECTOR	20 0	X						0	0	0
(16) Huda Salem DIRECTOR	20 0	X						0	0	0
(17) Peter Shusterman DIRECTOR	20 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John Snyder DIRECTOR	2.0 0.0	X						0	0	0
(19) Elizabeth Morgante VP MAJOR GIFTS	16.0 24.0			X				0	288,428	38,982
(20) Norman Timmins PLANNED GIVING/MAJOR GIFTS OFFICER	40.0 0.0					X		0	157,018	13,621
(21) William Navrides MGR DEVELOPMENT GHF	40.0 0.0					X		0	121,560	12,337
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	598,006	64,940

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	1,265			
	b Membership dues	1b				
	c Fundraising events	1c	1,123,162			
	d Related organizations	1d	100,404			
	e Government grants (contributions)	1e	30,790			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,469,868			
	g Noncash contributions included in lines 1a-1f $ 478,171					
	h Total. Add lines 1a-1f		2,725,489			
Program Service Revenue		Business Code				
	2a FUNDRAISING ACTIVITIES	900099	1,134,990	1,134,990		
	b HEALTHCARE EDUCATION	900099	44,310	44,310		
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f		1,179,300			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		333,472			333,472
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	6,528,651				
	b Less cost or other basis and sales expenses	5,734,511				
	c Gain or (loss)	794,140	0			
	d Net gain or (loss)			794,140		794,140
	8a Gross income from fundraising events (not including $ 1,123,162 of contributions reported on line 1c) See Part IV, line 18 a		533,186			
	b Less direct expenses b		480,284			
	c Net income or (loss) from fundraising events			52,902		52,902
	9a Gross income from gaming activities See Part IV, line 19 a		11,030			
	b Less direct expenses b		834			
	c Net income or (loss) from gaming activities			10,196		10,196
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	-8,997			-8,997
	b					
	c					
	d All other revenue		0	0	0	0
	e Total. Add lines 11a–11d		-8,997			
	12 Total revenue. See Instructions		5,086,502	1,179,300	0	1,181,713

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,809,961	3,809,961		
2 Grants and other assistance to domestic individuals See Part IV, line 22	107,598	107,598		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	167,384	23,434	20,086	123,864
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	624,889	87,484	74,987	462,418
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,254	5,216	4,471	27,567
9 Other employee benefits	104,100	14,574	12,492	77,034
10 Payroll taxes	51,090	7,153	6,131	37,806
11 Fees for services (non-employees)				
a Management				
b Legal	385		100	285
c Accounting				
d Lobbying	30	4	4	22
e Professional fundraising services See Part IV, line 17				
f Investment management fees	18,692		18,692	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,544	2,596	2,225	13,723
12 Advertising and promotion	100	14	12	74
13 Office expenses	79,827	11,176	9,579	59,072
14 Information technology	13,179	1,845	1,581	9,753
15 Royalties				
16 Occupancy				
17 Travel	9,332	1,306	1,120	6,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,539	215	185	1,139
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD, DUES & MISC	26,143	3,660	3,137	19,346
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	5,070,047	4,076,236	154,802	839,009
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	4,212,090	2	3,447,521
	3	Pledges and grants receivable, net	4,020,816	3	3,884,430
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,321	9	4,615
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 0			
	b	Less accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities	12,787,172	11	14,198,041
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,351,610	15	3,387,366
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	24,376,009	16	24,921,973
Liabilities	17	Accounts payable and accrued expenses	65,690	17	75,456
	18	Grants payable		18	
	19	Deferred revenue	491,920	19	587,222
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	65,252	25	55,647
	26	**Total liabilities.** Add lines 17 through 25	622,862	26	718,325
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	7,023,421	27	6,647,874
	28	Temporarily restricted net assets	15,612,323	28	16,437,371
	29	Permanently restricted net assets	1,117,403	29	1,118,403
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	23,753,147	33	24,203,648
	34	Total liabilities and net assets/fund balances	24,376,009	34	24,921,973

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	5,086,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,070,047
3	Revenue less expenses Subtract line 2 from line 1	3	16,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,753,147
5	Net unrealized gains (losses) on investments	5	434,046
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,203,648

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDED SUPPORT AND ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220011858

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

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,931,864	4,498,084	4,288,336	5,446,433	2,725,489	20,890,206
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,931,864	4,498,084	4,288,336	5,446,433	2,725,489	20,890,206
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,446,849
6 **Public support.** Subtract line 5 from line 4						16,443,357

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	3,931,864	4,498,084	4,288,336	5,446,433	2,725,489	20,890,206
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	317,896	342,420	385,382	300,739	333,472	1,679,909
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	55,700	13,345	80,571	52,050	54,101	255,767
11 **Total support.** Add lines 7 through 10						22,825,882

12 Gross receipts from related activities, etc (see instructions)	12	5,376,684

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 2016 (line 6, column (f) divided by line 11, column (f))	14	72 04 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	73 6 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - MISCELLANEOUS, FUNDRAISING EVENTS, GAMING ACTIVITIES, COLUMN A - 55700 0, CO LUMN B - 13345 0, COLUMN C - 80571 0, COLUMN D - 52050 0, COLUMN E - 54101 0, COLUMN F - 2 55767 0,

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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

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Grossmont Hospital Foundation	33-0124488

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30
j	Total Add lines 1c through 1i			30
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, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AND ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AHP AND AFP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AND ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AHP AND AFP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,144,772	4,759,731	4,948,052	3,952,926	3,791,203
b Contributions	1,000	21,000	25,917	695,673	1,000
c Net investment earnings, gains, and losses	500,089	367,800	-87,824	307,715	160,723
d Grants or scholarships					
e Other expenditures for facilities and programs	324,028	3,759	126,414	8,262	
f Administrative expenses					
g End of year balance	5,321,833	5,144,772	4,759,731	4,948,052	3,952,926

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

- a Board designated or quasi-endowment ▶ 69 %
- b Permanent endowment ▶ 31 %
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	2,290,197
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	985,377
(3) BENEFICIARY TO LIFE INSURANCE POLICY	4,715
(4) INTERCOMPANY RECEIVABLE	107,077
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	3,387,366

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
(1) Federal income taxes	
DEFERRED PLANNED GIFT LIABILITIES	55,647
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	55,647

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	3,363,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	434,046		
b	Donated services and use of facilities	2b	159,024		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	481,118		
e	Add lines **2a** through **2d**			2e	1,074,188
3	Subtract line **2e** from line **1**			3	2,289,257
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	18,693		
b	Other (Describe in Part XIII)	4b	2,778,552		
c	Add lines **4a** and **4b**			4c	2,797,245
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,086,502

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	3,738,992
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	159,024		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	481,118		
e	Add lines **2a** through **2d**			2e	640,142
3	Subtract line **2e** from line **1**			3	3,098,850
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	18,693		
b	Other (Describe in Part XIII)	4b	1,952,504		
c	Add lines **4a** and **4b**			4c	1,971,197
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,070,047

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: 16000421
Software Version: 2016v3.0
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	GROSSMONT HOSPITAL FOUNDATION HOLDS 24 BOARD DESIGNATED AND PERMANENT ENDOWMENTS FOR GROSS MONT HOSPITAL CORPORATION THAT ARE RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS HOSPICE A ND HOSPICE HOMES, DIABETES, NURSING EDUCATION, CANCER TREATMENT, HOSPITAL EQUIPMENT AND TE CHNOLOGY, AND MORE

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY T HAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION SHARP RECORDS A LIABI LITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENT S IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RE COGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCI AL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATIN G LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2017 AND 2016, NO SUCH ASSETS OR LIABILITIES WERE RECORDED

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Direct expenses on Frundraising Events & Gaming - 481118

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Temporarily Restricted Revenue - 2777552 Permanently Restricted Revenue - 1000

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct expenses on Frundraising Events & Gaming - 481118

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Temporarily Restricted Expenses - 1952504

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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

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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.

Revenue / Direct Expenses		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	620,016	537,691	498,641	1,656,348
	2 Less Contributions	437,077	349,067	337,018	1,123,162
	3 Gross income (line 1 minus line 2)	182,939	188,624	161,623	533,186
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	81,626	35,574	93,568	210,768
	6 Rent/facility costs	20,749		2,902	23,651
	7 Food and beverages	46,273	86,455	82,627	215,355
	8 Entertainment		17,850	6,400	24,250
	9 Other direct expenses	6,110		150	6,260
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				480,284
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				52,902

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DR LA MESA, CA 91942	33-0449527	501(C)(3)	3,801,242	2,396	BOOK	SUPPLIES	PROGRAM SERVICE SUPPORT
(2) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-6077327	501(C)(3)	5,198				PROGRAM SERVICE SUPPORT

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) UNFUNDED PATIENT CARE	10	107,598			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Elizabeth Morgante VP MAJOR GIFTS	(i)	0	0	0	0	0	0	0
	(ii)	245,751	37,350	5,327	20,013	18,969	327,410	0
2 Norman Timmins PLANNED GIVING/MAJOR GIFTS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	154,585	0	2,433	88	13,533	170,639	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THE COMPENSATION AND BENEFITS DEPARTMENT OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION RANGES FOR THE VP MAJOR GIFTS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE VICE PRESIDENT OF PHILANTHROPY'S COMPENSATION IS DETERMINED BY THE SENIOR VICE PRESIDENT

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SCHEDULE M (Form 990)

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

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	11	6,759	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		44,465	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	15,097	Market value
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	4	1,223	Market value
19 Food inventory	X	21	7,979	Cost
20 Drugs and medical supplies	X	1	1,800	Market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DEFFERED PLANNED GIFT)	X	1	328,846	Other - PRESENT VALUE
26 Other ▶ (FUEL AND OTHER CONSUMABLES)	X	22	46,492	Cost
27 Other ▶ (GIFT CERTIFICATES)	X	43	25,510	Cost
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: 1

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I PART I, COL B	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES

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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

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION MISSION	The purpose of this corporation is to provide assistance and support to Grossmont Hospital Corporation in the development of high quality, accessible and affordable inpatient and outpatient services

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PART VI, LINE 15	THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) HAS THE RIGHT TO ELECT DIRECTORS TO GROSSMONT HOSPITAL FOUNDATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) APPROVES CHANGES TO GROSSMONT HOSPITAL FOUNDATION'S BYLAWS AND APPROVES THE ELECTION OF GROSSMONT HOSPITAL FOUNDATION BOARD MEMBERS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization does not make its governing documents available to the general public POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM)

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Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2017 Section 1 An Overview of Sharp HealthCare We're an organization filled with passionate, determined and caring pe ople, who have grown our health care system into the remarkable place that it is Each day , these professionals recognize and celebrate the purpose of their work and the impact it has on our neighbors, friends and family in the community - Michael W Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integr ated, regional health care delivery system based in San Diego, California The Sharp syste m includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical centers, five urgent care centers, three skilled nursing facilities, tw o inpatient rehabilitation centers, home health, hospice, and home infusion programs, nume rous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP) Serving a population of appro ximately 3 3 million in San Diego County (SDC), as of September 30, 2017, Sharp is license d to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 emp loyees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) Th e largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vi sta Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to th e region's most comprehensive heart program, services for orthopedic care, cancer treatmen t, women's and infant's services, and the only bloodless medicine and surgery center in SD C Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospit al and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long- term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency se rvices Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the bu siest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedi cs, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart car e and rehabilitation SMH also houses the county's largest emergency and trauma center TH REE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-r isk pregnancy, obstetrics, gyn

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for W omen & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for pat ients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most c omprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment , outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, S MBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operation s of Sharp Rees-Stealy Medical Group (SRSMG) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation Th e operations of Sharp HospiceCare are reported within SGH Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all t hat it does Sharp's goal is to offer quality care and services that set community standar ds, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the u niverse Sharp will attain this position by transforming the health care experience throug h a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, volunteers and the community a s the best place to work, the best place to practice medicine and the best place to receiv e care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Or ganizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embra ces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparen t, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initia tes Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Qu ality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountabl e Culture The Sharp Experienc

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e For more than 18 years, Sharp has been on a journey to transform the health care experie nce for patients and their families, physicians and staff Through a sweeping organization -wide performance-and-experience-improvement initiative called The Sharp Experience, the e ntire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of h ealth care people want and deserve This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care sys tems Sharp is San Diego's health care leader because it remains focused on the most impor tant element of the health care equation the people Through this extraordinary initiativ e, Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members w ho are focused on providing quality health care and building a culture of teamwork, recogn ition, celebration, and professional and personal growth This commitment to serving patie nts and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy po sitive, collaborative relationships with nurses and other caregivers, experience unsurpass ed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-orien ted individuals who see it as their privilege to exceed the expectations of every patient- treating them with the utmost care, compassion and respect, and creating healing environme nts that are pleasant, soothing, safe, immaculate, and easy to access and navigate Throug h this transformation, Sharp continues to live its mission to care for all people, with sp ecial concern for the underserved and San Diego's diverse population This is something Sh arp has been doing for more than half a century Pillars of Excellence In support of Sharp 's organizational commitment to transform the health care experience, Sharp's Pillars of E xcellence serve as a guide for its team members, providing framework and alignment for eve rything Sharp does In 2014, Sharp made an important decision regarding these pillars as p art of its continued journey toward excellence

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Each year, Sharp incorporates cycles of learning into its strategic planning process In 2 014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, furt her driving the organization's emphasis on its culture of safety and incorporating the com mitment to become a High Reliability Organization (HRO) in all aspects of the organization At the core of HROs are five key concepts * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience Applying high -reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve It begins with a culture of safety With th is learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Fina nce, Growth and Community The foundational elements of Sharp's strategic plan have been e nhanced to emphasize Sharp's desire to do no harm This strategic plan continues Sharp's t ransformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner The seven pil lars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas 1 Demonstrate and imp rove clinical excellence and exceed customer expectations 2 Keep patients, employees and physicians safe and free from harm 3 Create exceptional experiences at every touch poin t for patients and families, enrollees, physicians, partners and team members 4 Create a values-driven culture that attracts, retains and promotes the best people who are committ ed to Sharp's mission and vision 5 Achieve financial results to ensure Sharp's ability t o deliver on its mission and vision 6 Achieve net revenue growth to enhance market posit ion, sustain infrastructure improvements and support innovative development 7 Be an exem plary public citizen by improving the health of our community and environment Awards Belo w please find a selection of recognitions Sharp has received in recent years In 2013, 201 4, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies " by the Ethisphere Institute, the leading business ethics think tank WME companies are t hose that truly embrace ethical business practices and demonstrate industry leadership, fo rcing peers to follow suit or fall behind Sharp was ranked No 45 out of 500 large employ ers on Forbes' 2017 America's Best Employers listing In 2016, Sharp ranked No 16 and rec eived the No 2 spot on the newcomer's list Sharp was also ranked No 52 out of 250 organ izations on Forbes' 2017 America's Best Employers for Diversity and was the only hospital system listed in San Diego In 2017, Sharp was recognized as one of "150 Top Places to Wor k in Healthcare" by Becker's Hospital Review The list recognizes hospitals, health system s and organizations committed

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees In 2015 and 2017, Sharp ranked first for "San Diego's Best Hospital Grou p" in the annual San Diego Union-Tribune Readers Poll Sharp ranked second in this categor y in 2016 SMH ranked first for "San Diego's Best Hospital" in 2017 while ranking second i n this category in 2016 Also in 2016, SMBHWN and SGH ranked third and fourth, respectivel y, for "San Diego's Best Hospital " From 2015 to 2017, Sharp Community Medical Group (SCMG) ranked first as "San Diego's Best Medical Group " In 2016, SRSMG ranked third for "San D iego's Best Medical Group" and was recognized as "San Diego's Best Hearing Aid Store" in 2 017 In 2016 and 2017, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN receiv ed MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Re cognition Program(r) is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2017 by Hospitals & Health Networks magazin e's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a co alition of more than 80 hospitals worldwide that are committed to improving medical care f rom the patient's perspective In 2007, SCHHC became a Designated Planetree Person-Centere d Hospital and was re-designated in 2017 for the fourth consecutive time Additionally, SC HHC achieved Planetree Designation with Distinction for its leadership and innovation in p atient-centered care SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014 In 2015, SMH was re-designated as a Plane tree Person-Centered Hospital In 2014, SCVMC joined SCHHC and SMH as a Designated Planetr ee Person-Centered Hospital SCHHC and SCVMC received Energy Star (ES) designation from th e U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that are awarded ES certification use an average of 40 percent less energy than other buil dings and release 35 percent less carbon dioxide (CO2) into the atmosphere SCHHC first ea rned the ES certification in 2007, then again each year from 2010 through 2013, and most r ecently in 2017 SCVMC received ES certification from 2009 to 2011 as well as in 2013, 201 5 and 2017 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving te chniques to the community SDG

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Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	&E also named Sharp as San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation In 2013 and 2015, Sharp was named a "Recycler of the Year" at the Cit y of San Diego Environmental Services Department's annual Waste Reduction and Recycling Aw ards Program for a successful and extensive recycling program SMH and SMBHWN were honored for their comprehensive waste-reduction programs in 2013 Sharp was named the 2017 Outsta nding Recycling Program by California Resource Recovery Association (CRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As th e oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and co mposting Sharp was one of five awardees in San Diego to receive a 2016 EMIES UnWasted Foo d Award by the San Diego Food System Alliance for developing best practices in waste preve ntion, composting, recycling, food donation and source reduction efforts in partnership wi th the Sodexo Food and Nutrition team In 2016, Sharp ranked third on San Diego Business J ournal's list of Healthiest Companies The Healthiest Companies list honors those organiza tions that have created a supportive environment for their employees and fostered a work/l ife balance for their families In 2015, Sharp Best Health received the American Heart Ass ociation(r) (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third co nsecutive year, which recognizes employers that promote a culture of health and physical a ctivity in the workplace or community SRSMG was recognized by the Centers for Disease Con trol and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achie ving blood pressure control for at least 70 percent of its adult patients with hypertensio n From 2013 to 2017, the Press Ganey organization recognized multiple SHC entities with G uardian of Excellence Awards(r) Based on one year of data, this designation recognizes re cipients that reach the 95th percentile for patient satisfaction, employee engagement, phy sician engagement surveys or clinical quality Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health for Employee Engagement, SMH and SMBHWN for Patient Experience, and SCHHC, SMBHWN and SMV for Physician Engagement

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence Award(r) (formerly named the Beacon of Excellence Award) This award recognizes the top three perf orming health care organizations that have maintained consistently high levels of excellen ce over three years in the Press Ganey categories of Patient Experience, Employee Engageme nt, Physician Engagement and Clinical Quality Performance In 2013 and 2015 through 2017, Press Ganey recognized SMH for patient experience From 2013 to 2015, SHC was recognized f or Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement S HP's 2016-2017 National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings rating increased from a 4 to 4 5 out of 5, making it one of the highest-rated hea lth plans in the nation SHP was also ranked a top 100 U S health plan and a top three Ca lifornia health plan from 2014 to 2015, which rated health insurance plans based on clinic al quality, member satisfaction and NCQA Accreditation Survey results SHP also received t he highest level "Excellent" Accreditation status from the NCQA each year from 2013 to 201 5 The NCQA awards accreditation status is based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessme nt of Healthcare Providers and Systems (CAHPS) measures In addition, SHP was rated highes t in California among reporting California health plans in the rating categories of Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Healt h Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides stat e, regional and national benchmarks as well as individual plan performance From 2013 to 2 017, Sharp ranked in the top 10 of the large employers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's Compu terworld survey The list is compiled by evaluating a company's benefits, training, retent ion, career development, average salary increases, employee surveys, workplace morale and more The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women SGH received a Women's Choice Award(r) as one of Americ a's Best Hospitals for Cancer Care in 2015, Obstetrics in 2016 and Heart Care in 2017 SMH and SGH received a Women's Choice Award(r) as one of America's Best Stroke Centers in 201 7 In 2015, SMBHWN received the award as one of America's Best Hospitals for Obstetrics T he Women's Choice Award(r) also ranked SCHHC, SCVMC and SMH amongst America's 100 Best Hos pitals for Patient Experience in 2017 In addition, SMH received the award as one of Ameri ca's Best Hospitals for Bariatric Surgery in 2017 For the fourth year in a row, and the f ifth time in six years, Sharp won the top spot in the Mega Employer category in the San Di ego Association of Governments

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	' (SANDAG) iCommute 2016 Rideshare Corporate Challenge The annual month-long challenge en courages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes Powered by SANDAG and in cooperation with the 511 transportation inform ation service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp was named the 2015 Medical Provider of the Year at th e International Travel & Health Insurance Journal (ITIJ) Awards The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance indu stry over the past year Sharp's Global Patient Services program coordinates patient trans fers and evacuations for medical emergencies from around the world to a Sharp hospital Gl obal Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Ch ains in North America Organizations receiving this distinction are recognized for their w ork in improving operational performance and driving down costs through supply chain autom ation Patient Access to Care Programs Sharp provides financial assistance and a variety o f support services to improve access to care for uninsured, underinsured and high-risk pat ients without the ability to pay and insured patients with inadequate coverage Sharp does not refuse any patient requiring emergency medical care Sharp provides services to help every uninsured patient receiving care in the ED find opportunities for health coverage th rough PointCare - a team of health coverage experts whose principal product is a quick, we b-based screening, enrollment and reporting technology designed to provide community membe rs with health coverage and financial assistance options At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility The results of the question naire allow Sharp staff to have an informed and supportive discussion with the patient abo ut health care coverage, and empower them with options From October 2015 to July 2017, Sh arp helped nearly 22,800 self-pay patients through PointCare, while ensuring that each pat ient's dignity was maintained throughout the process In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibi lity), making Sharp the first hospital system in SDC to provide this service In Fiscal Ye ar (FY) 2017, Sharp secured this benefit for approximately 3,800 unfunded patients in the ED In support of Covered California's annual open enrollment period, 25 members of Sharp' s registration staff have become Certified Application Counselors in order to better assis t both patients and the general community with navigating the Covered California website a nd plan enrollment In collabo

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	researchers and the IRB As one of the key components of the HRPP, the IRB seeks to promot e a culture of safety and respect for those participating in research for the greater good of the community All proposed entity research studies with human participants must be re viewed by the IRB in order to protect participant safety and maintain responsible research conduct In FY 2017, a dedicated IRB committee of 16 - including physicians, nurses, phar macists and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle - from neona tes to older adults These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments Sharp participat es in approximately 210 clinical trials at any given time covering many therapeutic areas, including behavioral health, emergency care, infectious disease, neonatal, heart and vasc ular, kidney, liver, neurology, orthopedics and oncology - the latter of which comprises t he largest share of Sharp's clinical trials The HRPP provides education and support for r esearchers across Sharp as well as the broader San Diego health and research communities r egarding the protection of human research participants As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physic ians, psychologists, research nurses, study coordinators and students throughout San Diego Presentations at the quarterly meetings in FY 2017 included Research Community Outreach, Completing Subject Enrollment Logs and Attestation Reports, Reporting Deviations in Resea rch Protocol, Clinical Trials Coverage Analysis, Compliance and Education Requirements, Cr eating Research Study Budgets, Who is a Sub-Investigator, and Utilizing IRB Software Outc omes Research Institute Since its inception in 2010, Sharp's ORI seeks to measure the long -term results of care to continue to develop and promote best practices in health care del ivery The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC The ORI collabo rates with Sharp team members to facilitate the design of patient-centered outcomes resear ch projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Promises2Kids provides current and former foster youth in SDC with the tools, opportunitie s and guidance they need to grow into healthy, happy and successful adults In June and Ju ly, 20 SLAH volunteers supported the Guardian Scholars and Camp Connect programs by assemb ling goody bags, packing boxes, and assisting with inventory, as well as assembling care p ackages for college students raised in the foster care system The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U S hospitals and d istributes them to clinics around the world that have little or no medical resources In a ddition to providing life-changing and life-saving services to people in underserved count ries, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills On 20 days between October 2016 and September 201 7, 265 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and p repare medical materials for shipment The Special Olympics Southern California - San Dieg o County program offers free, year-round sports training and competition for children and adults with intellectual disabilities In May 2017, 25 SLAH volunteers supported the progr am's basketball competition during the Regional Spring Games at Carlsbad High School Volu nteers served as athlete escorts as well as assisted with score-keeping, time-keeping and the awards ceremony In addition to building homes in partnership with local people in nee d, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase The ReS tore centers provide affordable merchandise to customers while helping fund the constructi on of Habitat homes throughout SDC On two days in August and September, 20 volunteers org anized donated items and took inventory of stock for the Mission Valley ReStore retail cen ter SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Vete rans Village of San Diego, to provide community-based social services to veterans without a permanent residence Over 10 days in June and July, approximately 120 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent In addition, approximately 60 clinical volunteers - including Sharp-affiliated physician s and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services More than 900 veterans were served through t he 2017 Stand Down for Homeless Veterans events The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI Through the organizati on's award-winning program, They Will Surf Again, paraplegic and quadriplegic community me mbers can experience mobility through surfing with support from adaptive equipment and vol unteers In September, an esti

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ing universities - SDSU, UC San Diego and the Universidad Autonoma de Baja California - to promote health and provide services to underserved populations while increasing cultural awareness Held at a local elementary school, the weeklong program provided more than 100 community members with clinical, dental and psychological services In addition, participa nts trained 12 teachers to deliver a hygiene curriculum that encourages proper handwashing behaviors among the school's nearly 300 students, who frequently contract parasitic infec tions due to poor hygiene practices Sharp team members also volunteered in Guatemala in M ay as part of a medical mission trip with Friends with Purpose, a nonprofit organization d edicated to providing medical care and community development in underserved communities ar ound the world The team of surgeons, registered nurses, anesthesia providers and other vo lunteers traveled to the city of Patzun, where they performed 43 surgeries on local patien ts, including gallbladder removals, hernia repairs and the removal of cysts CHOICE Humani tarian and the doTERRA Healing Hands Foundation are dedicated to eliminating poverty and e mpowering impoverished communities with the tools they need to become self-reliant For on e week in February, a Sharp team member joined these organizations on a mission to the Alt a Verapaz region of Guatemala The mission team of 20, including a dietitian, an emergency medical technician, and a research scientist, built vented stoves for more than 40 famili es to help prevent respiratory problems associated with open-fire cooking techniques as we ll as dug post holes for fencing to surround sustainable farm land The team also partnere d with Days for Girls - a nonprofit organization committed to feminine hygiene access and education for females throughout the world - to provide personal hygiene training and educ ation for local women and girls, including the provision of reusable feminine hygiene kits The Alegado Foundation is a San Diego-based medical mission organization determined to h elp children, the sick and the aged through the provision of medical services, and donatio ns of medical supplies, children's books, toys and sports equipment In March, a Sharp tea m member joined the Alegado Foundation on a medical mission to the southern Philippines A longside local doctors, nurses, dentists, elementary school teachers and Philippine milita ry personnel, the team provided free medicine, medical consultations, dental services and minor surgical procedures to approximately 275 patients over a two-day period The team al so fed and read to local children and provided free haircuts for youth and senior citizens

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ic therapy is also provided in the NICU to promote development in premature babies At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups f or patients recovering from drug addiction, adolescents and adults receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depress ion In collaboration with SMMC's social workers and palliative care nurses, in FY 2017 Ar ts for Healing facilitated the donation of more than 300 blankets and quilts to patients r eceiving end-of-life care at SMH Twelve of the blankets were knitted and crocheted by pat ients at the SMV East County Outpatient Programs site, an activity that was also designed to reduce anxiety and depression among the patients crafting the blankets Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Sant a, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hos pital Week in May, Cancer Awareness Week in June, Sharp's annual Women's Health Conference , and Sharp's annual Disaster Preparedness Expo In FY 2017, 44 volunteers, including stud ents from various colleges and universities, facilitated art activities for patients and t heir loved ones through Arts for Healing Since its launch, the program has provided more than 6,300 one-on-one music therapy sessions and over 2,100 group music and art therapy se ssions In addition, Arts for Healing volunteers have knit 530 baby items for expectant mo thers, created approximately 50,000 pieces of art, and enriched more than 55,700 patients, guests and staff through musical performances In total, more than 117,600 patients, gues ts and staff have benefitted from the time and talent provided by the Arts for Healing pro gram Other Sharp Community Efforts In FY 2017, Sharp engaged in a variety of community se rvice projects to improve the well-being of community members throughout San Diego Below are just a few examples of these efforts

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	isaster In September, Sharp's emergency preparedness leadership shared its expertise with other hospitals, health care providers, community partners and government agencies at the annual Disaster Planning for California Hospitals conference Education provided by Sharp included strategies for building and maintaining sustainable and resilient health care co alitions, and improving emergency communications through the use of plain language In FY 2017, Sharp's emergency preparedness leadership donated their time to state and local orga nizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Depart ment of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group Sharp was also a member of the San Diego Healthcare Disaster Coalition - a group of representatives from SDC hospitals, health care delivery agencies, county officials, fire agencies, law enforcement and the Am erican Red Cross, through which Sharp's emergency preparedness leadership heads an evacuat ion subcommittee to review hospital evacuation planning and identify best practices and to ols Sharp's emergency preparedness leadership continued to participate in the Statewide M edical Health Exercise Program - a work group of representatives from local, regional and state agencies including, health departments, emergency medical services, environmental he alth departments, hospitals, law enforcement, fire services and more - which is designed t o guide local emergency planners in developing, planning and conducting emergency response s Through participation in the U S Department of Health & Human Services Public Health E mergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership The partnership includes SCVMC, SCHHC, SGH, SMH, SRSMG Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospi tal, Scripps Mercy Hospital Chula Vista, Kaiser Permanente San Diego and Zion Medical Cent ers, Alvarado Hospital Medical Center, Paradise Valley Hospital, UC San Diego Health, Palo mar Health, Health Center Partners of Southern California, Naval Air Station North Island/ Naval Medical Services, San Diego County Sheriff's Department and Marine Corps Air Station Miramar Fire Department The partnership seeks to continually identify and develop relati onships with health care entities, nonprofit organizations, law enforcement, military inst allations and other organizations that serve SDC and are located near partner health care facilities Through networking, planning, and the sharing of resources, trainings and info rmation, members of the partnership are better prepared for a coordinated response to an e mergency or disaster affecting SDC

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp supports safety efforts of the state and the city of San Diego through maintenance a nd storage of a county decontamination trailer at SGH to be used in response to a mass dec ontamination event Additionally, all Sharp hospitals are prepared for an emergency with b ackup water supplies that last up to 96 hours in the event of an interruption to the syste m's normal water supply In September, Sharp hosted its sixth annual Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in th e event of an earthquake, fire, power outage or other emergency Held at Liberty Station, the free event provided more than 700 community members with a variety of disaster exhibit ors, demonstrations and displays as well as education on personal and family disaster plan ning In recent years, endemic events occurring across the globe have had the potential to impact public health in the local San Diego community Sharp has continued to partner wit h community agencies, County of San Diego Public Health Services and first responders to d evelop protocols, provide joint trainings, and establish safe treatment methods and locati ons This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broad er community Since 2010, the Sharp Best Health employee wellness program has created well ness initiatives to improve the overall health, safety, happiness and productivity of Shar p's workforce Each Sharp hospital, SRSMG and corporate location has a dedicated Best Heal th committee that works to motivate team members to incorporate healthy habits into their lifestyles and support them on their journey to attain their personal health goals Team m embers are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events Sha rp Best Health also offers an interactive web-based health portal where employees can crea te a wellness plan and track their progress Since 2013, Sharp Best Health has offered ann ual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encoura ge employees to track changes in their metrics over time In FY 2017, nearly 10,000 employ ees received health screenings for blood pressure, cholesterol, body mass index, blood sug ar and tobacco use Post-screening resources and tools are available for Sharp employees a nd their family members, including free access to a health coach as well as classes on a v ariety of health topics, including smoking cessation, healthy food choices, physical activ ity, stress management, and managing the challenges of living with a chronic condition suc h as diabetes, high blood pres

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	sure, asthma or arthritis The AHA recommends walking 10,000 steps a day to help improve o r maintain a healthy lifestyle To align with this goal, Sharp Best Health encourages team members to use a Fitbit Zip(tm) wireless pedometer to track their steps, distance, calori es burned, sleep patterns and more By syncing these statistics to computers or smartphone s, the Fitbit Zips(tm) can inspire team members to achieve their personal fitness goals on e step at a time Throughout the year, Sharp Best Health held both entity-specific and sys temwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes During FY 2017, more than 700 participants across the Sharp system walked the equivalent of 57,080 miles Since the Fitbit Zip(tm) program's inception in 2014, partici pating employees have increased their average total steps by 22 percent Additionally, to promote safety along with increased physical activity, Sharp Best Health updated Sharp's a cceptable footwear policy to permit walking shoes each day of the week at Sharp corporate offices Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends This included systemwide walking and hiking clubs through wh ich more than 500 participants completed more than 50 hikes during FY 2017 In addition, i n February, Sharp's Best Health committees collaborated to host the third annual 5K the Sh arp Way Walk/Run Event at Tidelands Park in Coronado, which engaged 300 employees and fami ly members Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, National Nutrition Month, National Fresh Fruits & Vegetables Month, Stress Awareness Month and National Walking Day Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart & S troke Walk by making a contribution to the AHA on behalf of each of the challenge winners In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a he art healthy alternative to standard meetings At Sharp System Offices, Sharp Best Health p artnered with the Humane Society to provide free "Walk a Dog, Boost Your Health Events" wh ere employees were given the opportunity to relieve stress and get some exercise while pro viding highly valuable human interaction for sheltered dogs and puppies Sharp Best Health provided on-site health and fitness classes for employees throughout FY 2017 This includ ed an educational session on the importance of taking micro-breaks, the health impact of e xtended periods of sitting, and simple stretches to incorporate into the workday Workshop s were also offered on managing chronic pain as well as on the MELT technique, which uses soft body rollers and hand and foot balls to self-treat joint pain and tension Fitness of ferings included yoga, Zumba and aquatics classes Sharp Best Health also offered recipe d emonstrations to encourage hea

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	lthy meal preparation at home In FY 2017, Sharp Best Health went beyond nutrition and phy sical fitness to support the overall health and happiness of employees by working with the vendor Whil, to launch their digital mindfulness and yoga training platform designed to h elp employees manage stress and improve their well-being Offering more than 1,200 mindful ness and yoga sessions of various lengths and skill levels, Whil gives employees the flexi bility to move at their own pace and set their own goals Whil has also been used througho ut the system as a tool during staff meetings, department huddles and shift changes Since Whil's launch, more than 2,100 employees have become active users Sharp Best Health also collaborated with certified mindfulness facilitators to provide on-site mindfulness progr amming at six Sharp locations, including both series and drop-in classes New in 2017, Sha rp Best Health introduced Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing online health resources and programs duri ng work hours Wellness on Wheels involves "rounding" in staff lounges, hospital units, an d nursing stations to promote a new and relevant subject each month Each session includes an educational component, an interactive activity and a call to action Wellness on Wheel s brings wellness education to employees where they work, accommodating their unique sched ules and dedication to patient care Keeping the experience relevant and quick allows staf f who were previously unable to receive wellness resources to access these benefits Sharp has established a systemwide Mindful healthy food initiative in partnership with Sodexo As part of the Mindful program, Sharp's cafeteria menus were redesigned to include sustain able, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff In 2017, Sharp partnered with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees This CSA serv ice offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Weight Watchers(r) offers weight-loss services and products founded on a scientifically ba sed approach to weight management that encourages healthy eating, increased physical activ ity and healthy weight management behaviors Sharp Best Health continued its partnership w ith Weight Watchers(r) to offer Sharp team members a subsidized membership rate to any Wei ght Watchers(r) program With program availability at work, in the community and online, t his partnership has offered Sharp team members a variety of healthy-eating and physical-ac tivity options that can be tailored to different lifestyles and schedules At any given ti me during FY 2017, approximately 720 Sharp employees were actively using Weight Watchers(r) Since the program was deployed in 2016, participating employees have lost an estimated 3,000 pounds In addition to providing Weight Watchers(r) at work, during FY 2017 Sharp Be st Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program N ew Weigh is an eight-week weight loss program that emphasizes nutrition education and heal thy lifestyle development Program participants create a semi-structured food plan, and ha ve access to a skilled health coach or registered dietitian to ensure continued support an d accountability During FY 2017, 210 Sharp employees completed the New Weigh program Nea rly one in six community members face the threat of hunger every day in SDC Each month, t he Food Bank distributes food to approximately 370,000 children and families, active duty military, and fixed income seniors living in poverty For more than a decade, Sharp has su pported the Food Bank's tremendous efforts through a holiday food drive During the 2016 h oliday season, Sharp Best Health and Sharp Community Benefit collaborated to take this eff ort a step further In partnership with SuperFood Drive - a San Diego-based organization c ommitted to educating the community about the health benefits of eating nutrient-dense sup erfoods and ensuring the accessibility of healthy food to all - Sharp transformed its trad itional food drives to "superfood drives," encouraging nonperishable food donations that a re also nutritious, sustaining and essential for a healthy life Through the six-week holi day superfood drive at locations throughout the Sharp system, Sharp doubled its number of food drive sites from earlier holiday seasons, and collected more than 3,000 pounds of nut ritious food - an increase of 90 percent compared to previous years In addition, Sharp te am members donated nearly $2,900 through a new Sharp Virtual Food Drive specifically benef iting the Food Bank Combined, these donations and funds provided nearly 16,000 healthy me als for San Diegans in need of assistance with putting food on the table during the 2016 h oliday season Section 2 Executive Summary It's important to me that Sharp HealthCare prom otes policies that improve acc

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ess to health care, because we all deserve an opportunity to live the healthiest life we c an - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare This Exec utive Summary provides an overview of community benefit planning at Sharp HealthCare (Shar p), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year 2017 (FY 2017) (October 1, 2016, through September 30, 2017) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework spe cifically identified in Senate Bill 697 (SB 697), for the following entities * Sharp Chul a Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont H ospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Plann ing at Sharp HealthCare Sharp bases its community benefit planning on its triennial commun ity health needs assessments (CHNA) combined with the expertise in programs and services o f each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Communit y Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare C ommunity Benefit Plan and Report, FY 2017 The following community needs are addressed by o ne or more Sharp hospitals in this Community Benefit Report * Access to care for individu als without a medical provider and support for high-risk, underserved and underfunded pati ents * Education and screening programs on health conditions, such as heart and vascular d isease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of senio rs and disabled people * Special support services for hospice patients and their loved one s, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Ca ncer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their l oved ones * Mental health and substance abuse education and support for the community High lights of Community Benefit Provided by Sharp in FY 2017 The following are examples of com munity benefit programs and services provided by Sharp hospitals and entities in FY 2017 * Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San D iego County Indigent Medical Services, Civilian Health and Medical Program of the United S tates of America Department of

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	presented in Sections 4 and 5 Table 12 Detailed Economic Value of SB 697 Categories - Es timated FY 2017 Unreimbursed Costs Sharp Chula Vista Medical Center Medical Care Services - $78,695,427 Other Benefits for Vulnerable Populations- $322,813 Other Benefits for the Broader Community - $218,217 Health Research, Education and Training Programs - $995,185 T otal - $80,231,642 Sharp Coronado Hospital and Healthcare Center Medical Care Services - $16,678,892 Other Benefits for Vulnerable Populations- $37,305 Other Benefits for the Broa der Community - $55,596 Health Research, Education and Training Programs - $273,797 Total - $17,045,590 Sharp Grossmont Hospital Medical Care Services - $115,474,253 Other Benefit s for Vulnerable Populations- $834,124 Other Benefits for the Broader Community - $551,723 Health Research, Education and Training Programs - $1,203,579 Total - $118,063,679 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - $10,872,953 Other Benefi ts for Vulnerable Populations- $45,688 Other Benefits for the Broader Community - $90,276 Health Research, Education and Training Programs - $197,558 Total - $11,206,475 Sharp Memo rial Hospital Medical Care Services - $167,900,539 Other Benefits for Vulnerable Populati ons- $1,018,661 Other Benefits for the Broader Community - $443,956 Health Research, Educa tion and Training Programs - $1,303,146 Total - $170,666,302 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - $16,871,457 Other Benefits for Vulnerable Populations- $522,956 Other Benefits for the Broader Community - $278,986 Health Research, Education and Training Programs - $350,815 Total - $18,024,214 Sharp Health Plan Other B enefits for Vulnerable Populations- $21,488 Other Benefits for the Broader Community - $41 ,566 Health Research, Education and Training Programs - $6,166 Total - $69,220 Section 3 C ommunity Benefit Planning Process An exceptional community citizen is practical as well as visionary, a great leader Someone who can collaborate at multiple levels during a diffic ult time for the greater good - Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stea ly Medical Group For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) p rocess CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implem entation

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health nee ds of the San Diego community Since 1995, Sharp has participated in a countywide collabor ative that includes a broad range of hospitals, health care organizations and community ag encies to conduct a triennial CHNA that identifies and prioritizes health needs for San Di ego County (SDC) In addition, to address the requirements for not-for-profit hospitals un der the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and priori tize health needs for community members across the county, with a special focus on vulnera ble populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp act ively participated in a collaborative CHNA effort led by the Hospital Association of San D iego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University The process and findings of the collaborative HASD&IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&IC 2016 CHNA is available for public viewing and download at http //www hasdic org To develop its individual hospital CHNAs, Sharp analyzed hospital-speci fic data and contracted separately with IPH to conduct community engagement activities exp ressly for the patients and community members it serves In accordance with federal regula tions, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for comm unities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals sha re a license, and report all utilization and financial data as a single entity to the Offi ce of Statewide Health Planning and Development (OSHPD) As such, the SMH 2016 CHNA summar izes the processes and findings for communities served by both hospital entities The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs a nd services, especially for community members facing inequities This section describes th e general methodology employed for Sharp HealthCare's 2016 CHNAs CHNA Committee The HASD& IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 20 16 CHNA process The CHNA Committee includes representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospitals - San Diego * Palomar Hea lth * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vi ce Chair) * Tri-City Medical Center * University of California (UC), San Diego Health CHNA Objectives In response to com

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	arget - 100% Adults 18 to 64 Years Rate - 96 5%, HP2020 Target - 100% Regular Source of M edical Care Children 0 to 11 Years Rate - 100%, HP2020 Target - 100% Children 12 to 17 Y ears Rate - 24 6%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 88 7%, HP2020 Targe t - 89 4% Not Currently Insured Adults 18 to 64 Years Rate - 3 5%, HP2020 Target - N/A S ource 2016 California Health Interview Survey (CHIS) Table 24 Medi-Cal (Medicaid) Eligib ility Among Uninsured in SDC's East Region (Adults Ages 18 to 64 Years), 2016 Medi-Cal Eli gible - 4 9% Not Eligible - 95 1% Source 2016 CHIS This information is sourced from the 2016 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research Starting in 2013, the California state budget required children enrolled in the Healthy Fa milies Program to transition enrollment into Medi-Cal Formerly, this table included Healt hy Family eligibility in San Diego County using pre-ACA data The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household In 2015, cancer and coronary heart disea se (CHD) were the top two leading causes of death in SDC's east region See Table 25 for a summary of leading causes of death in the east region For additional demographic and hea lth data for communities served by SGH, please refer to the SGH 2016 CHNA at http //www sh arp com/about/community/community-health-needs-assessments cfm Table 25 Leading Causes o f Death in SDC's East Region, 2015 Overall Cancer Number of Deaths - 921, Percent of Tota l Deaths - 24 1% Coronary Heart Disease Number of Deaths - 534, Percent of Total Deaths - 13 9% Alzheimer's Disease and Related Dementias Number of Deaths - 432, Percent of Total Deaths - 11 3% Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases Number of Deaths - 217, Percent of Total Deaths - 5 7% Unintentional Injuries Number of D eaths - 204, Percent of Total Deaths - 5 3% Stroke Number of Deaths - 196, Percent of Tot al Deaths - 5 1% Overall Hypertensive Diseases Number of Deaths - 153, Percent of Total D eaths - 4 0% Diabetes Number of Deaths - 135, Percent of Total Deaths - 3 5% Overdose/Poi soning Number of Deaths - 70, Percent of Total Deaths - 1 8% Suicide Number of Deaths - 55, Percent of Total Deaths - 1 4% All Other Causes Number of Deaths - 912, Percent of To tal Deaths - 23 8% Total Deaths Number of Deaths - 3,829, Percent of Total Deaths - 100 0 % Source County of San Diego Health and Human Services Agency (HHSA), Public Health Servi ces, Epidemiology & Immunization Services Branch

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Community Benefit Planning Process In addition to the steps outlined in Section 3 Communi ty Benefit Planning Process regarding community benefit planning, SGH * Incorporates comm unity priorities and community input into its strategic plan and develops service line-spe cific goals * Estimates an annual budget for community programs and services based on comm unity needs, previous years' experience and current funding levels * Prepares and distribu tes a monthly report of community activities to its board of directors, describing communi ty benefit programs provided, such as education, screenings and flu vaccinations * Prepare s and distributes information on community benefit programs and services through its found ation and community newsletters * Consults with representatives from a variety of departme nts to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefit Report - SGH 2016 CHNA SGH completed its most recent CHNA in Septemb er 2016 SGH's 2016 CHNA was significantly influenced by the collaborative Hospital Associ ation of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and det ails on those processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year SGH completed its most current implementation strategy - a description of SGH programs designed to address the priority health needs identified in the 2016 CHNA The most recent CHNA and implementation strategy for SGH are available a t http //www sharp com/about/community/health-needs-assessments cfm Through the SGH 2016 CHNA, the following priority health needs were identified for the communities served by SG H * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior heal th SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, gri ef, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatr ic assessment team in the emergency department (ED) and acute care as well as hospital-bas ed outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet th e need for community education and support in behavioral health Consequently, the communi ty education and support elements of behavioral health care are addressed through the prog rams and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, wh ich are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provid ed at SGH There are also prog

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	4 8 deaths per 100,000 population * In 2015, there were 1,095 hospitalizations due to str oke in SDC's east region The region's age-adjusted rate of hospitalizations for stroke wa s 200 6 per 100,000 population, which is the third highest among all SDC regions as well a s higher than the age-adjusted rate for SDC overall (178 1 per 100,000 population) * In 2 015, there were 285 stroke-related ED discharges in SDC's east region The age-adjusted ra te of discharge was 52 0 per 100,000 population, which was lower than the rate in 2014 (59 7 per 100,000 population) * According to the 2012 HHSA report titled Critical Pathways The Disease Continuum, the most common risk factors associated with stroke include physica l inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes * According to 2016 CHIS data, an estimated 36 6 percent of east region adults were obese, 17 9 percent reported eating fast food four o r more times in the past week, 9 8 percent smoked cigarettes, and 61 4 percent did not reg ularly walk for transportation, fun, or exercise, all of which were higher than overall SD C rates * The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors * The Nati onal Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of peo ple who recover from their first stroke will have another stroke within 5 years (NINDS, 20 16) Objective * Provide stroke education, support and screening services for the east reg ion of SDC FY 2017 Report of Activities SGH is recognized with advanced certification by t he Joint Commission as a Primary Stroke Center and was recertified in June 2014 The progr am is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SGH is a recipient of the American Heart As sociation (AHA)/American Stroke Association's (ASA) Get With The Guidelines(r) (GWTG) - St roke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Targ et Stroke Elite Honor Roll designation The AHA/ASA's GWTG is a national effort focused o n ensuring the use of evidence-based therapies to improve outcomes for stroke patients Th e AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timelines s of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patient s

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	addition, from October to January, the SGH Stroke Center provided stroke education to near ly 40 homeless community members Individuals received education on stroke signs and sympt oms and how to respond FAST as well as FAST stroke cards, free inspirational books and foo d In FY 2017, the SGH Outpatient Rehabilitation Department offered a Stroke Communication Support Group for stroke survivors and their family members twice a month that focused on brain injury survivors with aphasia or other speech or language difficulties Topics incl uded games to improve visual skills, language stimulation, listening activities and social interaction The support group is sponsored by Young Enthusiastic Stroke Survivors Appro ximately five community members attended each session SGH also actively participated in t he quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC Additionally, SGH continued collabor ating with the County of San Diego Emergency Medical Services (EMS) for the 12th year to p rovide data for the SDC stroke registry FY 2018 Plan SGH Stroke Center will do the follow ing * Participate in stroke screening and education events in the east region of SDC * Pr ovide education for individuals with identified stroke risk factors * Offer a stroke suppo rt group in conjunction with the hospital's Outpatient Rehabilitation Department * Continu e to participate in Strike Out Stroke Night at the Padres * Continue to participate in the San Diego County Stroke Consortium with other SDC hospitals * Continue to provide data to the SDC stroke registry * Provide at least one physician speaking event around stroke car e and prevention * Provide stroke education and screenings at the Sharp Women's Health Con ference * Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts Identified Community Need Heart and Vascular Disease Education and Screening Rationale references t he findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community healt h statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identi fy cardiovascular disease as one of six priority health issues affecting members of the co mmunities served by SGH * The HASD&IC 2016 CHNA continued to identify cardiovascular dise ase as one of the top four priority health issues for community members in SDC * Data ana lysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascula r disease in more vulnerable communities within SDC's east region, such as El Cajon and Ja cumba (Dignity Health, San Diego Geographic Information Source (SanGIS), Office of Statewi de Health Planning and Development (OSHPD) & SpeedTrack Inc , 2015) * A cardiovascular he alth key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues fa

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nd senior services, as well as local organizations to connect attendees to community resou rces, including the AHA, Mended Hearts, San Diego Oasis and John A Davis Family YMCA In addition, SGH offered education on appropriate treatment options for heart-related conditi ons - including self-dissolving stents to help open blocked blood vessels and minimally in vasive techniques for treating aneurysms - from cardiovascular care experts A question-an d-answer session was also offered to encourage individuals to ask heart health questions In honor of National CPR and Automated External Defibrillator (AED) Awareness Week in June , the Cardiac Training Center invited children ages 10 and older from the community to a f ree CPR/AED class and demonstration at Briercrest Park in La Mesa During the event, the C ardiac Training Center provided free CPR lessons and CPR/AED educational materials to help raise awareness and increase bystander response rates in cardiac emergencies Throughout FY 2017, SGH-affiliated cardiologists shared heart-related information with local news out lets, including FOX 5 San Diego and The East County Californian Topics included the diffe rences between heart attack, heart failure and stroke, the symptoms of heart disease, and the six surprising signs of heart disease Throughout the year, SGH provided expert speake rs on heart disease and heart failure at professional conferences and events This include d SGH's eighth annual Heart and Vascular Conference in October, a two-day event where more than 400 health care professionals - including physicians, nurses and allied health worke rs caring for patients with cardiovascular disease - received education on advances in car diovascular care at the U S Grant Hotel In November and May, SGH participated in the 11t h and 12th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 40 regional vascular physicians, nurses, epidemi ologists, scientists and research personnel working together to collect and analyze vascul ar data in an effort to improve patient care SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care SGH continued to partici pate in programs to improve the care and outcomes of individuals with heart and vascular d isease To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS Sharp also hosted the quarterly County of San Diego EMS Advisory Council for STEMI at Shar p's System Offices Additionally, SGH provided its Peripheral Vascular Disease Rehabilitat ion Program to provide education and coaching on exercise, diet and medication to keep pat ients - particularly low-income patients - at the highest functional level The program is partially funded by donations to the Grossmont Hospital Foundation to help defray the cos t for patients with limited re

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	sources SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs In FY 2017, the team spe nt more than 430 hours mentoring more than 30 students from Azusa Pacific University (APU) , San Diego State University (SDSU), University of California (UC), San Diego, Grossmont C ollege, National University and Western University of Health Sciences, including students with an interest in a career as a nurse or cardiovascular technician FY 2018 Plan SGH wil l do the following * Provide a free monthly CHF class and support group * Provide free bi monthly Heart and Vascular Risk Factor Education classes * Provide cardiac and vascular ri sk factor education and screening at community events * Provide one cardiac health lecture and a Cardiovascular Expo for community members * Pursue additional research opportunitie s to benefit patients and community members * As invited, offer educational speakers to th e professional community on topics such as performance improvements in CHF and acute myoca rdial infarction, and cardiovascular treatment options * Provide a conference on heart and vascular disease for community physicians andother health care professionals * Continue t o provide student learning opportunities * Continue to provide data on STEMI to the County of San Diego EMS * Continue to provide the Peripheral Vascular Disease Rehabilitation Pro gram Identified Community Need Diabetes Education, Prevention and Support Rationale refer ences the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC communit y health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the co mmunities served by SGH * The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC * Data anal ysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in mo re vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc , 2015) * Sharp diabetes educator discussions cond ucted as part of the SGH 2016 CHNA process identified several challenges to health improve ment among their diabetes patients, including accessing a physician, finding support prog rams, getting outpatient needs met (i e , appointments with psychologists or endocrinologi sts), and a lack of diabetes education coverage under Medi-Cal * The Sharp diabetes educa tor discussions also identified the following barriers to adopting healthy behaviors among diabetes patients affordability of glucose testing strips, unmet behavioral health needs , food insecurity, and knowledge of benefits

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* According to data presented in the SGH 2016 CHNA, diabetes is a major cause of heart dis ease and stroke The CDC also identifies diabetes as a leading cause of kidney failure, no n-traumatic lower-limb amputations and new cases of blindness among adults in the U S (CD C, 2014) * According to diabetes data analyzed in the SGH 2016 CHNA process, among SDC pa tients with a primary diagnosis of a diabetes-related ICD-9 code in 2013, 'Diabetes Unco ntrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individua ls ages 15 to 24 and ages 45 and older Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery,' followed by ' Diabetes Uncontrolled ' * In 2015, diabetes was the seventh leading cause of death in SD C's east region * In 2015, there were 135 deaths due to diabetes in SDC's east region Th e region's age-adjusted death rate due to diabetes was 24 2 per 100,000 population, higher than the overall SDC age-adjusted rate (21 0 deaths per 100,000 population) * In 2015, t here were 865 hospitalizations due to diabetes in SDC's east region The age-adjusted rate of hospitalizations for diabetes was 170 3 per 100,000 population This rate was the seco nd highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (123 1 per 100,000 population) * In 2015, there were 918 diabetes-related ED discharges in SDC's east region The age-adjusted rate of diabetes-related ED discharg es was 183 1 per 100,000 population This was the second highest rate among all SDC region s and was higher than the age-adjusted rate for SDC overall (143 5 per 100,000 population) * According to the 2016 CHIS, 10 2 percent of adults living in SDC's east region indicat ed that they had ever been diagnosed with diabetes, which was higher than SDC overall (7 8 percent) and the state of California (9 1 percent) Diabetes rates among seniors were par ticularly high, with 22 3 percent of east region adults over 65 reporting that they had ev er been diagnosed with diabetes * According to 2016 CHIS data, 16 2 percent of residents in the east region had been told by their doctor that they have pre- or borderline diabete s, compared to 11 7 percent of residents in SDC overall * According to the 2012 report fr om HHSA titled Critical Pathways The Disease Continuum, the most common behavioral and so cial risk factors associated with Type 2 diabetes include substance use, physical inactivi ty, poor nutrition, poor medical care and irregular health checks (e g , A1C, dental, eye and foot) * According to the CDC's 2017 National Diabetes Statistics Report, 87 5 percent of adults diagnosed with diabetes were overweight or obese To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier , and getting regular physical activity * A study by the University of California, Los An geles (UCLA) Center for Health

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In FY 2017, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of San Diego's newly immigrated Iraqi Chaldean population The program facilitated translation as well as provided resources to better assist Chaldean cultural n eeds Educational resources included How to Live Healthy With Diabetes, What You Need to K now About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Car bohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resist ance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day M enu Plan, Food Groups, and Arabic language materials about pregnancy Handouts were provid ed in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application The team also distributed food diaries and logbooks for blood sugar level tracking to thes e community members Further, Sharp team members received education regarding the differen t cultural needs of these diverse communities In FY 2017, the SHC Diabetes Education Prog ram supported the professional health care community through participation in the ADA's 77 th Scientific Sessions conference at the San Diego Convention Center The conference theme was Experience New Horizons in Diabetes, which taught more than 13,000 international atte ndees about the most significant advances in diabetes care and research During the confer ence, the SHC Diabetes Education Program shared an abstract titled Clinical Dashboard to E valuate and Monitor Institutional Quality and Effectiveness of Diabetes Crisis Management The abstract was designed to help frontline caregivers decrease variations in care and me asure the effectiveness of improving the application of the diabetes crisis algorithm in o rder to better treat serious metabolic complications of diabetes The SHC Diabetes Educati on Program improved the dashboard by adding variables such as the time spent in the emerge ncy room, the time to start insulin infusion, and the transfer time from the intensive car e unit Further, in FY 2017 the SHC Diabetes Education program provided diabetes education to nurse practitioner students at SDSU, while the SGH Diabetes Education Program mentored a dietitian intern from the San Diego Women, Infants and Children (WIC) program FY 2018 Plan The SGH Diabetes Education Program will do the following * Provide community members with prediabetes and diabetes information at various community venues in SDC's east regio n * Explore additional collaborations to assist and educate food insecure community member s * Participate in Sharp's partnership with the City of San Diego to provide diabetes educ ation and resources to employees and residents in the city's nine districts * Continue to foster relationships and collaborate with FHCSD to provide education and resources to thei r diabetic patients * Continue

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e early detection and removal of precancerous growth are known to reduce mortality for can cers of the cervix, colon, and rectum Five-year relative survival rates for common cancer s are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began * Study findings from the 2015 Susan G Komen for the Cure(r) San Diego Affiliate Community Profile indicate a critical need for culturally competent outreach, e specially for Hispanic, Middle Eastern, and African American women (Susan G Komen, 2015) * The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient n avigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients Some of the tasks a patient navigator may assist with include psychosocial support, assistance with treatment decisions, assistance with insurance iss ues, arrangement of transportation, coordination of additional services (i e , fertility p reservation), and tracking of interventions and outcomes The navigator works with the pat ient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016) * According to the National Institutes of Health, clinic al trials are part of clinical research and are at the heart of all medical advances Clin ical trials look at new ways to prevent, detect or treat disease, with the goal to determi ne the safety and efficacy of a new test Clinical trials also examine other aspects of ca re, such as improving the quality of life for people with chronic illnesses If clinical t rials are to be successful, it is critical that more people are involved Objectives * Pro vide cancer education and support to patients and community members * Provide cancer resou rces and education at community events * Provide cancer patient navigation and support ser vices to the community * Participate in cancer clinical trials, including screening and en rolling patients FY 2017 Report of Activities Note SGH is accredited by the National Accr editation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast Sharp (including Sharp Memorial Hospital (SMH), SGH, and Sha rp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surge ons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commit ment to meet rigorous standards and improve the quality of care for patients with cancer In FY 2017, the SGH Cancer Center provided education on cancer, breast self-examination de monstrations, breast cancer awareness, and resources from the ACS and National Cancer Inst itute to approximately 500 individuals at community events, including ECAN's annual Spring Into Healthy Living senior health and wellness fair, San Diego International Film Festiva l event, Women's Fitness World in Chula Vista and San Diego East County Chamber of Commerc e's Health Fair Saturday at Gr

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	The SGH Cancer Center continued to host educational classes at no cost for patients and co mmunity members facing cancer Through the monthly Survivorship Lunch and Learn series, co mmunity members, patients and families were invited to hear local experts speak about a un ique cancer-related topic each month, such as managing Scanxiety (anxiety associated with upcoming cancer tests and results), communicating with loved ones, the importance of exerc ise in preventing cancer recurrence, energy healing therapies, creating memories and leavi ng a legacy, and lifestyle tips for cancer prevention Attendees were also invited to part icipate in a question-and-answer session while enjoying a complimentary lunch The series reached an average of 8 to 12 individuals per session in FY 2017 The SGH Cancer Center al so provided meeting space for the ACS' Look Good Feel Better classes, which teach women te chniques to manage the appearance-related side effects of cancer treatment (e g , hair los s, etc) and boost self-confidence Classes included a complimentary makeup kit and instru ction from a licensed beauty professional on makeup application, skin care, and wearing wi gs and headwear Five classes were offered at the SGH Cancer Center in FY 2017, reaching 3 2 women Throughout the year, the SGH Cancer Center offered free workshops for patients an d community members This included free monthly ACP workshops provided in collaboration wi th Sharp's ACP program Led by a trained ACP facilitator, the workshops provided more than 15 community members with an overview of the ACP process, basic tools to help define thei r personal health care choices, communication tips to begin the conversation with loved on es, and guidance on completing an advance health care directive The SGH Cancer Center als o offered a workshop focused on relaxation and quieting the mind to help cancer patients a nd their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis In addition, a Managing Sleep and Fatigue Workshop offered patients and family members strategies to help relax, improve sleep and manage persistent fatigue, whi ch is a common side effect both during and after cancer treatment Further, a quarterly Ch emo Brain Workshop Improving Memory and Concentration was offered to patients experiencin g memory problems related to chemotherapy and other cancer treatments The workshops provi ded more than 40 community members with tips and strategies to help manage and improve mem ory during and after cancer treatment To help guide and support patients and their famili es before, during and after the course of treatment, the SGH Cancer Center team offered a licensed clinical social worker (LCSW), a certified dietitian, genetics counselors and can cer patient navigators for breast and various other cancers The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	, support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance In FY 2017, this included improving patient a nd family connections to community services, such as the ACS, San Diego Brain Tumor Founda tion, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen, 2-1-1 San Diego (2-1-1), JFS, FSD, and the Food Bank's Breast Cancer Case Management program, as well as other food and financial assistance programs The LCSW served more than 260 patients and f amily members in FY 2017, while an additional 33 community members contacted the LCSW for consultation regarding support groups and other SGH Cancer Center services and community r esources The breast health navigator is an RN certified in breast health who personally a ssists breast cancer patients and their families with navigating the health care system T he breast health navigator offers support, guidance, education, financial assistance refer rals and recommendations to community resources Through collaboration with community clin ics - including FHCSD, Neighborhood Healthcare and Borrego Health - the breast health navi gator identifies patients who may financially benefit from the Breast and Cervical Cancer Treatment Program Offered through the California Department of Health Care Services, the program provides urgently needed cancer treatment coverage for unfunded or underfunded low -income patients, while local clinics help facilitate the enrollment process Patients nee ding psychosocial support are referred to various local or national support groups, JFS's Breast Cancer Case Management program or the SGH Cancer Center Radiation Oncology Departme nt's LCSW The breast health navigator also plays an active role in community education at health fairs, providing educational literature about early detection of breast cancer and mammography guidelines, at no charge to the community In FY 2017, the breast health navi gator provided navigation assistance to 179 breast cancer patients in need, including many with late-stage cancer diagnoses Since 2014, a cancer patient navigator has been designa ted for patients with cancers other than breast, including patients with head and neck can cers, lung cancer, anal and esophageal cancers as well as any cancer patient with complex care needs The cancer patient navigator supports patients and their family members throug h care coordination and connection to needed resources, including transportation, translat ion needs, financial assistance, speech therapy, nutritional support, feeding tube support , social work services and more In addition, the cancer patient navigator offers psychoso cial support and education about the side effects of radiation therapy Since the inceptio n of SGH's navigator program, the cancer patient navigator has assisted approximately 325 patients and their families Two genetics counselors assist patients and family members at SGH and SMH through risk asse

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ssment, counseling, genetic testing for personal and family history of cancer, and referra ls for high-risk patients The SGH Cancer Center's certified dietitian assists patients re ceiving radiation therapy or combined radiation and chemotherapy who are at high-risk for malnutrition This most often includes patients with head and neck, esophageal, lung, panc reatic and pelvic cancers - including some cervical and rectal The dietitian provided one -on-one nutrition assessments, education and follow-up to 137 patients in FY 2017 Through out FY 2017, SGH helped raise community awareness of cancer through television interviews on 10News - ABC San Diego and KUSI News as well as through Newsradio 600 KOGO and various printed articles in The San Diego Union-Tribune, La Mesa Courier, and The East County Cali fornian Through these outlets, information was shared by a medical social worker, SGH Can cer Center staff and hospital physicians from a variety of specialties, including plastic surgery, oncology and gastroenterology Topics included breast cancer and reconstructive s urgery options, smoking cessation, immunotherapy for cancer treatment, answers to common q uestions about colon cancer, the link between tanning beds and skin cancer prevention and detection, detecting skin cancer under a tattoo, men's breast cancer, and Scanxiety The S GH Cancer Center conducts oncology clinical trials to support the discovery of new and imp roved treatments to help individuals overcome cancer and to enhance scientific knowledge f or the larger health and research communities In FY 2017, the SGH Cancer Center approache d and evaluated 248 patients for participation in oncology clinical trials As a result, 1 2 patients were enrolled in cancer research studies In FY 2017, clinical trials focused o n multiple types of cancer, including but not limited to breast, lung, neurological, prost ate, colorectal, melanoma and lymphomas FY 2018 Plan The SGH Cancer Center will do the fo llowing * Continue to provide cancer education, resources and breast self-exam demonstrat ions at community health fairs and events * Continue to provide a free biweekly breast can cer support group for women in all stages of breast cancer * Provide free community suppor t groups, including a group for community members with lung cancer and their caregivers, a group for men with cancer, and an art-themed group * Provide a quarterly Managing Scanxie ty workshop to support cancer patients who experience anxiety related to follow-up scans * Continue to host a free monthly Lunch and Learn educational series for cancer patients, s urvivors and their loved ones * Provide four Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment * Continue to p rovide ongoing personalized education, information, support and guidance to cancer patient s and their loved ones as they move through the continuum of care

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	rences the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC communi ty health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior hea lth as six priority health issues affecting members of the communities served by SGH * Th e HASD&IC 2016 CHNA process continued to identify the following among the top priority hea lth conditions in SDC hospitals diabetes, obesity, cardiovascular disease and stroke, men tal health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer , back pain, infectious disease and respiratory diseases * The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as havi ng a serious impact on the four priority health issues in SDC (cardiovascular disease, Typ e 2 diabetes, behavioral health and obesity) These social determinants are food insecuri ty and access to healthy food, access to care or services, homeless/housing issues, physic al activity, education/knowledge, cultural competency, transportation, insurance issues, s tigma, and poverty * Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC These strategies include behavioral health prevention and stigma red uction, education on disease management and food insecurity, integrating physical and ment al health care, better coordination of care, greater cultural competence and diversity, an d engagement of patient navigators and case managers in the community * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and Type 2 diabetes in more vulnerable communities within SDC's east region, such as El C ajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc , 2015) * According to d ata presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke According to the CD C, about half of Americans (47 percent) have at least one of these three risk factors Add itional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015) * HHSA's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactiv ity, and tobacco use) contributing to four chronic conditions (cancer, heart disease/strok e, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide In 2015, 54 percent of all deaths in SDC's east region were attributed to 3-4- 50 conditions, which was on par with the rate for SDC overall (54 percent)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* In 2015, cancer was the leading cause of death and heart disease was the second leading cause of death for SDC's east region * According to 2016 CHIS data, the self-reported obe sity rate for adults ages 18 and older in SDC's east region was 36 6 percent, which is hig her than the rate for SDC overall of 25 3 percent * In 2016, 17 9 percent of adults ages 18 and older in SDC's east region self-reported eating at fast-food restaurants four or mo re times each week, which is higher than the rate for SDC overall of 16 3 percent (CHIS, 2 016) * Obesity increases the risk of many health conditions, including CHD, stroke, Type 2 diabetes, and various cancers Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and ne ighborhood safety (UCLA Center for Health Policy Research, 2015) * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such a s heart disease, stroke, Type 2 diabetes, and certain types of cancer In In 2015-2016, 39 8 percent of Americans were obese (CDC, 2017) Objectives * Provide a variety of health a nd wellness education and services at events and sites throughout the community * Offer he alth and wellness education to the community through various media outlets FY 2017 Report of Activities Throughout FY 2017, SGH participated in community events, offered presentati ons at neighborhood sites, and partnered with local media sources to educate community mem bers about a variety of health and wellness topics In April, staff from a range of hospit al departments participated in Sharp's annual Women's Health Conference, where they offere d wellness education and services to approximately 1,000 attendees This included nutritio n education, recipes, healthy food samples, answering nutrition-related questions, and a p resentation titled Revive Your Eating Experience from an SGH RD At the conference, SGH al so provided more than 110 community members with osteoporosis heel screenings, education o n calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and pre vention In addition, hand screenings were provided at the conference, which included eval uations and recommendations for hand pain and discomfort Furthermore, SGH conducted three blood drives where nearly 120 SGH team members donated more than 100 pints of blood In M ay, SGH provided education on infection prevention to 200 seniors and their families at th e 18th annual ECSSP Senior Health Fair at the La Mesa Community Center SGH also particip ated in the Project Homeless Connect event sponsored by the Grossmont Healthcare District a nd Grossmont Center in June to offer needed services to the homeless During this one-day event at The Rock Church in El Cajon, SGH provided information about hepatitis A vaccinati ons as well as information about local food banks to 140 homeless community members Appro ximately 20 attendees received

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Academy of Nutrition and Dietetics - San Diego District, Emergency Nurses Association, Co unty Service Area - 69 Advisory Board, County of San Diego Prehospital Emergency Medical C are Committee, National Association of Orthopedic Nurses, Grossmont Healthcare District's Independent Citizens' Bond Oversight Committee, San Diego East County Chamber of Commerce, California Hospital Association (CHA) Board of Trustees, CHA Workforce Committee, HASD&IC , San Diego-Imperial County Council of Hospital Volunteers, Santee-Lakeside Rotary Club, G rossmont Healthcare District Community Grants and Sponsorships Committee, John A Davis Fa mily YMCA Board of Management, Santee Chamber of Commerce, Lantern Crest Senior Living Adv isory Board, Grossmont College Occupational Therapy Assistant Advisory Board, Angels Foste r Family Network, La Mesa Parks and Recreation, San Diego Freedom Ranch, AHA, Health Scien ces High and Middle College (HSHMC) Board, and San Diego Association of Directors of Volun teer Services FY 2018 Plan SGH will do the following * Continue to provide health and we llness offerings to community members at a variety of community events and other sites * C ontinue to provide health and wellness education through local news sources * In partnersh ip with San Diego Oasis and SGH clinical experts and affiliated physicians, provide a mont hly educational program on health and wellness topics for seniors (e g , vascular disease, fall prevention, stroke, etc) Identified Community Need Prevention of Unintentional Inj uries Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the mos t recent SDC community health statistics unless otherwise indicated Rationale * The HASD& IC 2016 CHNA continued to identify unintentional injury as one of the top priority health conditions seen in SDC hospitals * In 2015, accidents (unintentional injuries) were the f ifth leading cause of death for SDC's east region Unintentional injuries - due to motor v ehicle accidents, falls, pedestrian-related incidents, firearms, fire/burns, drowning, exp losions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), ch oking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natura l disasters and workplace injuries - are one of the leading causes of death for SDC reside nts of all ages, regardless of gender, race or region * In 2015, there were 204 deaths du e to unintentional injury in SDC's east region The region's age-adjusted death rate due t o unintentional injury was 39 1 deaths per 100,000 population, the second highest of all r egions in SDC and above the SDC age-adjusted rate of 34 3 deaths per 100,000 population

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* In 2015, there were 3,893 hospitalizations related to unintentional injury in SDC's east region The age-adjusted rate of hospitalizations was 738 6 per 100,000 population, which was above the county age-adjusted average of 586 0 per 100,000 population * In 2015, the re were 28,640 ED discharges related to unintentional injury in SDC's east region The age -adjusted rate for the east region was 6,032 1 per 100,000 population, which was the secon d highest of all regions and above the SDC age-adjusted rate (5,017 7 ED visits per 100,00 0 population) * Unintentional injury was the leading cause of death for children ages zer o to 14 years in 2015 The effects of safety campaigns, educational strategies, and change in parenting practices have all had a positive impact on the safety and well-being of chi ldren in the San Diego community (HHSA, 2012) * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal co rd injuries The physical, emotional, psychological and learning problems that affect inju red children, along with the associated costs, make reducing traumatic injuries a high pri ority for health and safety advocates throughout the nation Educational programs like Thi nkFirst increase knowledge and awareness of the causes and risk factors of brain and spina l cord injury, injury prevention measures, and the use of safety habits at an early age (w ww thinkfirst org/kids, 2015) * According to HP2020, most events resulting in injury, dis ability or death are predictable and preventable There are many risk factors for unintent ional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to hea lth services and systems created for injury-related care, and the social environment, incl uding individual social experiences (social norms, education, victimization history), soci al relationships (parental monitoring and supervision of youth, peer group associations, f amily interactions), the community environment (cohesion in schools, neighborhoods and com munities) and societal-level factors (cultural beliefs, attitudes, incentives and disincen tives, laws and regulations) * The California Department of Public Health's Burden of Chr onic Disease and Injury Report California, 2013 indicates that unintentional injuries are the leading cause of death in children and adults ages one to 44 in California * The sam e report states that injuries cause more than 16,000 deaths, 75,000 cases of permanent dis ability, 240,000 hospitalizations, and 2 3 million ED visits annually in California * In 2014, unintentional injuries accounted for 84 percent of all injury deaths among adults ag es 65 and older in the U S (National Center for Health Statistics, 2016) * A 2016 Nation al Vital Statistics Report titled Deaths Final Data for 2014 indicates that 59 4 percent of injury deaths in the U S i

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Since FY 2016, Sharp's ACP team has partnered with San Diego Health Connect, AIS, Health S ervices Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms throu gh the San Diego Healthcare Information Exchange, a countywide program that securely conne cts health care providers and patients to private health information exchanges The Sharp HospiceCare ACP team participates in this initiative - funded by the California Health Car e Foundation (CHCF) and supported by the CCCC and California Emergency Medical Services Au thority (EMSA) - to create an electronic POLST registry (POLST eRegistry) When a paper PO LST form is not readily available during an emergency, the patient's care may be hindered or conflict with their wishes The POLST eRegistry will improve access to critical informa tion through a cloud-based registry for completed POLST forms to be securely submitted and retrieved FY 2018 Plan Sharp HospiceCare will do the following * Provide free ACP and P OLST education and outreach to community members through phone and in-person consultations * Collaborate with community organizations to provide educational classes and events to r aise community awareness of ACP * In collaboration with SDCCC and SDCCEOLC, provide commun ity events to promote the importance of ACP in honor of NHDD * Continue to provide ACP edu cation and outreach to local, state and national health care professionals * Continue to s erve as a community resource regarding the End of Life Option Act * Continue to collaborat e with community partners to provide community members with access to advance directive an d POLST forms through the San Diego Healthcare Information Exchange * Continue to particip ate in the CHCF's POLST eRegistry initiative with CCCC and EMSA Identified Community Need Health Professions and Student Education and Training, and Volunteer Training Rationale r eferences the findings of the SHC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC comm unity health statistics unless otherwise indicated Rationale * Total employment in Califo rnia is projected to increase by 6 5 percent, or 9 8 million, from 2014 to 2024 The healt h care and social assistance sector is expected to be the fastest-growing service industry , increasing its employment share from 12 percent in 2014 to 13 6 percent in 2024 Occupat ions and industries related to health care are projected to add the most new jobs, with an increase of 2 3 million jobs (U S Bureau of Labor Statistics (BLS), 2015) * In its Empl oyment Projections - 2016-2026 report, the BLS projects that health care support occupatio ns and health care practitioners/technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations There are several factors leading to the increased demand for these professions, including projecte d population growth in the nex

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	t decade, aging of the U S population, greater numbers of people living with chronic cond itions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the total number of Americans with health ins urance coverage (BLS, 2016) * As of 2015, SDC was one of 26 counties in California design ated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Com mission (Office of Statewide Health Planning and Development Healthcare Atlas, 2017) * Th e BLS projects employment of more than 300,000 registered nurses (RNs) in California in 20 24, which would be an increase of 17 percent from 2014 Compared to other health care prac titioners and technical health care operators, RNs are projected to have the most opportun ity for employment in 2020 (BLS, 2014) * According to the HPNA, professional nurses play a leading role as members of the palliative care and hospice teams, and across the continu um of care, as primary team members who assess, direct, evaluate and coordinate patient ne eds during the illness experience Economic models project a significant shortage of betwe en 725,000 and 1 1 million professional nurses by 2030, underscoring the importance of pre paring nurses for the future (HPNA, 2015) * The BLS projects that the demand for home hea lth aides in California will grow 39 percent from 2014 to 2024 Older individuals often ha ve health problems and need help with daily activities Thus, as the U S population ages, the demand for home health aides will continue to increase (BLS, 2014) * Direct-care wor kers in California are responsible for providing 70 to 80 percent of the paid hands-on lon g-term care for older adults or those living with disabilities or other chronic conditions (Eldercare Workforce Alliance, 2014-2015) * The number of people reaching retirement wil l double by 2030, accounting for an eight percent increase in the U S population needing a wide range of professional health, home care, and social services An estimated 3 5 mill ion additional health care professionals will be needed by 2030 to care for older adults, while current workforce levels are already stretched Geriatrics health professions traini ng programs are critical to ensuring there is a skilled eldercare workforce and knowledgea ble, well-supported family caregivers available to meet the complex and unique needs of ol der adults (Eldercare Workforce Alliance, 2014-2015) * While the demand for doctors speci alizing in the medical care of elderly patients is increasing, the interest among medical students for a career in geriatrics is lagging behind Factors cited for the low interest among these students include the preference for young patients and acute somatic diseases that can be cured, the complexity of the geriatric population, and the lack of status and financial aspects of the career (Why Medical Students Do Not Choose a Career in Geriatrics A Systematic Review, BMC Med

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ical Education, 2015) * An AhA 2012 report titled Advanced Illness Management Strategies Engaging the Community and a Ready, Willing and Able Workforce identifies a critical shor tage of health care professionals working in hospice A task force appointed by the Americ an Academy of Hospice and Palliative Medicine estimates that between 2,800 and 7,500 physi cians are needed to bring current hospice programs up to appropriate staffing levels Addi tionally, only three percent of RNs identify hospice as their clinical specialty * The sa me report identifies a strong need for other trained professionals who play an integral ro le in AIM and end-of-life care, such as social workers, psychologists, case managers, diet itians, pharmacists, complementary therapists, caregivers, and certified nursing assistant s (AhA, 2012) * The San Diego Workforce Partnership (SDWP) recommends programs that provi de volunteer experiences to high school and post-secondary students, as on-the-job trainin g could provide real world experience for workers Programs that target underrepresented g roups and disadvantaged students could help increase the number of culturally competent he alth care workers (SDWP, 2011) * A 2014 report from the California Hospital Association t itled Critical Roles California's Allied Health Workforce Follow-Up Report emphasizes the importance of local hospitals providing clinical training for nurses and allied health pr ofessionals, as well as programs to support mentoring and hospital work experience for int erns and high school students In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large Object ives * Provide education and training opportunities around end-of-life care and ACP for st udents and interns * Through education, training and outreach, guide local, state and nati onal health care organizations in the development and implementation of appropriate servic es for the needs of the aging population, including individuals in need of AIM * Maintain active relationships and leadership roles with local and national organizations * Provide volunteer opportunities for adults and teens in the San Diego community FY 2017 Report of Activities In FY 2017, Sharp HospiceCare provided training opportunities for 55 nursing st udents and one ancillary student from colleges and universities including California State University San Marcos (CSUSM), San Diego State University (SDSU), Grand Canyon University , Touro University and Chamberlain University Students spent more than 1,350 hours shadow ing and learning from the nursing staff at Sharp HospiceCare's hospice homes

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp's ACP team supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and palliative care In F Y 2017, the team provided introductory education to approximately 450 students, including nursing students from Azusa Pacific University, University of San Diego and CSUSM, social work students from SDSU, and students from San Diego Mesa College Topics included ACP, PO LST, goals of care, hospice, palliative care, bioethics and bereavement Sharp HospiceCare leadership provided education, training and outreach to local, state and national health professionals throughout the year These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives Audiences included the Center to Advance Palliative Care , Advances in Palliative Care Conference, Baylor Scott & White Health, Athena Health, Amer ican Case Management Association - Southern California Chapter, National Symposium for Pal liative Care, California Department of Health Care Services, CCCC Annual Summit, CSU Insti tute for Palliative Care National Symposium, SDCCC and CSU Institute for Palliative Care C onference, and the 2017 NHPCO Interdisciplinary Conference Presentation topics included p alliative care, AIM, geriatric cognitive and functional decline, prognostication, successf ul aging, and ACP In July, Sharp HospiceCare hosted a continuing education conference tit led Advanced Illness Management The Right Care at the Right Time The free conference edu cated approximately 100 physicians, nurses, social workers, chaplains, bereavement counsel ors and other interested health care providers on the importance of having an organized ap proach to AIM for patients and their families, how to identify patients who are appropriat e for AIM, and how to develop practical steps to improve AIM and palliative care in the em ergency department Sharp HospiceCare provided education, resources and support for additi onal Sharp-sponsored conferences in FY 2017, including the Sharp Rees-Stealy Medical Group and Sharp Community Medical Group annual conferences, Sharp HealthCare Neuro-Oncology Con ference, Sharp HealthCare Cardiovascular Conference, Sharp HealthCare Pulmonary Conference and the SGH eighth annual Heart and Vascular Conference These conferences provided evide nce-based continuing education for more than 1,000 community health providers Further, in FY 2017, Sharp HospiceCare leadership continued to serve on the board and as a state hosp ice representative for NHPCO and CHAPCA Sharp HospiceCare continued to offer volunteer tr aining opportunities in FY 2017 in order to provide valuable knowledge and experience to v olunteers who are often working towards a career in the medical field Volunteers supporte d Sharp HospiceCare and those it serves by providing companionship to those near the end o f life, support for families a

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nd caregivers, and help with community outreach Sharp HospiceCare trained approximately 5 0 new volunteers in FY 2017 In addition, seven teenagers were trained through Sharp Hospi ceCare's Teen Volunteer Program, which provides teens with opportunities to participate in special projects in Sharp HospiceCare administration or at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes Volunteer opportunities were also extended to seven premedical students from SDSU, University of California, San Diego and CSUSM, who assiste d family caregivers in private homes Ten volunteers participated in Sharp HospiceCare's 1 1th Hour Program in FY 2017 Through this special program, volunteers accompanied end-of-l ife patients without family members present during their final moments as well as comforte d family members who were present while their loved one passed away In addition, approxim ately 12 volunteers were trained to provide integrative therapies, including Healing Touch , Reiki, aromatherapy and hand massage, to promote relaxation, restful sleep and enhanced quality of life for Sharp HospiceCare patients and their caregivers As WHV partners, Shar p HospiceCare provides veteran-centric education and training that qualifies volunteers to identify and work with patients who have military experience This includes the Vet-to-Ve t Volunteer program, which pairs war veteran volunteers with veteran patients, as well as honors veteran patients for their service through special pinning ceremonies FY 2018 Plan Sharp HospiceCare will do the following * Continue to provide education and training opp ortunities for nursing and other health care students and interns * Provide students with an end-of-life learning environment in community-based hospice homes * Continue to provide education, training and outreach to local, state and national organizations to support th e development and implementation of specialized services to meet the needs of the aging po pulation * Maintain active relationships and leadership roles with local and national orga nizations * Collaborate with San Diego County HVP to provide training to community health care professionals Identified Community Need Bereavement Counseling and Support Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC c ommunity health statistics unless otherwise indicated Rationale * The IOM's 2014 report t itled Dying in America Improving Quality and Honoring Individual Preferences Near the End of Life indicates that clinical care is not a person's sole priority near the end of life Patients and families may be deeply concerned with existential or spiritual issues, incl uding bereavement, and with practical matters of coping Appropriate support in these area s is an essential component of good care * According to the same report, risk factors for complicated grief among bereaved caregivers include fewer years of education, younger age of the deceased and lower sat

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Objectives * Provide bereavement education, resources, counseling and support to community members who have lost loved ones * Provide individuals and their families with referrals to community services * Provide the Memory Bear program to support community members who h ave lost loved ones FY 2017 Report of Activities Throughout FY 2017, Sharp HospiceCare off ered a variety of bereavement service options to help grieving community members learn eff ective ways to cope with the loss of a loved one Services included professional bereaveme nt counseling for individuals and families as well as free community education, support gr oups and monthly newsletter mailings In FY 2017, Sharp HospiceCare devoted nearly 2,200 h ours to home, office and phone counseling with people who have lost loved ones, providing them with bereavement counseling services from licensed clinical therapists with specific training in grief and loss Sharp HospiceCare's bereavement counselors also provided refer rals to community counselors, mental health services, bereavement support services and oth er community resources as needed Sharp HospiceCare continued to offer the Healing After L oss and the Widow's and Widower's bereavement support groups, which reached approximately 260 community members in FY 2017 Offered quarterly, the groups consisted of eight-week se ssions facilitated by skilled mental health care professionals with a specialization in th e needs of the bereaved The Healing After Loss support group focused on addressing the co ncerns of adults who were grieving the loss of a loved one Weekly themes included Introdu ction to the Grief Process, Strategies for Coping with Grief, Communicating with Family an d Friends, Experiencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Nat ural Grief and Depression, Use of Ceremony and Ritual to Promote Healing, and Who Am I Now ?/What Does Healing Look Like? The Widow's and Widower's support group addressed concerns of men and women who lost their spouse or partner Participants had the opportunity to sh are their emotional challenges and learn coping skills from group members facing similar l ife situations In May, Sharp HospiceCare offered support to adults who were grieving the loss of a parent through two Remembering Our Parents classes Held at the Peninsula Family YMCA and the Grossmont Healthcare District, the presentations helped approximately 20 com munity members recognize the nature of their loss, identify strategies to help them cope w ith grief, and discover a sense of hope as Mother's Day and Father's Day approached In Oc tober, a workshop titled Nurturing the Mind, Body and Soul provided strategies for self-ca re, self-compassion and healing following the death of a loved one to approximately 30 com munity members at Sharp's corporate office location Additional bereavement support in FY 2017 was offered to residents of Golden Age Garden apartments and staff at BO-beau kitchen & garden and Coaster Bar & Gr

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ill restaurants Sharp HospiceCare supported approximately 120 community members grieving the loss of a loved one during the 2016 holiday season In November, Sharp HospiceCare hel d its annual Healing Through the Holidays event at Sharp's system office, which included p resentations on understanding grief, improving coping skills, exploring the spiritual mean ing of the holidays in the face of grief, and reviving hope Two similar events titled Cop ing with Grief During the Holiday Season were held at the Coronado Public Library in Novem ber and at the Grossmont Health Care District in December These events provided practical suggestions for community members to cope with the painful feelings of loss that often ar ise during the holidays Additionally, Sharp HospiceCare provided a Support During the Hol iday Season bereavement support group on two days in December, which focused on developing coping skills to promote healing, as well as remembering your loved ones, through the hol idays Sharp HospiceCare continued to offer the Memory Bear program In this unique progra m, volunteers use garments of loved ones who have passed on to sew teddy bears as keepsake s for surviving friends and family In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families Sharp HospiceCare also continue d to mail its monthly bereavement support newsletter, Healing Through Grief, to community members for 13 months following the loss of their loved one Approximately 1,400 newslette rs were mailed each month during FY 2017 FY 2018 Plan Sharp HospiceCare will do the follo wing * Continue to offer individual and family bereavement counseling for community membe rs who have lost a loved one * Continue to provide referrals to community services * Conti nue to provide a variety of free bereavement support groups * Continue to provide events a nd support services for individuals grieving the loss of a loved one during the holiday se ason * Support at least 240 families through the Memory Bear program * Continue to provide 13 mailings of bereavement support newsletters Sharp HospiceCare Program and Service High lights * Advance care planning * Bereavement care services * Caregiver and family support * Homes for Hospice program * Hospice aides * Hospice nursing services * Integrative thera pies * Management for various hospice patient conditions, including * Alzheimer's disease * Cancer * Debility * Dementia * Heart disease * Human Immunodeficiency Virus * Kidney di sease * Liver disease * Pulmonary disease * Stroke * Music therapy * Social services suppo rt * Spiritual care services * Volunteer program * We Honor Veterans program Appendix A Sh arp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions i n Fiscal Year 2017 Community organizations are listed alphabetically * 2-1-1 San Diego B oard * A New PATH (Parents for

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Addiction, Treatment and Healing) * Adult Protective Services * Aging and Disability Reso urce Connection * Alliance for African Assistance * Altrusa International Club of San Dieg o * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego * Alzheimer's San Diego C lient Advisory Board * American Academy of Nursing * American Association of Colleges of N ursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives * American Diabetes Association * Ame rican Foundation for Suicide Prevention * American Heart Association * American Hospital A ssociation * American Lung Association * American Nurses Association * American Psychiatri c Nurses Association * American Red Cross of San Diego * Angels Foster Family Network * Th e Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral He althcare * Association for Clinical Pastoral Education * Association of California Nurse L eaders * Association of Fundraising Professionals - San Diego Chapter * Association of Wom en's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Cabrillo Credit Union Sharp Division Board * Cabr illo Credit Union Supervisory Committee * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Ho spitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Cou ncil * California Association of Marriage and Family Therapists San Diego Chapter * Califo rnia Association of Physician Groups * California Board of Behavioral Health Sciences * Ca lifornia College San Diego * California Department of Public Health (CDPH) * CDPH Healthca re Acquired Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare As sociated Infection Advisory Committee * CDPH Joint Advisory Committee * California Dieteti c Association * California Emergency Medical Services Authority * California Health Care F oundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Board of Trustees * CHA Cen ter for Behavioral Health * CHA Emergency Management Advisory Committee * CHA Hospital Qua lity Institute Regional Quality Leaders Network * CHA Workforce Committee * California Lib rary Association * California Maternal Quality Care Collaborative * California Perinatal Q uality Care Collaborative * California Society for Clinical Social Work Professionals * Ca lifornia State University San Marcos * California Teratogen Information Service * Caregive r Coalition of San Diego * Center on Policy Initiatives * Chicano Federation * Community H ealth Improvement Partners (CHIP) Behavioral Health Work Team

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	n of Healthcare Leaders * San Diego Physician Orders for Life-Sustaining Treatment Coaliti on/San Diego Coalition for Compassionate Care * San Diego Psych-Law Society * San Diego Re gional Chamber of Commerce * San Diego Regional Healthcare Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Fou ndation * San Diego State University * San Diego Workforce Partnership (SDWP) * SDWP Work Well Committee * Santee Chamber of Commerce * Santee-Lakeside Rotary Club * SAY San Diego * Second Chance * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Dieg o Health's Joint Venture Board * Sigma Theta Tau International Honor Society of Nursing * South Bay Community Services * South County Action Network * South County Economic Develop ment Council * Southern California Association of Neonatal Nurses * Southern Caregiver Res ource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssubi * St Paul's Retirement Home Foundation * SuperFood Drive * The Meeting Place * THE UNBATTLE PROJECT * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern Ca lifornia * VA San Diego Healthcare System * VA San Diego Mental Health Council * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Westminster Tower * Women, Infants and Children Program * Wreaths Acro ss America - San Diego * YMCA * YWCA Becky's House(r) * YWCA Board of Directors * YWCA Exe cutive Committee * YWCA Finance Committee * YWCA In the Company of Women Event

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Form 5471	Form 5471 has been filed on behalf of Grossmont Hospital Foundation by Sharp HealthCare (FEIN 95-6077327)

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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

2016

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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) Section 512(b)(13) controlled entity? No
(1)SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(2)GROSSMONT HOSPITAL CORPORATION (SGH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3)SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(4)SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(5)SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(6)SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(7)SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	OFFICES OF PHYSICIANS	CA	NA	N/A								

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)CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	NA	C Corporation					No
(2)CHARITABLE REMAINDER TRUST (3)	PROGRAM SUPPORT	CA	NA	Trust					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GROSSMONT HOSPITAL CORPORATION	P	937,143	ACCRUAL
(2)GROSSMONT HOSPITAL CORPORATION	B	4,443,709	ACCRUAL
(3)GROSSMONT HOSPITAL CORPORATION	C	1,235,429	ACCRUAL
(4)GROSSMONT HOSPITAL CORPORATION	N	70,273	ACCRUAL

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0124488
Name: Grossmont Hospital Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(3) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(4) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(5) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(6) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	