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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

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 Corporation

Doing business as

Sharp Grossmont Hospital

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8695 Spectrum Center Blvd

City or town, state or province, country, and ZIP or foreign postal code

San Diego, CA 921231489

F Name and address of principal officer

William S Evans

8695 Spectrum Center Blvd

San Diego, CA 921231489

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

33-0449527

E Telephone number

(858) 499-5150

G Gross receipts \$ 853,140,980

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.sharp.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile CA

Part I Summary

Activities & Governance

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

Grossmont Hospital provides inpatient and outpatient medical services to the community

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,134,990

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Daniel J Kindron CFO

Type or print name and title

2018-08-09

Date

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

Phone no (858) 535-7200

San Diego, CA 921212101

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

<b>4a</b>	(Code )	(Expenses \$ 621,160,056	including grants of \$ 375,025	(Revenue \$ 671,380,675 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	621,160,056
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	No
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29 Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,303
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b>	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?	Yes	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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>b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</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?	Yes	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

Form **990** (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,619,437	7,503,933	612,704

**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 ► 820

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	4,446,406			
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,812,595			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	85,000			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		12,544,069			
	<b>h Total.</b> Add lines 1a-1f . . . . .		17,344,001			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> MEDICARE/MEDICAID		900099	381,735,630	381,735,630	
	<b>b</b> PATIENT SERVICES		900099	284,611,676	284,611,676	
	<b>c</b> MEDICAL OFFICE LEASE		531120	3,429,726	3,429,726	
	<b>d</b> REFERENCE LAB		621500	535,241		535,241
	<b>e</b> CONTRACT PHARMACY		900099	481,749	481,749	
	<b>f</b> All other program service revenue			586,653	586,653	0
	<b>g Total.</b> Add lines 2a-2f . . . . .		671,380,675			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		8,963,048			8,963,048
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
			(i) Real	(ii) Personal		
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .					
			(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory		152,003,044	140,174		
	<b>b</b> Less cost or other basis and sales expenses		114,132,992	40,144		
	<b>c</b> Gain or (loss)		37,870,052	100,030		
	<b>d</b> Net gain or (loss) . . . . .		37,970,082			37,970,082
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b> Less direct expenses . . . . .	<b>a</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .					
	<b>b</b> Less direct expenses . . . . .	<b>a</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b> PARKING		812930	1,236,473		1,236,473	
<b>b</b> AUXILIARY		453220	880,888		880,888	
<b>c</b> HEALTH PLAN IT ACCESS FEES		900099	999,615		999,615	
<b>d</b> All other revenue . . . . .			193,062	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		3,310,038				
<b>12 Total revenue.</b> See Instructions . . . . .		738,967,844		670,845,434	535,241	50,243,168

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	375,025	375,025		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,140,123	1,857,173	1,282,950	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	169,164	169,164		
<b>7</b> Other salaries and wages.	275,179,163	271,339,919	3,839,244	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,174,723	9,026,192	148,531	
<b>9</b> Other employee benefits.	37,021,537	36,077,925	943,612	
<b>10</b> Payroll taxes.	20,306,855	20,003,268	303,587	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	23,015,705	21,597,633	1,418,072	
<b>b</b> Legal.	969,208	27,593	941,615	
<b>c</b> Accounting.	7,537,876		7,537,876	
<b>d</b> Lobbying.	42,267		42,267	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	304,281		304,281	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	45,279,409	43,562,271	1,717,138	0
<b>12</b> Advertising and promotion.	5,527,133	116,009	5,411,124	
<b>13</b> Office expenses.	19,420,133	17,363,806	2,056,327	
<b>14</b> Information technology.	26,528,319	25,732,469	795,850	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,912,844	7,691,511	2,221,333	
<b>17</b> Travel.	468,169	455,341	12,828	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	690,615	258,231	432,384	
<b>20</b> Interest.	3,323,976	2,900,433	423,543	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	30,895,763	24,465,226	6,430,537	
<b>23</b> Insurance.	3,537,565	3,058,212	479,353	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	83,679,054	83,679,054		
<b>b</b> MEDI-CAL PROVIDER TAX	21,461,254	21,461,254		
<b>c</b> SYSTEM ALLOCATION	31,169,490	20,827,851	10,341,639	
<b>d</b> REPAIRS AND MAINTENANCE	7,913,664	7,453,625	460,039	
<b>e</b> All other expenses	3,913,567	1,660,871	1,117,706	1,134,990
<b>25</b> Total functional expenses. Add lines 1 through 24e.	670,956,882	621,160,056	48,661,836	1,134,990
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		32,776,077	<b>1</b>	34,517,292
	<b>2</b>	Savings and temporary cash investments . . . . .		10,404,519	<b>2</b>	11,301,361
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		94,854,113	<b>4</b>	87,348,312
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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.			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		12,926,507	<b>8</b>	12,662,115
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		4,153,282	<b>9</b>	14,251,606
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	652,845,815		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	261,117,947		
				364,661,087	<b>10c</b>	391,727,868
	<b>11</b>	Investments—publicly traded securities . . . . .		399,922,689	<b>11</b>	429,661,760
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,243,415	<b>12</b>	1,179,789
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		23,753,147	<b>13</b>	24,203,648
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		6,516,349	<b>15</b>	490,464	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		951,211,185	<b>16</b>	1,007,344,215	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		55,991,262	<b>17</b>	54,006,342
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		8,552,104	<b>19</b>	13,373,870
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		15,500,000	<b>23</b>	15,500,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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.		97,722,350	<b>25</b>	90,276,562
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		177,765,716	<b>26</b>	173,156,774
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		756,715,743	<b>27</b>	816,631,667
	<b>28</b>	Temporarily restricted net assets . . . . .		15,612,323	<b>28</b>	16,437,371
	<b>29</b>	Permanently restricted net assets		1,117,403	<b>29</b>	1,118,403
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		773,445,469	<b>33</b>	834,187,441
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		951,211,185	<b>34</b>	1,007,344,215	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	738,967,844
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	670,956,882
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	68,010,962
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	773,445,469
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,245,275
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,976,285
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	834,187,441

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		



# Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 33-0449527  
**Name:** Grossmont Hospital Corporation

Form 990 (2016)

**Form 990, Part III, Line 4a:**

Grossmont Hospital provides inpatient and outpatient services to the community. Patient days were 130,123 and outpatient visits were 292,312 for the twelve months ended 9/30/17. See Community Benefit Report on Schedule O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael W Murphy PRESIDENT & CEO SHC	6 0 ..... 58 0	X		X				0	1,840,078	108,207
William S Evans CEO GHC	60 0 ..... 0 0	X		X				0	768,699	20,042
Tom Cantor SECRETARY	2 0 ..... 0	X		X				0	0	0
Jerry Fazio VICE CHAIR	2 0 ..... 0	X		X				0	0	0
David Grundstrom CHAIR	2 0 ..... 2 0	X		X				0	0	0
Randolph Lenac TREASURER	4 0 ..... 0	X		X				0	0	0
Michael Emerson DIRECTOR	2 0 ..... 0	X						0	0	0
Allan Goetz DIRECTOR	2 0 ..... 0	X						0	0	0
Peter Hanson MD DIRECTOR	2 0 ..... 2 0	X						27,563	0	0
Tom Karlo DIRECTOR	2 0 ..... 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shakeel Kazi DIRECTOR	2 0 ..... 0	X						0	0	0
Diane Keltner DIRECTOR	1 0 ..... 0	X						0	0	0
Jay La Suer DIRECTOR	2 0 ..... 0	X						0	0	0
Brian Moore MD DIRECTOR	2 0 ..... 0	X						30,558	0	0
Ron Oberndorfer DIRECTOR	1 5 ..... 0	X						0	0	0
Eric Orr MD DIRECTOR	2 0 ..... 0	X						60,000	0	0
Jim Parker DIRECTOR	5 0 ..... 0	X						0	0	0
K Michael Peddecord DIRECTOR	2 0 ..... 0	X						0	0	0
Bettie Wells DIRECTOR	2 0 ..... 0	X						0	0	0
Ann Pumpian SVP & CFO SHC	1 0 ..... 28 0			X				0	983,486	52,605



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Glicerio Cid Jr ADVANCED CLINICIAN	76 0 ..... 0					X		293,985	0	17,818
Patrick Guo LEAD MED RAD PHYSICIST	45 0 ..... 0					X		242,344	0	14,681
Maria McCane CN WEEKEND	61 0 ..... 0					X		237,416	0	19,158
Barbara Hazer PHARMACIST	40 0 ..... 0					X		222,080	0	30,680
Maryann Cone FORMER KEY EMPLOYEE	0 0 ..... 0 0						X	0	327,802	16,229
Janet Hanley FORMER KEY EMPLOYEE	0 0 ..... 40 0						X	0	240,424	28,431
Kari Cornicelli FORMER OFFICER	0 0 ..... 50 0						X	0	304,424	38,685

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service Name of the organization Grossmont Hospital Corporation		Employer identification number 33-0449527

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

**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 in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> 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).

<b>Facts And Circumstances Test</b>

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b> ▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ <b>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	<b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		

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

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

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

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

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

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

Name of the organization Grossmont Hospital Corporation	<b>Employer identification number</b> 33-0449527
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

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

☐ 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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		42,267
<b>j</b>	Total. Add lines 1c through 1i			42,267
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA). CHA, HASD&IC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes. GHC's FY 2017 portion of annual dues calculated to have been used for lobbying was \$42,267.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Grossmont Hospital Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA). CHA, HASD&IC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes. GHC's FY 2017 portion of annual dues calculated to have been used for lobbying was \$42,267.



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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Grossmont Hospital Corporation				Employer identification number 33-0449527	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		581,843		581,843
b Buildings		483,622,121	182,890,761	300,731,360
c Leasehold improvements		4,824,444	2,253,874	2,570,570
d Equipment		102,662,150	66,403,089	36,259,061
e Other		61,155,257	9,570,223	51,585,034
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				391,727,868

Schedule D (Form 990) 2016

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MARK TO MARKET SWAP	
LONG TERM PENSION LIABILITY	3,989,807
LONG TERM WORKERS' COMPENSATION LIABILITY	380,108
OTHER LIABILITIES	85,000
INTERCOMPANY PAYABLE	11,363,909
ALLOCATED TAX EXEMPT BONDS	68,100,766
CAPITAL LEASES	5,335,697
PROGRAM RESERVES	1,021,275
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	90,276,562

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	712,581,234
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-11,245,275
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-234,776
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-11,480,051
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	724,061,285
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	304,281
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	14,602,278
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	14,906,559
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	738,967,844

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	669,349,414
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	107,598
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	107,598
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	669,241,816
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	304,281
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,410,785
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,715,066
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	670,956,882

**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:** 33-0449527  
**Name:** Grossmont Hospital Corporation

**Form 990, Schedule D, Part X, - Other Liabilities**

1	(a) Description of Liability	(b) Book Value
	MARK TO MARKET SWAP	
	LONG TERM PENSION LIABILITY	3,989,807
	LONG TERM WORKERS' COMPENSATION LIABILITY	380,108
	OTHER LIABILITIES	85,000
	INTERCOMPANY PAYABLE	11,363,909
	ALLOCATED TAX EXEMPT BONDS	68,100,766
	CAPITAL LEASES	5,335,697
	PROGRAM RESERVES	1,021,275

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 Grossmont Hospital Corporation that are restricted for a variety of purposes, such as hospice and hospice homes, diabetes, nursing education, cancer treatment, hospital equipment and technology, and more

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2017 and 2016, no such assets or liabilities were recorded.</p>



## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Foundation Donations to Individuals - 107598 Loss on Disposal of Assets - -342374

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Donations of Capital / Donation for Capital Purchased - 13477728 Medical Staff / Auxiliary Revenue - 1124550

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Foundation Donations to Individuals - 107598

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Medical Staff / Auxiliary Expenses - 1068411 Loss on Disposal of Assets - 342374

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Grossmont Hospital Corporation

Employer identification number

33-0449527

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

3a

Yes

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

No

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,873,840	0	6,873,840	1 02 %
b Medicaid (from Worksheet 3, column a)			230,425,848	188,434,597	41,991,251	6 24 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,306,104	1,324,860	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	238,605,792	189,759,457	48,865,091	7 26 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			796,272	0	796,272	0 12 %
f Health professions education (from Worksheet 5)			466,334	0	466,334	0 07 %
g Subsidized health services (from Worksheet 6)			86,219,728	71,562,029	14,657,699	2 18 %
h Research (from Worksheet 7)				0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			324,865	0	324,865	0 05 %
j Total. Other Benefits	0	0	87,807,199	71,562,029	16,245,170	2 41 %
k Total. Add lines 7d and 7j	0	0	326,412,991	261,321,486	65,110,261	9 67 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			17,160	0	17,160	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support			30,695	30,695	0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	47,855	30,695	17,160	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	9,088,014		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	93,435,985
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	124,756,435
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-31,320,450
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> GROSSMONT IMAGING LLC	JOINT VENTURE-DIAGNOSTIC IMAGING	50 %	0 %	50 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
GROSSMONT HOSPITAL CORPORATION**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

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



**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

GROSSMONT HOSPITAL CORPORATION

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? . . . . .</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</p> <p><b>g</b> <input type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>13</b> Yes	
<p><b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .</p> <p><b>15</b> Explained the method for applying for financial assistance? . . . . .</p> <p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>14</b> Yes	
<p><b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a></u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a></u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a></u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>15</b> Yes	
	<b>16</b> Yes	

**Part V Facility Information** (continued)**Billing and Collections**

GROSSMONT HOSPITAL CORPORATION

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

GROSSMONT HOSPITAL CORPORATION

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
<b>1</b> SHARP HOSPICE CARE 8881 FLETCHER PARKWAY SUITE 336 LA MESA, CA 91942	HOSPICE
<b>2</b> PMB MEDICAL OFFICE BUILDING 8860 CENTER DRIVE SUITE 100 LA MESA, CA 91942	OUTPATIENT SERVICES
<b>3</b> GROSSMONT MEDICAL PLAZA 5525 GROSSMONT CENTER DRIVE SUITE L LA MESA, CA 91942	OUTPATIENT SERVICES
<b>4</b> BRIAR PATCH 9000 WAKARUSA ROAD LA MESA, CA 91942	OUTPATIENT SERVICES
<b>5</b> GROSSMONT IMAGING LLC 8881 FLETCHER PARKWAY SUITE 102 LA MESA, CA 91942	JOINT VENTURE - DIAGNOSTIC IMAGING
<b>6</b> PMB MEDICAL OFFICE BUILDING 8860 CENTER DRIVE SUITE 200 LA MESA, CA 91942	OUTPATIENT SERVICES - INFUSION
<b>7</b> LAKEVIEW HOSPICE HOME 9472 LOREN DRIVE LA MESA, CA 91942	HOSPICE HOME
<b>8</b> PARKVIEW HOSPICE HOME 5788 LYDEN WAY SAN DIEGO, CA 92120	HOSPICE HOME
<b>9</b> GROSSMONT IMAGING LLC 9640 MISSION GORGE ROAD SUITE H SANTEE, CA 92071	JOINT VENTURE - DIAGNOSTIC IMAGING
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f PART I, LINE 7 COL F	Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation
Schedule H, Part VI, Line 7 PART VI, LINE 7	Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefit Report to the California OSHPD The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2017 is available online at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 PART III, LINE 3	No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity
Schedule H, Part III, Line 7 PART III, LINE 7	The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows: Medicare revenue received reported on Parts I and III - \$164,998,014 Medicare allowable costs reported on Parts I and III - \$190,732,979 Shortfall included on Parts I and III - \$(25,734,965) Actual Medicare revenue received - \$167,382,628 Actual Medicare cost - \$206,880,174 Actual Medicare shortfall - \$(39,497,546) Additional Medicare shortfall not on Parts I and III - \$(13,762,582)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Sharp HealthCare
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care Ratios of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, so worksheet C represents direct revenue and expense plus stepdown from Overhead departments The Ratio of Cost to Charges (RCC) by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer



**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Grossmont Hospital Corporation must accept the Medicare established rates whether they cover the cost or not Ratios of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments The RCC by CMS line was then applied to the applicable revenue departments broken down by payor to obtain the fully weighted cost by payer
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Sharp does not initiate collection activities on accounts known to be eligible for Financial Assistance or Charity care It is also Sharp's policy to recall/cancel accounts assigned to a collection agency if it is determined, at any time, a patient account is eligible for Financial Assistance or Charity care

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- GROSSMONT HOSPITAL CORPORATION Line 16a URL <a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a> ,
Schedule H, Part V, Section B, Line 16b FAP Application website	- GROSSMONT HOSPITAL CORPORATION Line 16b URL <a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a> ,

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- GROSSMONT HOSPITAL CORPORATION Line 16c URL <a href="https://www.sharp.com/patient/billing/financial-assistance.cfm">https://www.sharp.com/patient/billing/financial-assistance.cfm</a> ,
Schedule H, Part VI, Line 2 Needs assessment	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) more than 20 years. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. SGH reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, SGH also considered the expertise and mission of its programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region. SGH is committed to the health and well-being of its community, and the findings of SGH's most recent (2016) CHNA help inform the activities and services provided by SCHHC to improve the health of its community members. These programs are detailed in SGH's FY18-FY 21 implementation strategy, which are available online to the community at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a>. SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues. Beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. Obesity is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH: Women's and prenatal health services and education; Prevention of unintentional injuries; Support during the transition of care process for high-risk, underserved and underfunded patients; Collaboration with local schools to promote interest in health care careers. These programs are detailed further in the SGH section of Sharp HealthCare's FY 2015 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>. In addition, SGH incorporates community priorities and community input into its strategic plan and develops service line-specific goals. Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels. Prepares and distributes information on community benefits programs and services through its foundation and community newsletters. Consults with representatives from a variety of departments, to discuss, plan and implement community activities.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third-party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p>
Schedule H, Part VI, Line 4 Community information	<p>The community served by Sharp Grossmont Hospital includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. For SGH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon. In SDC's east region in 2016, 100 percent of surveyed children ages zero to 11 and 100 percent of surveyed children ages 12 to 17 had health insurance coverage, which meet the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65. 96.5 percent of surveyed adults ages 18 to 64 had health insurance, which falls short of the HP2020 target. In the east region in 2016, 11.3 percent of adults ages 18 to 64 did not have a usual source of care and 8.9 percent of these adults had health insurance. In addition, 8.7 percent of adults without a usual source of care reported fair health outcomes. In 2015, the unemployment rate in SDC's east region was 11.3 percent, which was higher than the rate for SDC overall (10.3 percent). During 2015-2016, 16.9 percent of adults ages 18 to 64 in SDC's east region reported living below the federal poverty level (FPL). Among east region adults with a household income below 200 percent FPL, 44.8 percent of those surveyed in 2015-2016 reported experiencing food insecurity (lack of access to healthy food). In addition, 17.8 percent of east region adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. East region figures for food insecurity and CalFresh participation during 2015-2016 were higher than the rates for the county overall (42.4 percent and 17.5 percent, respectively). Further, 10.5 percent of east region adults with a household income below 300 percent FPL received Supplemental Security Income, higher than SDC overall (8.6 percent). In 2015, there were 63,901 residents ages 65 and older in SDC's east region, representing 14.4 percent of the total regional population and a higher proportion than any other region in the county. Between 2015 and 2020, it is anticipated that the east region's senior population will grow by 20.7 percent, slower than the growth rate for seniors in SDC overall (22 percent).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Sharp Grossmont Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices reduce the costs of green practices and facilitate implementation of sustainable initiatives. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. These programs include but are not limited to regular donations of surplus food to San Diego Rescue Mission and the San Diego Food Bank, a cooking oil recycling program, composting, and active membership in San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. In FY 2017, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster. Sharp's emergency preparedness team offered educational courses to first responders and health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. Through participation in the U.S. Department of Health &amp; Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp's acute-care hospitals, Sharp Rees-Stealy Medical Group Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, other San Diego hospitals and health systems, community clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriff's Department and the Marine Corps Air Station Miramar Fire Department. The partnership continually identifies and develops relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve San Diego County and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting San Diego. 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 with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.</p>
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 524 licensed beds, Sharp Grossmont Hospital is the largest provider of health care services in San Diego's East County, and operates one of the busiest emergency rooms in San Diego County. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Grossmont Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CA

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 33-0449527  
**Name:** Grossmont Hospital Corporation

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 WWW.SHARP.COM/GROSSMONT 080000006	X	X					X			



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SGH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted Community engagement activities of the collaborative 2016 CHNA included 19 key informant interviews, facilitated discussions with 87 care coordinators (community partnership discussions), and input from more than 230 community residents through a Health Access and Navigation ("Roadmap") Survey Key informants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities Further, SGH-specific community and patient engagement efforts included additional key informant interviews, facilitated discussions with nearly 40 health care professionals and the collection of nearly 100 more Health Access and Navigation Surveys from patients and community members These community engagement activities were conducted from July, 2015 through March, 2016

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION The SGH 2016 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SGH's 2016 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION The findings of SGH's 2016 Community Health Needs Assessment (CHNA) further dove into priority health needs impacting the communities served by SGH, particularly those community members facing inequities, as well as provide d insight gathered from direct conversations with the community SGH's 2016 CHNA continued to identify the following health needs for its community * Behavioral Health (Mental Hea lth) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health Furthe r, in recognition of the significance of various forms of cancer prioritized in the 2013 C HNA process, as well as discussion with SGH team members and the priorities they observe i n their patient population, SGH's 2016 CHNA also identified cancer as a priority health ne ed to address in its community SGH reviewed its 2016 CHNA to assist in the design and imp lementation of programs and services provided at SGH for its community members In identif ying these priorities, SGH also considered the expertise and mission of its programs and s ervices, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region SGH provides programming and services that ad dress the following identified community health needs cancer, cardiovascular disease, typ e 2 diabetes, senior health, obesity and behavioral health (clinical services only for the latter - please see details below) SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals livin g with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH al so provides a dedicated psychiatric assessment team in the emergency department (ED) and a cute care, as well as hospital-based outpatient programs that serve individuals dealing wi th a variety of behavioral health issues However, beyond these clinical services, SGH doe s not have the resources to comprehensively meet the need for community education and supp ort around the identified health need of behavioral health Consequently, the community ed ucation and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which a re the major providers of behavioral health and chemical dependency services in SDC The i dentified health need of obesity is not specifically targeted in education, however is add ressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabe tes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC - including the region served by SGH - provide structur ed weight management and health education programs to community members, such as smoking c essionation and stress management

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>, long-term support for weight management and fat loss, and personalized weight-loss programs SGH's most recent implementation strategy (FY 2018 - FY 2021), available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments">https://www.sharp.com/about/community/community-benefits/health-needs-assessments</a> cfm detail s specific programs that SGH provides to address needs identified in its 2016 CHNA, as well information on identified health needs that SGH lacks resources to comprehensively address Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH</p> <ul style="list-style-type: none"> <li>* Women's and prenatal health services and education</li> <li>* Prevention of unintentional injuries</li> <li>* Support during the transition of care process for high-risk, underserved and underfunded patients</li> <li>* Collaboration with local schools to promote interest in health care careers</li> </ul> <p>These programs are detailed further in the SGH section of Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report">https://www.sharp.com/about/community/community-benefits/benefit-report</a> cfm</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Grossmont Hospital Grossmont Hospital does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, Grossmont Hospital makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

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As Filed Data -

DLN: 93493221012818

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

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](http://www.irs.gov/form990).

Name of the organization  
Grossmont Hospital Corporation

Employer identification number  
33-0449527

**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) California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501 (c) (3)	219,921				Medi-Cal Program
(2) Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489	33-0124488	501 (c) (3)	123,554	35	FMV	Snacks for Regatta	Sponsorship - Continuing Medical Education, Gala, Golf Tournament, Regatta

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)					
(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 Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission. No monitoring is done after grants are made.



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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

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

**Part III** **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 33-0449527  
**Name:** Grossmont Hospital Corporation

**Part III, Supplemental Information**

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) PART II, LINE 3 ,COL B(I)	Compensation was paid to Dr Peter Hanson through Peter B Hanson MD Inc by Grossmont Hospital Corporation for medical director services

**Part III, Supplemental Information**

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) PART II, LINE 4, COL B(I)	Compensation was paid to Dr Brian Moore through X-Ray Medical Group by Grossmont Hospital Corporation for past Chief of Staff services

**Part III, Supplemental Information**

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) PART II, LINE 5, COL B(I)	Compensation was paid to Dr Eric Orr through Carl Eric Orr MD Inc by Grossmont Hospital Corporation for chief of staff services

**Part III, Supplemental Information**

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.



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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Michael W Murphy PRESIDENT & CEO SHC	(i)	0	0	0	0	0	0	0
	(ii)	1,383,503	382,168	74,407	87,784	-	-	0
						20,423	1,948,285	
1William S Evans CEO GHC	(i)	0	0	0	0	0	0	0
	(ii)	633,443	100,462	34,794	0	-	-	0
						20,042	788,741	
2Kan Comicelli FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	235,620	49,518	19,286	19,665	-	-	0
						19,020	343,109	
3Ann Pumpian SVP & CFO SHC	(i)	0	0	0	0	0	0	0
	(ii)	788,611	161,431	33,444	37,083	-	-	0
						15,522	1,036,091	
4Staci L Dickerson SVP & CFO SHC	(i)	0	0	0	0	0	0	0
	(ii)	316,011	64,652	25,231	18,709	-	-	0
						13,858	438,461	
5Carlisle C Lewis III SVP LEGAL/HR	(i)	0	0	0	0	0	0	0
	(ii)	740,698	136,010	32,516	42,354	-	-	0
						19,555	971,133	
6Daniel J Kindron CFO GHC	(i)	0	0	0	0	0	0	0
	(ii)	195,277	32,699	8,064	7,919	-	-	0
						1,292	245,251	
7Maryann Cone FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	129	0	327,673	16,229	-	-	0
						0	344,031	
8Janet Hanley FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	198,488	40,197	1,739	15,050	-	-	0
						13,381	268,855	
9Anthony Damico COO GHC	(i)	0	0	0	0	0	0	0
	(ii)	273,707	39,984	20,751	14,821	-	-	0
						8,444	357,707	
10Louise White VP PATIENT CARE GHC	(i)	0	0	0	0	0	0	0
	(ii)	254,656	42,805	2,384	12,079	-	-	0
						14,112	326,036	
11Suzanne Johnson VP HOSPICE	(i)	0	0	0	0	0	0	0
	(ii)	198,490	45,424	10,692	13,012	-	-	0
						18,050	285,668	
12Kenneth Schell DIR PHARMACY GHC	(i)	205,225	27,597	2,095	6,687	13,823	255,427	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Jason Broad VP PERFORMANCE EXCELLENCE	(i)	0	0	0	0	0	0	0
	(ii)	171,284	28,661	530	11,959	-	-	0
						7,962	220,396	
14Hoangmy Nguyen DIR PHARMACY GHC	(i)	233,653	36,376	545	7,555	13,329	291,458	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15Nancy Greengold CMO GHC	(i)	0	0	0	0	0	0	0
	(ii)	362,072	10,000	26,422	11,843	-	-	0
						8,805	419,142	
16Gliceno Cid Jr ADVANCED CLINICIAN	(i)	289,135	0	4,850	10,205	7,613	311,803	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17Patrick Guo LEAD MED RAD PHYSICIST	(i)	233,051	0	9,293	13,052	1,629	257,025	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18Maria McCane CN WEEKEND	(i)	232,862	0	4,554	11,610	7,548	256,574	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19Barbara Hazer PHARMACIST	(i)	210,576	0	11,504	22,843	7,837	252,760	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Grossmont Hospital Corporation

Employer identification number  
33-0449527

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEPHEN HANLEY	Stephen Hanley, an employee of GHC, is the son of Janet Hanley, a former key employee of GHC	64,849	EMPLOYMENT		No
(2) MARY ANN PEDDECORD	May Ann Peddecord is employee of GHC and spouse of Kenneth Peddecord, Director	104,315	EMPLOYMENT		No
(3) CONTRIBUTOR #3 FROM SCHEDULE B	GHC purchased equipment and service from contributor #3 on Schedule B	367,225	Grossmont Hospital Corporation purchased equipment and service agreements from contributor #3 from Schedule B, a substantial contributor of Grossmont Hospital Corporation		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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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](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Grossmont Hospital Corporation

Employer identification number  
33-0449527

Part I

Types of Property

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

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

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 Explanations of reporting method for number of contributions	Other - Heart & Vascular Number of Contributions Other - Co-Gen Number of Contributions Other - Supplies

Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 33-0449527  
Name: Grossmont Hospital Corporation

Part I, Lines 25-28

	(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
Other ► (Heart & Vascular )	X	12	9,141,814	Cost
Other ► (Central Power Plant )	X	12	3,243,065	Cost
Other ► (EAST TOWER )	X	7	54,844	Cost
Other ► (Co-Gen )	X	1	16,950	Cost
Other ► (Supplies )	X	3	2,396	Cost
Other ► (Equipment )	X	1	85,000	Cost

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Grossmont Hospital Corporation**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

33-0449527

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>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 people, 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</p> <p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees</p> <p><b>FOUR ACUTE CARE HOSPITALS</b> Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista 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 the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center</p> <p><b>THREE SPECIALTY CARE HOSPITALS</b> Sharp Mary Birch Hospital for Women &amp; Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gyn</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>ecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; 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 patients 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 comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy 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 The operations of Sharp HospiceCare are reported within SGH</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>e For more than 18 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none"><li>* The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe."</li><li>* The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed 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.</li><li>* The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient—treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate.</li></ul> <p>Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * 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 this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ol style="list-style-type: none"> <li>1. Demonstrate and improve clinical excellence and exceed customer expectations.</li> <li>2. Keep patients, employees and physicians safe and free from harm.</li> <li>3. Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members.</li> <li>4. Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision.</li> <li>5. Achieve financial results to ensure Sharp's ability to deliver on its mission and vision.</li> <li>6. Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development.</li> <li>7. Be an exemplary public citizen by improving the health of our community and environment.</li> </ol> <p>Awards Below please find a selection of recognitions Sharp has received in recent years. In 2013, 2014, 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 those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was ranked No. 45 out of 500 large employers on Forbes' 2017 America's Best Employers listing. In 2016, Sharp ranked No. 16 and received the No. 2 spot on the newcomer's list. Sharp was also ranked No. 52 out of 250 organizations 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 Work in Healthcare" by Becker's Hospital Review. The list recognizes hospitals, health systems and organizations committed</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>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 Group" in the annual San Diego Union-Tribune Readers Poll. Sharp ranked second in this category in 2016. SMH ranked first for "San Diego's Best Hospital" in 2017 while ranking second in this category in 2016. Also in 2016, SMBHWN and SGH ranked third and fourth, respectively, 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 Diego's Best Medical Group" and was recognized as "San Diego's Best Hearing Aid Store" in 2017. 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 received MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC). The MAGNET Recognition 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 &amp; Health Networks magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective. In 2007, SCHHC became a Designated Planetree Person-Centered Hospital and was re-designated in 2017 for the fourth consecutive time. Additionally, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-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 Planetree Person-Centered Hospital. In 2014, SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital. SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide (CO2) into the atmosphere. SCHHC first earned the ES certification in 2007, then again each year from 2010 through 2013, and most recently in 2017. SCVMC received ES certification from 2009 to 2011 as well as in 2013, 2015 and 2017. San Diego Gas &amp; Electric (SDG&amp;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 techniques to the community. SDG</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>&amp;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 City of San Diego Environmental Services Department's annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste-reduction programs in 2013. Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives. As the 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 composting. Sharp was one of five awardees in San Diego to receive a 2016 EMIES UnWasted Food Award by the San Diego Food System Alliance for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team. In 2016, Sharp ranked third on San Diego Business Journal's list of Healthiest Companies. The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families. In 2015, Sharp Best Health received the American Heart Association (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community. SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is on going, job-embedded education for the adults who serve those students. HSHMC was one in approximately 200 schools and districts in the U.S. and Canada - and the first school in SDC - to receive this honor. In addition, HSHMC was a 2014 National School Safety Advocacy Council award winner. Lectures and Continuing Education Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2017, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included stroke treatment techniques, health information technology (HIT), diabetes, spiritual care in the health care setting, a variety of health administration topics, electronic medical records, clinical informatics and change management, spinal cord injury (SCI), and topics related to end-of-life care, including advance care planning, Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care. Lectures were delivered to students at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), California State University San Marcos (CSUSM) and the University of St. Augustine. These students were enrolled in a variety of programs, including nursing, nurse practitioner, physical therapy, medical assisting, HIT, health care informatics and public health. Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2017, Sharp's CME Department invested more than 546 hours in live and online CME activities for San Diego health care providers. This included conferences on advanced illness management, patient safety, cardiology, oncology, urgent care, kidney transplant and osteopathic medicine, as well as presentations on HROs, telehealth, physician leadership, sepsis, infection prevention and opioid usage. Research Sharp Center for Research Innovation is critical to the future of health care. The Sharp Center for Research supports innovation through its commitment to protecting re</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Outcomes 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 delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC. The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions. The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. In addition, in FY 2017, ORI research studies were presented at various professional conferences, including the Health Care Systems Research Network Conference in San Diego, the Cardiovascular Disease and Stroke Scientific Sessions in Arlington, Virginia, and the Academy Health Annual Research Meeting in New Orleans, Louisiana. Presentations included Utilizing Data Analytics and Innovation Partnerships to Reduce Hospital Readmissions, Influence of Ethnic and Gender Diversity in Quality of Care for Patients Receiving Treatment for Acute Myocardial Infarction, and Impact of Behavioral Health Data in Improving Prediction of Hospital Patient Readmissions. Beginning in September 2016, the ORI expanded its capabilities by adding a full-time postdoctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student. Based on the successful contributions of these programs, the ORI has hired a full-time clinical psychologist, renewed the graduate student practicum placement, and will offer new research training experiences for three psychology undergraduate students in FY 2018. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>eon, anesthesiologist, cardiologist, respiratory therapist, nurses and support staff, performed surgery for eight children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care. Also in May, a Sharp team member helped co-lead a team of eight PLNU students on a mission trip to Armenia with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world. The team provided numerous services to Armenian families, including donating clothing to the impoverished, repainting local schools, helping a local church move to a larger facility, and encouraging local churches in their ministry to women, children and teens.</p> <p>Community Walks Heart disease is the leading cause of death in the U.S. For the past 21 years, Sharp has proudly supported the AHA's annual San Diego Heart &amp; Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In September 2017, approximately 960 walkers represented Sharp at the 2017 San Diego Heart &amp; Stroke Walk held at Balboa Park. More than 120 teams, representing entities across the Sharp system, raised funds for the walk through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp has maintained its position as the No. 1 team in San Diego for the past 21 years and was the No. 2 team in the AHA Western States Affiliate for the third year in a row, raising more than \$217,700 and setting a SHC fundraising record. To date, Sharp has raised more than \$3 million through its San Diego Heart &amp; Stroke Walk fundraising efforts.</p> <p>Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals to assist with a wide variety of programs, events and initiatives across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients within Sharp's hospitals, community events for the general public, and activities supporting Sharp's various foundations. On average, more than 1,780 individuals actively volunteered at Sharp each month in FY 2017, contributing a total of nearly 253,900 hours of service to Sharp and its initiatives. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's foundations. Nearly 13,800 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. Table 2 Sharp Health</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources. In FY 2017, nearly 130 volunteers contributed their time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, Sharp and Children's MRI Board, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture Board, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. This section describes the achievements of various Sharp volunteer programs in FY 2017.</p> <p><b>Sharp HospiceCare Volunteer Programs</b> Sharp HospiceCare offered various volunteer training opportunities in FY 2017, providing valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers supported Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and help with community outreach. Approximately 50 new hospice volunteers were trained in FY 2017. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, seven teenagers participated in Sharp HospiceCare's Teen Volunteer program. In this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, seven premedical students from SDSU, UC San Diego and CSUSM volunteered time by supporting family caregivers in private homes. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer as their loved one passed away. Ten volunteers were trained through the 11th Hour program in FY 2017. In FY 2017, Sharp HospiceCare trained 12 volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage. Volunteers help support Sharp HospiceCare.</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>'s partnership with We Honor Veterans (WHV) WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers This includes the Vet-to-Vet Volunteer program, which aims to pair volunteers who have military experience with veteran patients, as well as honors veteran patients through special pinning ceremonies In FY 2017, Sharp HospiceCare held two pinning ceremonies during which volunteers presented a WHV pin and a certificate of appreciation to approximately 90 Sharp HospiceCare veteran patients as well as more than 50 veteran community members Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one Through the program, volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families Sharp HospiceCare recognizes the valuable impact that volunteers have on the experience of its patients, family and caregivers In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance the skills of its volunteers In addition, Sharp HospiceCare honored its volunteers during National Volunteer Week in April, and National Hospice and Palliative Care Month in November Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC ) Volunteer Programs Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay Activities may include reading, writing letters, taking walks, playing games, or simply comforting patients through conversation In addition, CCP volunteers help keep patients safe by notifying medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion In FY 2017, 9 CCP volunteers devoted nearly 600 hours to approximately 460 patient visits The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2017 Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members and empowers them to become involved in their own health care Through the program, hospital volunteers receive specialized training to become Health Information Ambassadors, who offer to bring patients and family members</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>             irt of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U S and Canada As a Gold Level finalist - the company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of business The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2017 The program provides weekend food packages to chronically hungry elementary school students from low-income households who are at risk of hunger over the weekend when free school meals are unavailable Food 4 Kids strives to improve school performance and health by alleviating hunger The program also provides information to parents about available local community services Each week between January and April 2017, the SGH Engineering Department filled approximately 20 backpacks with roughly 250 pounds of food to ensure hungry students had access to food through the weekend Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place - a nonprofit organization that supports women, children and families affected by human immunodeficiency virus/AIDS - to prepare children and teens for academic success Team members from a variety of departments help provide a backpack with school supplies, including personal notes wishing the students all the best for the coming school year Each year, the team distributes more than 250 backpacks to youth during a back-to-school party in Balboa Park Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives Through Feeding San Diego's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse Every week during the school year, labor and delivery team members fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend The backpacks are also filled with nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts Approximately 25 elementary school children and their families are helped through the program each year Since the start of the program in May 2013, the team has filled 5,500 backpacks with approximately 132,000 meals           </p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>For more than 30 years, SGH has provided its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family - who has been vetted and referred by local service agencies - and dedicate personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. Santa's Korner served 33 families - equivalent to 118 individuals - during the 2016 holiday season. For the past three years, SCVMC has supported Operation Gobble Thanksgiving Turkey Distribution, an event started by Assemblywoman Lorena Gonzalez. In 2016, Operation Gobble provided Thanksgiving turkeys to 30 patients from the Barnhart Cancer Center's Medical and Radiation oncology departments. In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a Holiday Bike Giveaway. Optimist International is a worldwide volunteer organization that helps develop children to their full potential. The Holiday Bike Giveaway program helped provide bicycles to nine children of cancer patients as Christmas gifts.</p> <p>All Ways Green Initiative As San Diego's largest private employer and leading health care provider, Sharp has long been committed to improving the health of the environment and therefore the communities it serves. Sharp recognizes the connection between a healthy environment and individual health and well-being, and is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego's Earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives. Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Through the All Ways Green(tm) initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community. Sharp's systemwide All Ways Green Committee is responsible for spearheading the organization's green efforts. Sharp's active environmental initiatives are concentrated in five domains: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4), commuter solutions, and (5) sustainable food practices. Specialized committees/subcommittees are responsible for each of these domains (see Table 3), while established Green Teams at each Sharp entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural re</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>sources and reduce, reuse and recycle Table 3 All Ways Green(tm) Committees/Subcommittee s and Domains Natural Resource Subcommittee- Energy efficiency and water conservation Waste Minimization Committee - Waste minimization Food and Nutrition Best Health Committee - Sustainable food practices Commuter Solutions Subcommittee - Commuter solutions To monitor progress and measure tangible results, All Ways Green(tm) utilizes a customized report card, which evaluates each domain's annual performance against a baseline The report card is designed to show where the desired results have been achieved and where improvements are still needed Entity Green Teams utilize the report card to communicate the initiative results to all staff and to establish more effective sustainability practices Sharp's goals and accomplishments within each All Ways Green committee/subcommittee and domain are described below Natural Resource Conservation According to the EPA, health care ranks as the country's second most energy intensive industry, and hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U S Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner, and track progress The EPA states that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources Sharp's Natural Resource Subcommittee has responded to this challenge by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption The Natural Resource Subcommittee also educates employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings In FY 2017, Sharp extended its commitment to environmental best practices in information technology New software was installed on 10 data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for these devices New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building In 2015, Sharp implemented TSO Logic software, which identifies opportunities for replacing inefficient, energy-consuming hardware with energy-efficient hardware in Sharp's centralized data center This innovative system also identifies underutilized hardware, which can be permanently shut down or be acquiesced during periods of non-utilization With this software, Sharp could conservatively reduce hardware electrical consumption by more than five percent each year In 2013, Sharp</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>became the first health care system in San Diego to implement a computer management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on over 17,000 computers and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency. Since April 2016, the SGH campus has been virtually removed from the electrical grid due to the completion of the new state-of-the-art Central Energy Plant (CEP), which now supplies the campus with its own generated energy. Named the Brady Family Cogen, the focus of the CEP is a new 52-ton, 4.4 megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of the hospital's needs and reduces greenhouse gases by up to 90 percent. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating and air conditioning. It also provides hot and cold water to the hospital. The new CEP fully complies with state and local standards for air emissions. During California's five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to being water-wise. In alignment with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water (50 percent of total usage) through its water filtration system, more than 71,000 kWh of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas due to the use of energy-efficient laundry equipment. Additional water conservation initiatives at Sharp are outlined in Table 4. In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&amp;E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by a health care organization trying to save energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week.</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>Promoting its partnership with SDG&amp;E, since 2016, Sharp has participated in the San Diego Regional Healthcare Sustainability Collaborative. Led by SDG&amp;E and Cleantech San Diego, this initiative presents a platform for San Diego health care providers to advance energy conservation practices through best practice sharing and new technology validation as they pursue the next wave of sustainability initiatives. This collaborative enables sustainability, energy, facilities and operations health care leaders across SDC to share recent project successes, best practices and findings from new technology pilot evaluations. In addition, SDG&amp;E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects. To demonstrate its ongoing commitment to reducing energy consumption on a national level, in FY 2017 Sharp joined Practice Greenhealth's Healthier Hospitals Lean Energy Challenge - an initiative that provides support and guidance for hospitals that aspire to reduce energy consumption, increase energy efficiency, and save significantly on energy costs. All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2017 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification from 2009 to 2011, 2013 and 2015). In addition, Sharp's SRSMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind. Additional energy conservation initiatives at Sharp are outlined in Table 4.</p> <p>Table 4            Natural Resource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG ES Participation - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Air Handler Projects - SCHHC, SMH/SMBHWN Cogeneration Plant - SGH Drip Irrigation/ Landscape Water Reduction Systems - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Drought-tolerant Landscaping - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electric Vehicle Charging Stations - SCVMC, System Offices, SMH/SMBHWN, SRSMG Electron</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ic/Low-flow Faucets - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG E nergy-efficient Kitchen/Cafe Appliances - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN En ergy-efficient Chillers/ Motors - SCHHC, SCVMC, System Offices, SMH/SMBHWN Faucets and Toi let Retrofits - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Heating , Ventilation and Air Conditioning projects- SCHHC, SCVMC, SGH, System Offices, SHP, SMH/S MBHWN, SMV/SMC, SRSMG Natural Resource Project - SCHHC, SCVMC, SGH, System Offices, SHP, S MH/SMBHWN, SMV/SMC, SRSMG Light-emitting Diode (LED) - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Occupancy Sensors - SCHHC, SCVMC, SGH, System Off ices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Retrofits - SCVMC, SGH, System Offices, SHP , SMH/SMBHWN, SMV/SMC, SRSMG Mist Eliminators - SCHHC, SCVMC, SGH, System Offices, SHP, SM H/SMBHWN, SMV/SMC, SRSMG Moisture-sensitive Sprinkler Controls - SCHHC, SGH, SMH/SMBHWN PI umbing Projects to Address Water Leaks - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHW N, SMV/SMC, SRSMG Thermostat Control Software - System Services Water Dispensers to Replac e Water Bottles - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Water -efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System - SCHHC, SCVMC, SGH, SMH/SMBHWN Waste Minimization U S hospitals generate an average of 26 pounds of waste pe r staffed bed each day, approximately 15 percent of which is considered hazardous material Sharp is committed to significantly reducing waste at each entity and extending the life span of local landfills Sharp's Waste Minimization Committee provides oversight of system wide waste minimization initiatives including proper waste segregation and enhancing recyc ling efforts Sharp made the following achievements in waste minimization in FY 2017 * Sh arp increased purchases of 100 percent recycled goods at all sites * Sharp proactively re cycled more than 350 tons of construction debris from its two major building projects at S CVMC and SRSMG Rancho Bernardo * SGH and SCVMC implemented green waste recycling through which they generated more than 125,000 pounds of green waste that is essential to prolongi ng the life of the landfill * Sharp's single-waste stream recycling program diverted more than 2 5 million pounds of trash from the landfill, including non-confidential paper, car dboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 127,000 pounds of surgical instruments for further use * Sharp donated nearly 14,000 pounds of old computer equipment through the Technology Training Fo undation of America * Sharp diverted nearly 153,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers * Sharp recycled more than 14, 000 pounds of blue wrap and disposable privacy curtains (surgical blue wrap is recycled at all hospital sites while SCVM</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>C recycles disposable privacy curtains) Sharp was named the 2017 Outstanding Recycling Program by CRRA - California's statewide recycling association - for its innovative waste minimization initiatives. In addition, the City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program. Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs. Sharp's waste minimization efforts have resulted in more than 5,000 tons of waste diverted from the landfill. See Table 5 for waste diversion rates and Table 6 for specific waste minimization efforts at Sharp in FY 2017.</p> <p>Table 5 Sharp HealthCare Waste Diversion - FY 2017- Percent Recycled Sharp Chula Vista Medical Center - 43% Sharp Coronado Hospital and Healthcare Center - 22% Sharp Grossmont Hospital - 37% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women &amp; Newborns - 36% Sharp Mesa Vista Hospital - 52% Sharp Rees-Stealy Medical Group - 69% System Offices - 59% Total Sharp HealthCare - 43%</p> <p>Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Establish Waste Diversion baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-stream Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycled Paper - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Recycling - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Construction Debris Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic Cafe Menus - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Electronic Patient Bills and Paperless Payroll - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic and Pharmaceutical Waste Recycling Events - System Services Organic Waste Recycling (Green Waste) - SCVMC, SGH Recycle Bins Distribution - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Repurposing of Unused Medical Supplies and Equipment - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SRSMG Reusable Sharps Containers - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Single Serve Paper Napkins and Plastic Cutlery Dispensers - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Replacement of Bottled Water with Spa Water - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sustainable Food Practices Sharp believes that food is medicine and the promotion of healthy food choices is necessary to improve the health of patients, employees, and the community. Sharp's commitment to healthy food and nutrition sustainability practices began over six years ago with a strategy to increase the selection of healthy food options to improve engagement. In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint. The goal of Sharp's Food and Nutrition Best Health Committee is to promote food sustainability efforts throughout the health care system and within the greater San Diego community. This includes a focus on Sharp's sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. Sharp's Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm, increased use of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, and the use of post-consumer recycled packaging solutions. Additional sustainability initiatives implemented by Sharp are described below.</p> <p>* Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC. In addition, SCVMC and SCHHC recently partnered with FSD, making Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level. Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food insecure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2017, Sharp donated 18,300 pounds of food to these safety-net organizations.</p> <p>* In FY 2017, Sharp's composting programs diverted approximately 442,000 pounds of waste from landfills. SMMC was the first group of hospitals in SDC to participate in the city's food scraps composting program in 2012. In 2017, the program expanded to SCVMC with its engagement of the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program. Through these programs, food waste at these three Sharp sites is processed into a rich compost product and provided to residents.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>329,000 pounds of locally sourced produce were used in Sharp's kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014. This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce.</p> <p>3 Sustainable Animal Protein - In FY 2017, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic and hormone free. Sharp and Sodexo remain committed to increasing healthy food offerings in an effort to combat obesity, improve sustainability, and ultimately change the eating habits of patients, staff and community members for the better.</p> <p>Sharp's sustainable food initiatives are outlined in Table 7. Table 7 Sustainable Food Projects by Sharp HealthCare Entity Report Card and Indicators Tracking - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Food Recovery - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Soup Stock - SMH/SMBHWN Imperfect Produce - SCVMC Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Oil Recycling - SCVMC, SGH, SMV/SMC Commuter Solutions</p> <p>Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp's Commuter Solutions Subcommittee continuously works to develop innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon. In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed electric vehicle chargers (EVCs) at its corporate office location, SCVMC, SMMC, and some SRSMG sites. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum. Sharp will continue efforts to expand EVCs at its other entities. The use of the EVCs has resulted in a reduction of approximately 33 tons of CO2 and 3,800 gallons of fuel in FY 2017.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. In addition, Sharp participates in the SANDAG Bike to Work Day event every year in May. During the 2017 challenge, Sharp employees were among almost 10,000 San Diegans who opted to ride their bike to work. Sharp supported community cyclists by hosting food and beverage pit stops at various sites throughout SDC. Sharp also encourages employees to participate in the SANDAG iCommute RideMatcher vanpool and carpool program, which can help employees find convenient ride share partners and promote sustainable commuting. Using iCommute's TripTracker, employees can monitor the cost and carbon savings resulting from their alternate commuting methods. In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or being stranded at work. In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. In FY 2017, 84 organizations in SDC - representing more than 200,000 employees - competed in the challenge. Sharp won the top spot in the Mega Employer category for the fourth year in a row and for the fifth time in six years. The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region. Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for almost 500 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription, and human resources. Sharp also provides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less than 10 workdays and thus reduces commute costs, lowers parking demand, and helps the environment. Sharp's ongoing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2017. Community Education and Outreach Sharp actively educates the community about its sustainability programs. In FY 2017, Sharp participated in the following outreach activities: * Sharp published e-newsletters for employees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>cy management training for hospital management titled National Incident Management System/ Incident Command System/Hospital Incident Command System (HICS) as well as a training focus specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. 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 coalitions, 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 organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department 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 American Red Cross, through which Sharp's emergency preparedness leadership heads an evacuation subcommittee to review hospital evacuation planning and identify best practices and tools. Sharp's emergency preparedness leadership continued to participate in the Statewide Medical Health Exercise Program - a work group of representatives from local, regional and state agencies including, health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - which is designed to guide local emergency planners in developing, planning and conducting emergency responses.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Through participation in the U S Department of Health &amp; Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRSMG Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Permanente San Diego and Zion Medical Centers, Alvarado Hospital Medical Center, Paradise Valley Hospital, UC San Diego Health, Palomar 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 relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting SDC. Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event of an interruption to the system'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 the 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 exhibitors, demonstrations and displays as well as education on personal and family disaster planning. 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 with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p><b>Employee Wellness</b> Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMG and corporate location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into the</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ir lifestyles and support them on their journey to attain their personal health goals Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events Sharp Best Health also offers an interactive web-based health portal where employees can create a wellness plan and track their progress Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time In FY 2017, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management, and managing the challenges of living with a chronic condition such as diabetes, high blood pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to help improve or 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, calories burned, sleep patterns and more By syncing these statistics to computers or smartphones, the Fitbit Zips(tm) can inspire team members to achieve their personal fitness goals one step at a time Throughout the year, Sharp Best Health held both entity-specific and systemwide 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, participating 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 acceptable 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 which more than 500 participants completed more than 50 hikes during FY 2017 In addition, in February, Sharp's Best Health committees collaborated to host the third annual 5K the Sharp Way Walk/Run Event at Tideland Park in Coronado, which engaged 300 employees and family 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 &amp; Vegetables Month, Stress Awareness Month and National Walking</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Day Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart &amp; Stroke 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 heart healthy alternative to standard meetings. At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Walk a Dog, Boost Your Health Events" where employees were given the opportunity to relieve stress and get some exercise while providing 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 included an educational session on the importance of taking micro-breaks, the health impact of extended periods of sitting, and simple stretches to incorporate into the workday. Workshops 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 offerings included yoga, Zumba and aquatics classes. Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home. In FY 2017, Sharp Best Health went beyond nutrition and physical 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 help employees manage stress and improve their well-being. Offering more than 1,200 mindfulness and yoga sessions of various lengths and skill levels, Whil gives employees the flexibility to move at their own pace and set their own goals. Whil has also been used throughout 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 programming at six Sharp locations, including both series and drop-in classes. New in 2017, Sharp 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 during work hours. Wellness on Wheels involves "rounding" in staff lounges, hospital units, and 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 Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care. Keeping the experience relevant and quick allows staff who were previously unable to receive wellness resources to access these benefits.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>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 sustainable, 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 service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers. Weight Watchers(r) offers weight-loss services and products founded on a scientifically based approach to weight management that encourages healthy eating, increased physical activity and healthy weight management behaviors. Sharp Best Health continued its partnership with Weight Watchers(r) to offer Sharp team members a subsidized membership rate to any Weight Watchers(r) program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy-eating and physical-activity options that can be tailored to different lifestyles and schedules. At any given time 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 Best 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. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or registered dietitian to ensure continued support and accountability. During FY 2017, 210 Sharp employees completed the New Weigh program. Nearly one in six community members face the threat of hunger every day in SDC. Each month, the 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 supported the Food Bank's tremendous efforts through a holiday food drive. During the 2016 holiday season, Sharp Best Health and Sharp Community Benefit collaborated to take this effort a step further. In partnership with SuperFood Drive - a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all - Sharp transformed its traditional food drives to "superfood drives," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive at locations throughout the Sha</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rp system, Sharp doubled its number of food drive sites from earlier holiday seasons, and collected more than 3,000 pounds of nutritious food - an increase of 90 percent compared to previous years. In addition, Sharp team members donated nearly \$2,900 through a new Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 16,000 healthy meals for San Diegans in need of assistance with putting food on the table during the 2016 holiday season.</p> <p>Section 2 Executive Summary It's important to me that Sharp HealthCare promotes policies that improve access to health care, because we all deserve an opportunity to live the healthiest life we can - Sara Steinhoff, Vice President of Government Relations, Sharp HealthCare</p> <p>This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year 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 specifically identified in Senate Bill 697 (SB 697), for the following entities: * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women &amp; Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare</p> <p>Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process. Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2017. The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report: * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeti</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ng the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community</p> <p>Highlights of Community Benefit Provided by Sharp in FY 2017 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2017</p> <ul style="list-style-type: none"> <li>* Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs</li> <li>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank, and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members</li> <li>* Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community</li> </ul> <p>Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community</p> <p>See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration</p> <ul style="list-style-type: none"> <li>* Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Economic Value of Community Benefit Provided in FY 2017 In FY 2017, Sharp provided a total of \$415,307,122 in community benefit programs and services that were unreimbursed Table 9 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 9 Sharp HealthCare Total Community Benefit - FY 2017 (Economic value is based on unreimbursed costs) Medical Care Services Shortfall in Medi-Cal - \$140,198,987 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor- specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific populati on Shortfall in Medicare - \$222,539,275 Note Methodology for calculating shortfalls in p ublic programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patien ts paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$7,999,688 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost ac counting system, offset by the actual payments received Costs for patients paid through t he Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA/TRICARE - \$6,179,147 Note Methodology fo r calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-cha rge ratios, which are derived from the cost accounting system, offset by the actual paymen ts received Costs for patients paid through the Medicare program on a prospective basis a lso include payments to third parties related to the specific population Shortfall in Wor kers' Compensation - \$53,553 Note Methodology for calculating shortfalls in public progra ms is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the co st accounting system, offset by the actual payments received Costs for patients paid thro ugh the Medicare program on a prospective basis also include payments to third parties rel ated to the specific population Charity Care - \$22,033,461 Note Charity care and bad deb t reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$7,489,410 Note Chari ty care and bad debt reflect the unreimbursed costs of providing services to patients with out the ability to pay for services at the time the services were rendered Other Benefits for Vulnerable Populations, Broader Community, and Health Research, Education and Trainin g Programs Patient transporta</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>tion and other assistance for the needy - \$2,803,035 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$1,680,320 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Education and training programs for students, interns and health care professionals - \$4,330,246 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$89.7 million and an assessment of a quality assurance fee and pledge totaling \$56.3 million in FY 2017 The net impact of the program totaling \$33.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's medical care services in FY 2017 Table 10 Sharp HealthCare Medical Care Services Medical Care Services before Provider Fee - \$436,492,747 Provider Fee - \$(29,999,226) Net Medical Care Services after Provider Fee - \$406,493,521 Table 11 lists community benefit costs provided by each Sharp entity and Table 11 Total Economic Value of Community Benefit Provided by Sharp HealthCare Entities - Estimated FY 2017 Unreimbursed Costs Sharp Chula Vista Medical Center - \$80,231,642 Sharp Coronado Hospital and Healthcare Center - \$17,045,590 Sharp Grossmont Hospital - \$118,063,679 Sharp Mary Birch Hospital for Women &amp; Newborns - \$11,206,475 Sharp Memorial Hospital - \$170,666,302 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$18,024,214 Sharp Health Plan - \$69,220 TOTAL FOR ALL ENTITIES</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>- \$415,307,122 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by Sharp Grossmont Hospital in FY 2017, see tables presented in Sections 4 and 5 Table 12 Detailed Economic Value of SB 697 Categories - Estimated 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 Total - \$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 Broader Community - \$55,596 Health Research, Education and Training Programs - \$27 3,797 Total - \$17,045,590 Sharp Grossmont Hospital Medical Care Services - \$115,474,253 Other Benefits for Vulnerable Populations- \$834,124 Other Benefits for the Broader Community - \$551,723 Health Research, Education and Training Programs - \$1,203,579 Total - \$118,06 3,679 Sharp Mary Birch Hospital for Women &amp; Newborns Medical Care Services - \$10,872,953 Other Benefits for Vulnerable Populations- \$45,688 Other Benefits for the Broader Community - \$90,276 Health Research, Education and Training Programs - \$197,558 Total - \$11,206,47 5 Sharp Memorial Hospital Medical Care Services - \$167,900,539 Other Benefits for Vulnerable Populations- \$1,018,661 Other Benefits for the Broader Community - \$443,956 Health Research, Education 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 Benefits 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 Community 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 difficult time for the greater good " - Stacey Hountas, Chief Executive Officer, Sharp Rees-Stealy Medical Group</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process. CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation. Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments. Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community. Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC). In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013. This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations. Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration. For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) and in contract with the Institute for Public Health (IPH) at San Diego State University. The process and findings of the collaborative HASD&amp;IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs. The complete HASD&amp;IC 2016 CHNA is available for public viewing and download at <a href="http://www.hasdic.org">http://www.hasdic.org</a>. To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities. This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs. CHNA Committee. The HASD&amp;IC Board of Directors convened a CHNA.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee includes representatives from all seven participating hospitals and health care systems: * Kaiser Foundation Hospitals - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California (UC), San Diego Health CHNA Objectives. In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&amp;IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&amp;IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> <li>* Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients.</li> <li>* Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being.</li> <li>* Identify currently available community resources that support identified health conditions and health challenges.</li> <li>* Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community.</li> </ul> <p>Study Area Defined. For the purposes of the collaborative HASD&amp;IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&amp;IC 2016 CHNA report at <a href="http://hasdic.org">http://hasdic.org</a>. As the study area for both the collaborative HASD&amp;IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&amp;IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&amp;IC 2016 CHNA process, please visit the HASD&amp;IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&amp;IC at <a href="mailto:lwade@hasdic.org">lwade@hasdic.org</a>. For the collaborative HASD&amp;IC 2016 CHNA process, the IPH employed a rigor</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&amp;IC 2013 CHNA. Quantitative data for both the HASD&amp;IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in Table 13; variables were analyzed at the ZIP code level wherever possible.</p> <p><b>Table 13 Data Variables in the HASD&amp;IC and Sharp 2016 CHNAs</b></p> <p><b>Secondary Data Variables</b></p> <p>Hospital Utilization: Inpatient discharges, ED and ambulatory care encounters</p> <p>Community Clinic Visits</p> <p>Demographic Data (socioeconomic indicators)</p> <p>Mortality and Morbidity Data</p> <p>Regional Program Data (childhood obesity trends and community resource referral patterns)</p> <p>Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse)</p> <p>Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. In addition, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members. This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members. In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients.</p> <p><b>Findings</b></p> <p>The collaborative HASD&amp;IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria:</p> <ol style="list-style-type: none"> <li>1. Magnitude or Prevalence</li> <li>2. Severity</li> <li>3. Health Disparities</li> <li>4. Trends</li> <li>5. Community Concern</li> </ol>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Using these criteria, IPH created a summary matrix for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in S DC. In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. As the HASD&amp;IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community. In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&amp;IC's and Sharp's CHNAs. The importance of these SDOH was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these SDOH. Ongoing Commitment to Collaboration Underscores Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans. Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&amp;IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners. Section 4 Sharp Grossmont Hospital Community is really about vibrant connections between people, the people that live near us, the people we serve on a daily basis, and the people that provide our services all working together to shape life moments for each person. - Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital FY 2017 Community Benefit Program Highlights Sharp Grossmont Hospital (SGH) provided \$118,063,679 in community benefit in Fiscal Year 2017 (FY 2017). See Table 22 for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697), for the distribution of SGH's community benefit among those categories. Table 22 Economic Value of Community Benefit Provided Sharp Grossmont Hospital - Estimated FY 2017 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$42,806,043 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, off.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>et by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$62,806,884 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$162,019 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA/TRICARE - \$1,249,303 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Charity Care - \$6,873,840 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$1,576,164 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Other Benefits for Vulnerable Populations, Broader Community, and Health Research, Education and Training Programs Project HELP, patient transportation, and other assistance for the needy - \$834,124 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations - \$551,723 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Education and training programs for students, interns and health care professionals -</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>\$1,203,579 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Key highlights</p> <ul style="list-style-type: none"><li>* Medical Care Services included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$9.7 million to SGH This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year</li><li>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits, financial and other support to Neighborhood Healthcare, Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients, flu vaccination clinics for high-risk adults, including seniors, contribution of time to Stand Down for Homeless Veterans, Doors of Change, Kitchens for Good, Mama's Kitchen, Feeding San Diego (FSD), Ssubilis Hope and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, support for Meals on Wheels San Diego County, the provision of durable medical equipment (DME), support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM), the Care Transitions Intervention program, and other assistance for vulnerable and high-risk community members</li></ul>



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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, health screenings for stroke, blood pressure, diabetes, fall prevention, hand, lung function and carotid artery disease, community education and resources provided by the SGH cancer patient navigator program, and specialized education and flu vaccinations offered through the SGH Senior Resource Center SGH also collaborated with local schools to promote interest in health care careers and donated meeting room space to community groups SGH staff actively participated in community boards, committees, and civic organizations, including but not limited to the County of San Diego Aging and Independence Services (AIS), Association of California Nurse Leaders (ACNL), Neighborhood Healthcare, Meals on Wheels San Diego County East County Advisory Board, Caregiver Coalition of San Diego (the Caregiver Education Committee), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, East County Action Network (ECAN), East County Senior Service Providers (ECSSP), Hospital Association of San Diego and Imperial Counties (HASD&amp;IC), the local chapter of Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), California Association of Hospitals and Health Systems (CAHHS) Committee on Volunteer Services and Directors' Coordinating Council, San Diego Association of Directors of Volunteer Services, Emergency Nurses Association, California Society for Clinical Social Work Professionals, Santee-Lakeside Rotary Club, Grossmont Healthcare District Community Grants and Sponsorships Committee, John A. Davis Family YMCA Board of Management, Santee Chamber of Commerce, Angels Foster Family Network, La Mesa Parks and Recreation, and Lantern Crest Senior Living Advisory Board See Appendix A for a listing of Sharp HealthCare's (Sharp's or SHC's) community involvement The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation * Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community Definition of Community SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942 The community served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire Approximately five percent of the population lives in remote or rural areas of this region For SGH's 2016 CHNA pro</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>cess, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S ) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon.</p> <p>Description of Community Health In SDC's east region in 2016, 100 percent of surveyed children ages zero to 11 and 100 percent of surveyed children ages 12 to 17 had health insurance coverage, which meet the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65. 96.5 percent of surveyed adults ages 18 to 64 had health insurance, which falls short of the HP2020 target. In the east region in 2016, 11.3 percent of adults ages 18 to 64 did not have a usual source of care and 8.9 percent of these adults had health insurance. In addition, 8.7 percent of adults without a usual source of care reported fair health outcomes. See Table 23 for a summary of key indicators of access to care, and Table 24 for data regarding eligibility for Medi-Cal. In 2015, the unemployment rate in SDC's east region was 11.3 percent, which was higher than the rate for SDC overall (10.3 percent). During 2015-2016, 16.9 percent of adults ages 18 to 64 in SDC's east region reported living below the federal poverty level (FPL). Among east region adults with a household income below 200 percent FPL, 44.8 percent of those surveyed in 2015-2016 reported experiencing food insecurity (lack of access to healthy food). In addition, 17.8 percent of east region adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. East region figures for food insecurity and CalFresh participation during in 2015-2016 were higher than the rates for the county overall (42.4 percent and 17.5 percent, respectively). Further, 10.5 percent of east region adults with a household income below 300 percent FPL received Supplemental Security Income, higher than SDC overall (8.6 percent). In 2015, there were 63,901 residents ages 65 and older in SDC's east region, representing 14.4 percent of the total regional population and a higher proportion than any other region in the county. Between 2015 and 2020, it is anticipated that the east region's senior population will grow by 20.7 percent, slower than the growth rate for seniors in SDC overall (22 percent). Table 23. Health Care Access in SDC's East Region, 2016 Current Health Insurance Coverage. Children 0 to 11 Years. Rate - 100%, HP2020 Target - 100%. Children 12 to 17 Years. Rate - 100%, HP2020 T</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>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 <a href="http://www.sh arp.com/about/community/community-health-needs-assessments">http //www sh arp com/about/community/community-health-needs-assessments</a> 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 &amp; Immunization Services Branch</p>

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<p>Form 990, Part III, Line 4a</p> <p>Community Benefit Report</p>	<p>Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vaccinations * Prepares and distributes information on community benefit programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SGH 2016 CHNA SGH completed its most recent CHNA in September 2016 SGH's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year SGH completed its most current implementation 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 at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a></p> <p>Through the SGH 2016 CHNA, the following priority health needs were identified for the communities served by SGH * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at SGH There are also prog</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Group (SRSMG) clinics throughout SDC - including SDC's east region - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. For additional details on SGH programs that specifically address the needs identified in the 2016 CHNA, please refer to SGH's implementation strategy available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. Through further analysis of SGH's community programs and in consultation with SGH service line leaders and community relations team members, this section also addresses the following priority health needs for community members served by SGH:</p> <ul style="list-style-type: none"> <li>* General community health education and wellness</li> <li>* Women's and prenatal health services and education</li> <li>* Prevention of unintentional injuries</li> <li>* Support during the transition of care process for high-risk, underserved and underfunded patients</li> <li>* Collaboration with local schools to promote interest in health care careers</li> </ul> <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan. Identified Community Need: Education, Support and Screening for Stroke. Rationale references the findings of the SGH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.</p> <p><b>Rationale:</b></p> <ul style="list-style-type: none"> <li>* The SGH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of six priority health issues affecting members of the communities served by SGH.</li> <li>* The HASD&amp;IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.</li> <li>* According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (Centers for Disease Control and Prevention (CDC), 2015).</li> <li>* In 2015, stroke was the sixth leading cause of death for SDC's east region.</li> <li>* In 2015, there were 196 deaths due to stroke in SDC's east region. The region's age-adjusted death rate due to stroke was 35.3 per 100,000 population. This rate was the second highest among all SDC regions and was higher than the overall SDC age-adjusted death rate of 33.3 per 100,000 population as well as the HP2020 target of 3.</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>4.8 deaths per 100,000 population * In 2015, there were 1,095 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 200.6 per 100,000 population, which is the third highest among all SDC regions as well as higher than the age-adjusted rate for SDC overall (178.1 per 100,000 population) * In 2015, there were 285 stroke-related ED discharges in SDC's east region. The age-adjusted rate 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 physical 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 or more times in the past week, 9.8 percent smoked cigarettes, and 61.4 percent did not regularly walk for transportation, fun, or exercise, all of which were higher than overall SDC 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 National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within 5 years (NINDS, 2016) Objective * Provide stroke education, support and screening services for the east region of SDC FY 2017 Report of Activities SGH is recognized with advanced certification by the Joint Commission as a Primary Stroke Center and was recertified in June 2014. The program 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 Association (AHA)/American Stroke Association's (ASA) Get With The Guidelines® (GWTG) - Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timelines of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In FY 2017, the SGH Stroke Center provided stroke education and screenings at 12 community events in SDC's east region. During the events, the team provided more than 430 community members with information about stroke risk factors, warning signs, and appropriate interventions, including arrival at the hospital within early onset of symptoms. In addition, nearly 150 community members received blood pressure checks or stroke screenings, 20 of whom were referred for a follow-up. During the screenings, the SGH Stroke Center identified risk factors as well as provided education, and advised behavior modification, including smoking cessation, weight loss and stress reduction. Events were held at various community sites, including but not limited to the Spring into Healthy Living event at the McGrath Family YMCA, Health Fair and Flu Shot event at the Jewish Family Service of San Diego (JFS) College Avenue Center, ECSSP's 18th annual East County Senior Health Fair at the La Mesa Community Center, La Mesa Police Department's fifth annual Safety Fair at the La Mesa Community Center, the Dr. William C. Herrick Community Health Care Library, the San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center, Grossmont Healthcare District Conference Center, and the Lakeside Fire Department Open House at Lakeside Fire Station 2. In September, Sharp's systemwide Stroke Program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) - an easy way to remember the sudden signs of stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 39,000 community members. In addition, the SGH Stroke Center provided stroke education and screenings of personal risk factors for stroke with pulse checks to more than 200 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina in April. Educational topics included different types of strokes, how to identify risk factors for stroke, strategies for risk reduction and stroke recognition. In collaboration with the SGH Senior Resource Center, the SGH Stroke Center and a Sharp interventional neuroradiologist presented on the recent advances in the treatment of stroke and provided resources to nearly 30 community members at the Dr. William C. Herrick Community Health Care Library in May. The SGH Stroke Center also conducted personal health interviews, blood pressure and pulse checks, and provided education on emergency treatment for stroke, prevention and warning signs, and how to respond using FAST. In</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>             addition, from October to January, the SGH Stroke Center provided stroke education to nearly 40 homeless community members. Individuals received education on stroke signs and symptoms and how to respond FAST as well as FAST stroke cards, free inspirational books and food. 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 included games to improve visual skills, language stimulation, listening activities and social interaction. The support group is sponsored by Young Enthusiastic Stroke Survivors. Approximately five community members attended each session. SGH also actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH continued collaborating with the County of San Diego Emergency Medical Services (EMS) for the 12th year to provide data for the SDC stroke registry. FY 2018 Plan SGH Stroke Center will do the following:           </p> <ul style="list-style-type: none"> <li>* Participate in stroke screening and education events in the east region of SDC</li> <li>* Provide education for individuals with identified stroke risk factors</li> <li>* Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department</li> <li>* Continue to participate in Strike Out Stroke Night at the Padres</li> <li>* Continue to participate in the San Diego County Stroke Consortium with other SDC hospitals</li> <li>* Continue to provide data to the SDC stroke registry</li> <li>* Provide at least one physician speaking event around stroke care and prevention</li> <li>* Provide stroke education and screenings at the Sharp Women's Health Conference</li> <li>* 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</li> </ul> <p>             Identified Community Need: Heart and Vascular Disease Education and Screening Rationale: references the findings of the SGH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:           </p> <ul style="list-style-type: none"> <li>* The SGH 2016 CHNA continued to identify cardiovascular disease as one of six priority health issues affecting members of the communities served by SGH</li> <li>* The HASD&amp;IC 2016 CHNA continued to identify cardiovascular disease as one of the top four priority health issues for community members in SDC</li> <li>* Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region, such as El Cajon and Juncosa (Dignity Health, San Diego Geographic Information Source (SanGIS), Office of Statewide Health Planning and Development (OSHDP) &amp; SpeedTrack Inc., 2015)</li> <li>* A cardiovascular health key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues:</li> </ul>



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Form 990, Part III, Line 4a Community Benefit Report	<p>cing cardiology patients' access to care, obtaining medications, understanding diet, understanding symptoms, and communicating their needs to providers * The key informant interview identified the following as effective strategies for cardiology patients: taking time to teach patients about their disease and self-management, building relationships with patients, providing educational materials, Backline (a text messaging service connecting patients and providers) numbers for providers, education for general practitioners, and including a trained addiction specialist on the care team * In addition, the cardiovascular health key informant interview identified the following risk factors for heart disease: diabetes, lack of social support, substance use disorders, financial issues, transportation, and lack of health education. Addiction is of particular concern, as nearly all SGH cardiology patients under age 55 have substance use issues * According to the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke * In 2015, heart disease was the second leading cause of death for SDC's east region * In 2015, there were 534 deaths due to CHD in SDC's east region. The region's age-adjusted death rate due to heart disease was 95.7 per 100,000 population. This was higher than the SDC overall age-adjusted death rate (83.9 deaths per 100,000 population), but below the HP2020 target (103.4 deaths per 100,000 population) * In 2015, there were 1,053 hospitalizations due to CHD in SDC's east region. The rate of hospitalization for heart disease was 187.3 per 100,000 population, which is higher than SDC's overall age-adjusted rate (165.5 per 100,000 population) * In 2015, there were 232 ED discharges for CHD in SDC's east region. The age-adjusted rate of ED discharges was 41.9 per 100,000 population, which is the highest in the county, and higher than the age-adjusted rate for SDC overall (31.5 per 100,000 population) * According to CHIS, in 2016 5.9 percent of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall at 4.7 percent. Among those diagnosed with heart disease in the east region, only 70.6 percent were provided a heart disease management plan by their health provider * The 2016 CHIS results showed that 31.4 percent of adults living in SDC's east region had ever been diagnosed with high blood pressure. This is higher than SDC overall, at 26.4 percent, and California, at 28.4 percent.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* According to data presented in the HHSA 2014 Live Well Community Health Assessment, east region residents were more likely to be obese, smoke tobacco, regularly eat fast food and binge drink than residents of other regions, all of which may increase the risk of developing CHD * According to the CDC, heart disease kills approximately 610,000 people annually, and is the leading cause of death for both men and women (CDC, 2015) * In their 2017 statistical update, the AHA reported that in 2014, cardiovascular disease was listed as the underlying cause of death for 30.8 percent of all deaths in the U.S. * According to new blood pressure guidelines championed by the AHA, an estimated 46 percent of U.S. adults now have hypertension (AHA, 2017)</p> <p>Objectives * Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors * Provide expertise in cardiovascular care to community health care professionals through participation in professional conferences and collaboratives * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease</p> <p>FY 2017 Report of Activities In FY 2017, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF). A free, monthly CHF class and support group provided nearly 120 individuals with a supportive environment to discuss various topics about living well with CHF. A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart conditions, reaching more than 200 individuals. SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2017. Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and cardiac health education and resources, including prevention, symptom recognition, evaluation and treatment. Events included the Sharp Disaster Preparedness Expo, Sharp's free Sweetheart Heartsaver CPR course and dinner for couples, Coronado High School health fair, Celebrando Latinas, the AHA Heart &amp; Stroke Walk and the annual Sharp Women's Health Conference. In addition, the Cardiac Rehabilitation team collaborated with the SGH Senior Resource Center to educate nearly 20 seniors at the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart in February. Further, the Cardiac Rehabilitation team provided free flu shots to more than 15 community seniors during a flu clinic held at the hospital in October. In April, SGH held its annual Heart Health Expo to help community members live long, heart-healthy lives through the provision of information on strategies for heart disease prevention as well as the latest treatments for heart disease, weaker</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ned arteries, and more The free community event featured a heart-healthy breakfast and health screenings for blood pressure, cholesterol and glucose Exhibitor tables highlighted various hospital services including nutrition, cardiac rehabilitation, heart and vascular, stroke, and senior services, as well as local organizations to connect attendees to community resources, 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 conditions - including self-dissolving stents to help open blocked blood vessels and minimally invasive techniques for treating aneurysms - from cardiovascular care experts A question-and-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 free CPR/AED class and demonstration at Briercrest Park in La Mesa During the event, the Cardiac 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 outlets, including FOX 5 San Diego and The East County Californian Topics included the differences 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 speakers on heart disease and heart failure at professional conferences and events This included 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 workers caring for patients with cardiovascular disease - received education on advances in cardiovascular care at the U S Grant Hotel In November and May, SGH participated in the 11th and 12th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 40 regional vascular physicians, nurses, epidemiologists, scientists and research personnel working together to collect and analyze vascular data in an effort to improve patient care SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS Sharp also hosted the quarterly County of San Diego EMS Advisory Council for STEMI at Sharp's System Offices Additionally, SGH provided its Peripheral Vascular Disease Rehabilitation Program to provide</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>de education and coaching on exercise, diet and medication to keep patients - 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 cost for patients with limited resources. 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 spent 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 College, 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 will do the following:</p> <ul style="list-style-type: none"> <li>* Provide a free monthly CHF class and support group</li> <li>* Provide free bimonthly Heart and Vascular Risk Factor Education classes</li> <li>* Provide cardiac and vascular risk factor education and screening at community events</li> <li>* Provide one cardiac health lecture and a Cardiovascular Expo for community members</li> <li>* Pursue additional research opportunities to benefit patients and community members</li> <li>* As invited, offer educational speakers to the professional community on topics such as performance improvements in CHF and a cute myocardial infarction, and cardiovascular treatment options</li> <li>* Provide a conference on heart and vascular disease for community physicians and other health care professionals</li> <li>* Continue to provide student learning opportunities</li> <li>* Continue to provide data on STEMI to the County of San Diego EMS</li> <li>* Continue to provide the Peripheral Vascular Disease Rehabilitation Program</li> </ul> <p>Identified Community Need Diabetes Education, Prevention and Support</p> <p>Rationale: The findings of the SGH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.</p> <p>The SGH 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the communities served by SGH.</p> <p>The HASD&amp;IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.</p> <p>Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD &amp; SpeedTrack Inc., 2015).</p> <p>Sharp diabetes educator discussions conducted as part of the SGH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including: accessing a physician, finding support programs, getting outpatient needs met (i.e., appointments with psychologists or endocrinologists), and a lack of diabetes education coverage under Medi-Cal.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>provided a lecture on diabetes and the power of lifestyle change to nearly 15 senior community members at the Dr. William C. Herrick Community Health Care Library. The SHC Diabetes Education program also provided two lectures on prediabetes, risk factors, nutrition, and lifestyle tools for prevention to six community members at the SGH Brier Patch campus. In addition, the program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide diabetes education to FHCS D diabetic patients at multiple sites throughout SDC, including those in the east region, through FHCS D's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current project enrollees in both English and Spanish. The project monitors enrollees' A1C and blood glucose levels and physical activity, and has proven successful outcomes in lowering and maintaining these levels. The project monitors enrollees' physical activity, as well as their A1C and blood glucose levels which it has proven to successfully maintain and lower. At FHCS D's Lemon Grove site, SHC diabetes educators provided five lectures to more than 60 community members. Topics included creating an active lifestyle, nutrition, diabetes self-management, goal setting, and diabetes risk factors, symptoms and treatment. In 2017, participants with more severe cases of diabetes (i.e., higher blood glucose levels) compared to the overall group experienced a decrease of 37 percent in blood glucose levels.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The SHC Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the SHC Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, in FY 2017 the team provided these patients with a variety of education and resources, including gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercise and weight management, monitoring fetal movement, and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the SHC Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. At SGH, the SHC Diabetes Education Program provided services and education to nearly 220 underserved pregnant women with diabetes. 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 needs. Educational resources included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, Food Groups, and Arabic language materials about pregnancy. Handouts were provided 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 these community members. Further, Sharp team members received education regarding the different cultural needs of these diverse communities. In FY 2017, the SHC Diabetes Education Program supported the professional health care community through participation in the ADA's 77th 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 attendees about the most significant advances in diabetes care and research. During the conference, the SHC Diabetes</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>organizations to expand community outreach and provide community members with updated information on available services and resources. FY 2017 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2017, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,900 households in SDC's east region, as well as distributed approximately 4,000 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people. The SGH Senior Resource Center provides a telephone reassurance and safety check program for isolated or homebound seniors and disabled community members living in SDC's east region. Through the program, SGH Senior Resource Center staff and volunteers place daily computerized phone calls to participants at regularly scheduled times. In the event that staff members do not connect with participants, a phone call is placed to family members or friends to ensure the participant's safety. In FY 2017, staff placed more than 4,700 phone calls to approximately 15 seniors and disabled community members, as well as more than 50 follow-up phone calls to family and friends. In FY 2017, the SGH Senior Resource Center reached more than 640 community members through more than 30 free health education programs held on the SGH campus and at the Grossmont HealthCare District Conference Center in SDC's east region. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy, diabetes, bereavement, finance, nutrition, nursing, advance care planning (ACP), and rehabilitation. Educational topics included ACP, tools and resources for caregivers, diabetes, Medicare, memory loss, coping with grief and bereavement, tax planning, healthy eating in the new year, heart health, caring for someone with dementia, osteoporosis and preventing fractures, wills and trusts, maintaining a healthy voice, reverse mortgages and gift annuities, home and memory care, finding reliable health information, understanding hospice and how to talk to a doctor. In addition, more than 180 community members were reached through a series of clinical lectures provided by an audiologist, a psychologist, an interventional neuroradiologist, and neurologists covering mental health, neuropathy, recent advances in stroke treatment, restful sleep and digital hearing aids. Further, the SGH Senior Resource Center provided presentations to more than 500 community members.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>tain a healthy lifestyle In FY 2017, more than 470 community members joined the Grossmont Mall Walkers Throughout FY 2017, the SGH Senior Resource Center continued to coordinate the notification of availability and provision of seasonal flu vaccines in selected community settings Seniors, caregivers and high-risk adults with limited access to care were alerted through activity calendars, collaborative outreach conducted by the flu clinic site, Sharp.com and paper and electronic newspaper notices In FY 2017, the SGH Senior Resource Center provided more than 500 seasonal flu vaccinations to high-risk adults with limited access to health care, including seniors without transportation, those with chronic illnesses and caregivers Vaccinations were offered at 12 community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Journey Community Church, Salvation Army of El Cajon, La Mesa Adult Enrichment Center, food banks in Santee and Spring Valley, and SGH In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vials of Life and information regarding telephone reassurance calls At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to pregnant women and high-risk community members, many of whom were uninsured or had limited access to transportation Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region Organizations included the Caregiver Coalition of San Diego (the Caregiver Education Committee), ECAN, ECSSP, AIS Health Promotion Committee and Meals on Wheels Greater San Diego East County Advisory Board FY 2018 Plan SGH Senior Resource Center will do the following</p> <ul style="list-style-type: none"> <li>* Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations</li> <li>* Provide community health information and resources through educational programs, monthly blood pressure clinics and a minimum of five health screenings</li> <li>* Collaborate with Sharp experts and community partners to provide approximately 35 seminars that focus on issues of concern to seniors</li> <li>* Provide six additional community presentations on senior services and caregiving</li> <li>* Participate in 12 community health fairs and events targeting seniors</li> <li>* Collaborate with the East County YMCA, AIS and ECAN to provide a healthy living conference for seniors</li> <li>* In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues</li> <li>* In collaboration with Sharp HospiceCare, host an aging conference for seniors</li> <li>* Provide telephone reassurance calls to seniors and disabled ad</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ults in SDC's east region * Provide approximately 4,000 Vials of Life to senior community members * Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers * Collaborate with community organizations to provide 13 opportunities for seasonal flu vaccinations to community members facing barriers to accessing care, including homeless persons * Maintain and grow active relationships with organizations that serve seniors in SDC's east region * In partnership with San Diego Oasis and SGH clinical experts and affiliated physicians, provide a monthly educational program on health and wellness topics for seniors (e.g., vascular disease, fall prevention, stroke, etc.) Identified Community Need Cancer Education and Support, and Participation in Clinical Trials Rationale references the findings of the SGH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA identified cancer as one of six top priority health issues for community members served by SGH * The HASD&amp;IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals * Sharp cancer navigator discussions conducted as part of the SGH 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the east region): cultural differences and language barriers between patient and provider, health literacy, financial issues, knowing where to go for care, availability of reliable transportation, difficulty with end-of-life conversations, and lack of advance care directives among cancer patients * According to 2016 Sharp oncology data, 196 (38 percent) of the 517 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources * The most frequently observed cancers at SGH in 2016 were (in rank order): breast cancer, lung cancer, prostate cancer, colorectal cancer, and female (gynecology) genitourinary cancers In total, there were 1,493 new cases of cancer at SGH in 2016 * The cancer key informant interview conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients Additional issues include financial, legal, and survivorship issues, emotional, sexual and body image issues, lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources, and end-of-life or palliative care issues</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>* The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process, community coordinators with knowledge of hospital needs and community resources, greater hospital and community partnerships, resources to educate providers on end-of-life and palliative care issues, personnel within the health care system to identify resources and answer questions, financial assistance for co-pays, prescriptions, child care and other bills, and survivorship clinics.</p> <p>* As part of the SGH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors, more comprehensive educational groups, a navigator staff member or case manager for all oncology patients, not just newly diagnosed, help navigating health insurance options to identify the best coverage for individual needs, and tours specifically for patients who have a serious illness requiring multiple treatments.</p> <p>* In 2015, cancer was the leading cause of death in SDC's east region and was responsible for 24.1 percent of all deaths.</p> <p>* There were 921 deaths due to cancer (all types) in SDC's east region in 2015. The region's age-adjusted death rate due to cancer was 166.9 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 148.3 per 100,000 population and higher than the HP2020 target of 161.4 deaths per 100,000 population.</p> <p>* In 2015, the east region's age-adjusted death rates were higher than the rates for SDC overall for at least 14 different cancers.</p> <p>* In 2015, 20 percent of all cancer deaths in SDC's east region were due to lung cancer, 9 percent to colorectal cancer, 9 percent to female breast cancer, 6 percent to prostate cancer, 6 percent to pancreatic cancer, and 5 percent to female reproductive cancer (Live Well San Diego, 2015).</p> <p>* By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry, 2013; Truven Health Analytics Market Discovery Planning).</p> <p>* According to the American Cancer Society (ACS) Cancer Statistics Center, in 2017 there will be an estimated 27,980 new cases of breast cancer and 4,400 breast cancer deaths for females in California.</p> <p>* In 2015, the age-adjusted mortality rate of breast cancer in the east region was 28.0 per 100,000 population. In SDC overall, the rate was 19.4 per 100,000 population. This represented a 24 percent increase from 2014 and exceeded the HP2020 target of 20.7 breast cancer deaths per 100,000 women.</p> <p>* According to the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.</p> <p>* The 2015 Susan</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rt to patients and community members * Provide cancer resources and education at community events * Provide cancer patient navigation and support services to the community * Participate in cancer clinical trials, including screening and enrolling patients</p> <p>FY 2017 Report of Activities Note SGH is accredited by the National Accreditation 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 Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment 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 demonstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to approximately 500 individuals at community events, including ECAN's annual Spring Into Healthy Living senior health and wellness fair, San Diego International Film Festival event, Women's Fitness World in Chula Vista and San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center At Sharp's annual Women's Health Conference in April, the SGH Cancer Center offered cancer education, health screening recommendations for various age groups, breast self-exam demonstrations and cards, information about skin checks and melanoma, and literature on cancer care and prevention including risk reduction through lifestyle changes to approximately 1,000 community members In October, the SGH Cancer Center participated in a seminar titled Breast Cancer How Diet and Exercise Can Reduce Your Risk at Sharp System Offices During the seminar, the SGH Cancer Center offered information on early detection of breast cancer, nutrition and support programs as well as provided a geneticist, navigators and dietitians to answer attendees' questions Further, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October Throughout the year, the SGH Cancer Center continued to collaborate with Chaldean and Middle-Eastern community leaders in El Cajon to determine the most common barriers to obtaining breast health care among the Middle-Eastern community as well as how to provide appropriate, culturally sensitive educational materials and trainings for this population</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In FY 2017, the SGH Cancer Center provided a variety of free support groups for approximately 85 community members impacted by cancer. Offered twice monthly, the breast cancer support group allowed women in all stages of breast cancer - from recent diagnosis, to treatment and survivorship - to share experiences and discover coping strategies. The lung cancer support group was offered monthly to meet the educational and emotional needs of people living with or caring for someone with lung cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to explore important issues that arise when coping with any phase of treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The SGH Cancer Center also offered a monthly Man Cave support group for men with cancer, which provided a safe and comfortable setting to explore important issues that can arise when coping with any type of cancer, including work, relationships, family and regaining control over life. Furthering its support for those with cancer, the SGH Cancer Center continued to provide the Wall of Hope and Inspiration - a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer. The SGH Cancer Center continued to host educational classes at no cost for patients and community members facing cancer. Through the monthly Survivorship Lunch and Learn series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing Scanxiety (anxiety associated with upcoming cancer tests and results), communicating with loved ones, the importance of exercise in preventing cancer recurrence, energy healing therapies, creating memories and leaving a legacy, and lifestyle tips for cancer prevention. Attendees were also invited to participate 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 also provided meeting space for the ACS' Look Good Feel Better classes, which teach women techniques to manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and boost self-confidence. Classes included a complimentary makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs and headwear. Five classes were offered at the SGH Cancer Center in FY 2017, reaching 32 women. Throughout the year, the SGH Cancer Center offered free workshops for patients and community members. This included free monthly ACP workshops provided in collaboration with Sharp's ACP program. Led by a trained ACP facilitator, the workshops provided more than 15 community members.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones, and guidance on completing an advance health care directive. The SGH Cancer Center also offered a workshop focused on relaxation and quieting the mind to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis. In addition, a Managing Sleep and Fatigue Workshop offered patients and family members strategies to help relax, improve sleep and manage persistent fatigue, which is a common side effect both during and after cancer treatment. Further, a quarterly Chemo Brain Workshop. Improving Memory and Concentration was offered to patients experiencing memory problems related to chemotherapy and other cancer treatments. The workshops provided more than 40 community members with tips and strategies to help manage and improve memory during and after cancer treatment. To help guide and support patients and their families before, during and after the course of treatment, the SGH Cancer Center team offered a licensed clinical social worker (LCSW), a certified dietitian, genetics counselors and cancer patient navigators for breast and various other cancers. The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2017, this included improving patient and family connections to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen, 2-1-1 San Diego (2-1-1), 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 family 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 resources. The breast health navigator is an RN certified in breast health who personally assists breast cancer patients and their families with navigating the health care system. The breast health navigator offers support, guidance, education, financial assistance referrals and recommendations to community resources. Through collaboration with community clinics - including FHCSO, Neighborhood Healthcare and Borrego Health - the breast health navigator 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 needing psychosocial support.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>port are referred to various local or national support groups, JFS's Breast Cancer Case Management program or the SGH Cancer Center Radiation Oncology Department's LCSW. The breast health navigator also plays an active role in community education 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 navigator 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 designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, anal and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. Since the inception 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 assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients. The SGH Cancer Center's certified dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high-risk for malnutrition. This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers - including some cervical and rectal. The dietitian provided one-on-one nutrition assessments, education and follow-up to 137 patients in FY 2017. Throughout 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 Californian. Through these outlets, information was shared by a medical social worker, SGH Cancer Center staff and hospital physicians from a variety of specialties, including plastic surgery, oncology and gastroenterology. Topics included breast cancer and reconstructive surgery options, smoking cessation, immunotherapy for cancer treatment, answers to common questions 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.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The SGH Cancer Center conducts oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2017, the SGH Cancer Center approached and evaluated 248 patients for participation in oncology clinical trials. As a result, 12 patients were enrolled in cancer research studies. In FY 2017, clinical trials focused on multiple types of cancer, including but not limited to breast, lung, neurological, prostate, colorectal, melanoma and lymphomas. FY 2018 Plan The SGH Cancer Center will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to provide cancer education, resources and breast self-exam demonstrations at community health fairs and events</li> <li>* Continue to provide a free biweekly breast cancer support group for women in all stages of breast cancer</li> <li>* Provide free community support groups, including a group for community members with lung cancer and their caregivers, a group for men with cancer, and an art-themed group</li> <li>* Provide a quarterly Managing Sc anxiety workshop to support cancer patients who experience anxiety related to follow-up scans</li> <li>* Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones</li> <li>* Provide four Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment</li> <li>* Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones as they move through the continuum of care</li> <li>* Provide education and resources to the community with patient navigators for breast, colon, brain and gynecologic cancers as well as cancer patients with complex care needs</li> <li>* Continue to connect individuals to services and community resources to help them manage their illness</li> <li>* In collaboration with the Sharp ACP program, continue to provide an ACP workshop to assist patients and community members with cancer, and their loved ones, in completing an advance health care directive</li> <li>* Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills</li> <li>* Screen and enroll cancer patients in clinical trials for research studies</li> <li>* Provide educational information on cancers and available treatments through community residents and community physician lectures</li> <li>* Provide internships to National University Radiation Therapy students</li> <li>* Offer a multi-session couples communication workshop</li> <li>Provide support groups and education for the Chaldean and Middle-Eastern communities</li> <li>* Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk</li> <li>* Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services</li> <li>* Continue to share cancer information, including prevention and awareness with community members</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>through social media Identified Community Need Women's, Prenatal and Postpartum Health Services and Education Rationale references the findings of the SGH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Ration ale * The HASD&amp;IC 2016 CHNA continued to identify high-risk pregnancy as one of the top 15 priority health conditions seen in SDC hospitals * In 2013, SDC's east region had 438 lo w birth weight (LBW) births, which was 6 8 percent of total births for the region LBW inf ants were more likely to be female than male For infants of black mothers, 11 percent of births were LBW, which is the highest percentage when compared to mothers of other races a nd ethnicities * In 2013, 36 infants died before their first birthday in SDC's east regio n The infant mortality rate was 5 6 infant deaths per 1,000 live births, which is higher than the infant mortality rate for SDC overall (4 5 infant deaths per 1,000 live births) * There were 891 hospitalizations due to maternal complications in SDC's east region in 20 15 The east region's age-adjusted rate was 382 4 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (370 0 per 100,000 population) * In 2013, 5,2 17 live births received early prenatal care in SDC's east region, which translates to 81 1 percent of all live births in the region This was slightly lower than the percentage of live births receiving early prenatal care in SDC overall (84 8 percent), and the lowest am ong all SDC regions * Strategies that have been shown to increase the use of prenatal car e include affordable health coverage, expedited health coverage for uninsured pregnant wo men, comprehensive insurance packages including health education and risk counseling, acce ssible and affordable prenatal services, use of safety net providers such as community cli nics and Federally Qualified Health Centers, outreach to enroll women in health coverage a nd connect them with prenatal services, culturally and linguistically appropriate prenatal services, evidence-based home visiting programs for high-risk pregnant women, trained and certified doulas and community health workers to provide health education, coaching and s upport, evidence-based group care approaches to reduce costs and enhance the content of ca re, and transportation assistance such as vouchers for taxis or public transit (Children's Initiative, 2015) * Breastfeeding enhances immunity to disease and decreases the rate an d severity of infections in children, and is associated with improved development and decr eased risk of childhood obesity Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2015) * In California, SDC ranked 20th out of 50 counties for in-hospital exclusive breastfeeding at 79 6 percent (California WIC) Associa tion and UC Davis Human Lactat</p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>ion Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016) * According to 2016 CHIS data, 28.7 percent of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) &gt; 30), which is higher than SDC overall (25.2 percent) * According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy. In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation (CHCF), 2016) * According to a report from the California Task Force on the Status of Maternal Mental Health Care, 15.5 percent of women experience prenatal depressive symptoms while 14.1 percent of women experience postpartum depressive symptoms * According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015) * Contributing factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2015) * According to the National Center on Substance Abuse and Child Welfare, an estimated 15 percent of infants are affected by prenatal alcohol or illicit drug exposure each year. Substance use during pregnancy increases the risk of negative health outcomes such as stillbirth, miscarriage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (Substance Abuse and Mental Health Services Administration, 2017) Objectives * Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skills * Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding * Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services * Participate in professional associations related to women's services and prenatal health and disseminate research</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>FY 2017 Report of Activities In FY 2017, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns through out the community. Free support groups assisted women and families with the challenges and adaptations of having a newborn. Offered twice per week, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home. Facilitated by RN lactation consultants, the group served more than 20 attendees per session in FY 2017, including fathers who were welcome to attend. A weekly postpartum support group, led by social workers, supported approximately 20 mothers per session in FY 2017. Through the support group, mothers with babies up to 12 months of age who are suffering from baby blues symptoms, depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals. Educational classes covered a variety of parenting and newborn care topics. Through the breastfeeding class, moms-to-be learned basic breastfeeding tips, including understanding the advantages of breastfeeding, positioning and the use of breast pumps. Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling. Other offerings by the SGH Women's Health Center in FY 2017 included classes on caesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents. The SGH Women's Health Center also supported the community through participation in the Sharp Women's Health Conference in April. The SGH Women's Health Center offered information on women's health including labor and delivery, prenatal care, obstetrics/gynecology care, neonatal intensive care options and more to 1,000 attendees. In addition, SGH continued to host an annual neonatal intensive care unit (NICU) Reunion event to offer a unique experience for patients and families whose babies have spent time in the NICU, and celebrate their care long after they leave the hospital. The event reached more than 150 former NICU patients and their families, and included a variety of activities such as face painting, a photo booth (including framed pictures for the families), games, and arts and crafts. The SGH Women's Health Center has implemented several critical process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community. This began in 2012 with implementation of the 10 Steps to Successful Breastfeeding initiative, and continued through various other quality strategies to promote exclusive breastfeeding and exclusive breast milk in the NICU. In addition, educational resou</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breast milk volumes. Early intervention strategies were incorporated to promote the establishment of breast milk in the first couple of weeks. The SGH Women's Health Center also continued to track mothers of premature infants 28 to 34 weeks who established breast milk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive breastfeeding rate at discharge for newborns from 49 percent in 2011 to 59 percent in 2017. In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) - an initiative of SDC's LWSD and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected out of six participating clinics as the pilot clinic to help establish Baby-Friendly USA guidelines around breastfeeding during the prenatal period and after discharge, and support other prenatal clinics in achieving Baby-Friendly USA standards. Though the pilot program ended in 2016, SGH continues its collaboration in the BFCHC to ensure sustainability of the model. The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2017, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This included more than 1,360 hours of care for pregnant women five days per week. The SGH Prenatal Clinic also continued to participate in the California Department of Public Health Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered as part of this effort in order to reduce the number of women who meet the criteria for gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH registered dietician or the SGH Diabetes Education Program as appropriate. At-risk women with elevated body mass indices (BMIs) received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community. The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist chemically dependent (addicted) women.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* Key informant interviews conducted as part of the HASD&amp;IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction, education on disease management and food insecurity, improving diversity and cultural competency, coordinating services across the continuum, integrating physical and mental health, and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.</p> <p>* Participants in the HASD&amp;IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.</p> <p>* Community members participating in the Health Access and Navigation Survey as part of the HASD&amp;IC 2016 CHNA identified the following top barriers to care: understanding health insurance, getting health insurance, using health insurance, knowing where to go for care, and follow-up care or appointments.</p> <p>* In 2015, the unemployment rate in SDC's east region was 11.3 percent, which was higher than SDC overall (10.3 percent).</p> <p>* As of October 2017, the average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 4.6 percent (Labor Market Information, State of California Employment Development Department, 2017).</p> <p>* The Regional Task Force for the Homeless' January 2017 WeAllCount campaign counted 9,116 homeless individuals in SDC, roughly 62 percent of whom were unsheltered. The most commonly cited cause of homelessness was loss of a job (26 percent), followed by "other" (21 percent), money issues (15 percent), and kicked out/ran away (10 percent).</p> <p>* A 2016 report by the HHSA titled Identifying Health Disparities to Achieve Health Equity in San Diego County Socioeconomic Status found that low-income communities in the county are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes. Four such low-income communities - El Cajon, La Mesa, Lemon Grove and Mountain Empire - are located in SDC's east region.</p> <p>* The Kaiser Family Foundation's 2016 Employer Health Benefits Survey indicated that the average health insurance premium for a single adult in 2016 is \$536 per month, or \$6,435 annually. The average health insurance premium for a family in 2016 is \$1,512 per month, or \$18,142 annually. The average family premium in 2016 is now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>* Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care.</li> <li>* Assist economically disadvantaged individuals through tran</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>transportation and financial assistance for pharmaceuticals * Collaborate with community organizations to provide services to chronically homeless individuals * Through the CTI program, provide high-risk, under- and unfunded patients with health coaching, support and resources that address SDOH to ensure a safe transition home and maintained health and safety FY 2017</p> <p>Report of Activities In FY 2017, SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations. These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred high-risk patients, families, and community members to churches, shelters and other community resources for food, safe shelter and other resources. For unemployed, uninsured and underinsured patients, or for those who simply cannot afford the expense of a wheelchair, walker or cane due to a fixed income, SGH has committed to improving access to DME for high-risk patients upon discharge. SGH case managers and social workers actively recruited DME donations from the community, providing nearly 200 DME items to patients in need in 2017. To assist economically disadvantaged individuals, SGH provided more than \$173,200 in free medications, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 6,860 individuals in FY 2017. In addition, SGH pharmacists assisted more than 460 economically disadvantaged patients with more than 1,420 outpatient prescriptions valued at approximately \$340,570. In addition, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SGH discharged chronically homeless patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help these patients get back on their feet. Beginning in 2014, SGH piloted the CTI program for its high-risk, vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients. Modeled after the countywide Community Care Transitions Program established by the Centers for Medicare &amp; Medicaid Services to serve the Medicare fee-for-service patient population at risk for readmission, the CTI program provides 30-day coaching by an RN or medical social worker at no cost to vulnerable patients who are identified through a comprehensive risk assessment tool. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, b</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>behavioral health issues, and other conditions that impact their health and safety. The project team is a collaborative effort between various team members across Sharp, including nurses, case managers and disease specialists as well as team members of SHC community benefit, Patient Financial Services (PFS), SGH's Senior Resource Center, and others. The team ensures that vulnerable patients are connected with community resources and support to safely transition home, and keep them safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations. This outreach is critical for sustaining vulnerable patients and empowering them to manage their care in the community. Food insecurity, or lack of access to healthy food, is a key factor in the health status of CTI patients. Since its inception, more than 100 CTI patients were identified as food insecure and provided a direct referral to community hunger relief organizations. In FY 2017, these organizations included FSD and 2-1-1, who then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance programs (through the Food Bank), free food distribution sites throughout San Diego, and assistance with CalFresh enrollment. In addition, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefits prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2017, SGH's PFS team completed 687 CalFresh applications and 405 patients were granted CalFresh benefits. Further, the CTI program provides medically-tailored emergency food bags for CTI patients without food in their homes. The food bags are supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditions and nutritional needs of CTI patients, in order to sustain their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutritionally dense foods during the first few days of discharge, when proper nutrition is critical. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. In FY 2017, the CTI program provided more than 100 food bags to CTI patients in SDC's east region.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In addition, a significant number of CTI patients are diabetic and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this challenge, a grant application was submitted and approved by the Neighborhood Walmart(r) located closest to SGH. As a result of this funding, in 2017, 28 "diabetes kits"- including a three-month supply of strips, lancets, glucose monitors, etc - were put together. These kits help to keep CTI patients safe and managed until their insurance is activated. In addition, blood pressure cuffs, batteries (for the blood pressure cuffs), pill boxes and can openers were provided for CTI patients. Since its inception in May 2014, the CTI pilot has demonstrated a powerful impact. To date, the CTI team has approached more than 2,400 patients, and succeeded in enrolling more than 1,900 individuals in the CTI program. The average readmission rate among the enrolled group is 13 percent, compared to an average readmission rate higher than 22 percent for those individuals who refused CTI coaching services. In FY 2017, the average readmission rate for CTI patients from any status was 9.7 percent - an astounding impact. In addition, SGH coaches devoted hundreds of hours of time directly to these vulnerable patients. It has been the focus on care management as well as addressing SDOH that has contributed to the marked success of this program. The CTI program's partnership with 2-1-1's Health Navigation Program has proven to be one of the most innovative and impactful collaborations of the CTI program, and truly a best practice in delivering care to community members facing inequities. 2-1-1's specialty Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. 2-1-1 Health Navigators work with clients experiencing issues in accessing care, managing chronic conditions, and those who are uninsured or underinsured. Health Navigators assess clients' specific needs, which are unique to their health condition and situation, referring and educating clients about options and community resources, while also advocating on behalf of clients when needed. In addition, Health Navigators ensure access and utilization of the services referred to and follow-up is conducted with clients over time. Through this partnership, CTI patients are referred to the 2-1-1 Health Navigation Program to address health and social needs and leverage 2-1-1's enrollment services, housing coordination and advocacy. At intake and again at completion of care coordination, 2-1-1 uses a risk rating scale to measure and address changes in vulnerability related to SDOH (access to food, housing, transportation, etc), hospital readmission risk, patient satisfaction and patient self-efficacy to both demonstrate program impact and identify areas for improvement. Based on the rating scale, patients fall into one of six categories as shown in CTI patients.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's or SHC's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 4 of this report. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in Fiscal Year 2017 (FY 2017) in the following Senate Bill 697 community benefit categories:</p> <ul style="list-style-type: none"> <li>* Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Mama's Kitchen, Feeding San Diego and the San Diego Food Bank.</li> <li>* Other Benefits for the Broader Community included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community such as education, support groups and outreach at community health fairs and other events.</li> </ul> <p>Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), Southern Caregiver Resource Center (SCRC), San Diego Regional Home Care Council (SDRHCC), San Diego Community Action Network (SanDi-CAN), North County Community Action Network (NorCAN), South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (HPNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for Compassionate Care (SDCCC), and San Diego County Medical Society Bioethics Commission. See Appendix A for a listing of Sharp's involvement in community organizations in FY 2017. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.</p> <ul style="list-style-type: none"> <li>* Health Research, Education and Training Programs included time devoted to education and training for health care professionals and student and intern supervision.</li> </ul> <p>Definition of Community Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942. Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC. For SHC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI dem</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>onstrates the link between community need, access to care, and preventable hospitalization s According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Ar ea, and Downtown San Diego Description of Community Health In SDC overall, there were 397 ,674 residents (12 3 percent of the SDC population) ages 65 years or older in 2015 Of tho se, about 23 5 percent were living alone By 2030, this age group is expected to increase to 723,572 in SDC In SDC in 2016, 99 7 percent of surveyed children ages zero to 11, 99 5 percent of surveyed children ages 12 to 17, and 90 8 percent of surveyed adults ages 18 t o 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national t arget of 100 percent health insurance coverage for all individuals under age 65 In SDC in 2016, 14 5 percent of adults ages 18 to 64 did not have a usual source of care and 10 6 p ercent of these adults had health insurance In addition, 25 3 percent of adults without a usual source of care reported fair or poor health outcomes See Table 26 for a summary of key indicators of access to care and Table 27 for data regarding Medi-Cal eligibility Ta ble 26 Health Care Access in SDC, 2016 Current Health Insurance Coverage Children 0 to 1 1 Years Rate - 99 7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 99 5%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 90 8%, HP2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 96 7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 74 1%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 85 5%, HP2020 Tar get - 89 4% Not Currently Insured Adults 18 to 64 Years Rate - 9 2%, HP2020 Target - N/A Source 2016 California Health Interview Survey (CHIS) Table 27 Medi-Cal (Medicaid) Elig ibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2016 Medi-Cal Eligible - 13 9 % Not Eligible - 86 1% Source 2016 CHIS This information is sourced from the 2016 Califo rnia Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enr ollment into Medi-Cal Formerly, this table included Healthy Family eligibility in San Die go 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 Cancer and coronary heart disease were the top two leading causes of deat h in SDC in 2015 See Table 28 for a summary of leading causes of death in SDC For additi onal demographic and health data for communities served by Sharp HospiceCare, please refer to the Sharp Memorial Hospital (SMH) 2016 CHNA at <a href="http://www.sharp.com/about/community/community-health-needs-assessment">http //www sharp com/about/community/co mmunity-health-needs-assessmen</a></p>



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Form 990, Part III, Line 4a Community Benefit Report	<p>Identified Community Need End-of-Life and Chronic Illness Management Education for Community Members Rationale references the findings of Sharp's 2016 CHNAs, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * In Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues for community members served by Sharp * As part of Sharp's 2016 CHNAs, discussions with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * Significant health issues for seniors in SDC include obesity, diabetes mellitus, stroke, chronic lower respiratory diseases, influenza and pneumonia, cancer, heart disease, and mental health issues, such as dementia and Alzheimer's disease (San Diego Association of Governments, 2014) * In SDC, 40.7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level reported as food insecure (California Health Interview Survey (CHIS), 2016) * Information presented by the Institute of Medicine (IOM) indicates that improving the quality and availability of medical and social services for patients may contribute to a more sustainable care system, in addition to improving quality of life through the end of life The U.S. population is rapidly aging and becoming increasingly culturally diverse, which increases the need for responsive, patient-centered care Current limitations to effective end-of-life care include barriers in access to care that disadvantage certain groups, and misalignment between the services patients and families need and those they are able to obtain (IOM, 2014) * Over the past century, a major shift occurred in the leading causes of death for all age groups, including older adults, from infectious disease and acute illnesses to chronic diseases and degenerative illnesses More than a quarter of all Americans and two out of every three older Americans have multiple chronic conditions (The State of Aging &amp; Health in America, Centers for Disease Control and Prevention (CDC), 2013) * Nearly two-thirds of California seniors on Medicare had two or more chronic conditions in 2012, and more than one-third had four or more These seniors have an increased need for care and higher risk for mortality as well as poorer day-to-day functioning (2015 California Health Care Almanac Beds for Boomers report) * According to the Family Caregiver Alliance, in 2014, there were an estimated 3.4 million family caregivers in California Research shows that caregiving can have serious ph</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>er, Sharp HospiceCare participated in a community conference at the Balboa Park Club titled Planning Ahead: Crucial Conversations, hosted by SanDiegoCAN, HHSA and San Diego Park and Recreation. The free event provided more than 60 seniors and family members with tools to help them identify their end-of-life values and goals of care, and learn the communication skills necessary to make informed health care planning decisions. Attendees also learned about California's End of Life Option Act, a law enacted in 2016 that permits terminally ill adult patients to request and receive doctor-prescribed medication to end life. In April, Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide two aging conferences for community seniors, family members and caregivers, titled Planning for Physical, Mental and Financial Health. Held at All Souls Episcopal Church in Point Loma and the La Mesa Community Center, the free conferences educated approximately 180 attendees about planning for a healthier, happier and financially sound future. Sharp HospiceCare hosted two Live Stronger Longer conferences in FY 2017. Held at SCHHC in October and at the Bonita-Sunnyside Branch Library in September, the free events focused on teaching community seniors and caregivers about caring for themselves and their loved ones. Approximately 250 community members attended the free events, which offered flu shots, a resource fair and education from community health professionals on aging well, fraud awareness, advance directives, cognitive health, fall prevention, and the emotional aspects of caregiving. Sharp HospiceCare partnered with the Caregiver Coalition of San Diego, National Alliance for Mental Illness and other community organizations to provide several conferences throughout SDC, which reached more than 200 community members who were caring for a friend or family member. Conferences included How to Be a Better Caregiver in the New Year, held at San Diego United Methodist Church, Caring for an Adult Loved One Living With Mental Health Challenges, held at First United Methodist Church, and Finding the Balance in Caregiving, held at the La Mesa Community Center. The free conferences included resource fairs as well as presentations on various caregiving topics, including but not limited to care options through the continuum of care, New Year's resolutions for taking care of the caregiver, managing difficult conversations, dementia, mindfulness and stress reduction, legal issues, balance and fall prevention, and home safety.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sharp HospiceCare provided end-of-life and AIM education and resources to more than 1,600 community members at a variety of health fairs and other events throughout the year, including the Sharp Senior Resource Center Annual Senior Health &amp; Information Fair, Spring Into Healthy Living at the McGrath Family YMCA, Sharp Women's Health Conference, Healthfair Saturday at Grossmont Center, La Maestra Community Health Centers' City Heights Health Fair, Norman Park Senior Center Health Fair, San Diego LGBT (Lesbian, Gay, Bisexual, Transgender) Community Center Senior Resource Fair, San Diego Gas &amp; Electric employee health fair, San Diego Regional Center employee health fair, Senior Health Fair at Lakeside Community Center, Mira Mesa Senior Center's Summer Senior Resource Event, SPARC (Services and Programs Assisting Residents in Our Communities) Caregiver Conference, County of San Diego Aging &amp; Independence Services (AIS) 2017 Vital Aging conferences, South County Behavioral Health Resource Fair, Las Damas de San Diego cancer screening event at the Douglas &amp; Nancy Barnhart Cancer Center, SCVMC Heart Health Expo, and community flu shot clinics at the Coronado Public Library, St. Paul's Plaza, Chula Vista Silvercrest senior residence and Point Loma Community Presbyterian Church. Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans as well as through participation in veteran-oriented community events. Sharp HospiceCare is a partner in We Honor Veterans (WHV), a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As WHV partners, hospice organizations can achieve up to four levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III and is currently working toward Level IV. As a Level I Partner, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. As a Level II Partner, Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. As a Level III Partner, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations. In FY 2017, Sharp HospiceCare conducted a variety of veteran recognition activities as part of its WHV commitment. In honor of Veteran's Day, Sharp HospiceCare celebrated patients who served in the U.S. military by holding 22 flag ceremonies throughout the month of November. During the ceremonies, fellow veterans presented patients with a U.S. flag that had been flown on the USS Midway aircraft carrier. In addition, Sharp HospiceCare held two pinning ceremonies in FY 2017 during which</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>HospiceCare devoted nearly 2,200 hours 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 referrals to community counselors, mental health services, bereavement support services and other community resources as needed. Sharp HospiceCare continued to offer the Healing After Loss 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 sessions facilitated by skilled mental health care professionals with a specialization in the needs of the bereaved. The Healing After Loss support group focused on addressing the concerns of adults who were grieving the loss of a loved one. Weekly themes included Introduction to the Grief Process, Strategies for Coping with Grief, Communicating with Family and Friends, Experiencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Natural Grief and Depression, Use of Ceremony and Ritual to Promote Healing, and Who Am I Now?/What Does Healing Look Like? The Widow's and Widower's support group addressed concerns of men and women who lost their spouse or partner. Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life 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 community members recognize the nature of their loss, identify strategies to help them cope with grief, and discover a sense of hope as Mother's Day and Father's Day approached. In October, a workshop titled Nurturing the Mind, Body and Soul provided strategies for self-care, self-compassion and healing following the death of a loved one to approximately 30 community 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 &amp; garden and Coaster Bar &amp; Grill restaurants. Sharp HospiceCare supported approximately 120 community members grieving the loss of a loved one during the 2016 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's system office, which included presentations on understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, and reviving hope. Two similar events titled Coping with Grief During the Holiday Season were held at the Coronado Public Library in November and at the Grossmont Health Care District in December. These events provided practical suggestions for community members to cope with the pain.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p> nful feelings of loss that often arise during the holidays. Additionally, Sharp HospiceCare provided a Support During the Holiday Season bereavement support group on two days in December, which focused on developing coping skills to promote healing, as well as remembering your loved ones, through the holidays. Sharp HospiceCare continued to offer the Memory Bear program. In this unique program, volunteers use garments of loved ones who have passed on to sew teddy bears as keepsakes for surviving friends and family. In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families. Sharp HospiceCare also continued 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 newsletters were mailed each month during FY 2017. FY 2018 Plan Sharp HospiceCare will do the following: <ul style="list-style-type: none"> <li>* Continue to offer individual and family bereavement counseling for community members who have lost a loved one</li> <li>* Continue to provide referrals to community services</li> <li>* Continue to provide a variety of free bereavement support groups</li> <li>* Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season</li> <li>* Support at least 240 families through the Memory Bear program</li> <li>* Continue to provide 13 mailings of bereavement support newsletters</li> </ul> Sharp HospiceCare Program and Service Highlights: <ul style="list-style-type: none"> <li>* Advance care planning</li> <li>* Bereavement care services</li> <li>* Caregiver and family support</li> <li>* Homes for Hospice program</li> <li>* Hospice aides</li> <li>* Hospice nursing services</li> <li>* Integrative therapies</li> <li>* Management for various hospice patient conditions, including: <ul style="list-style-type: none"> <li>* Alzheimer's disease</li> <li>* Cancer</li> <li>* Debility</li> <li>* Dementia</li> <li>* Heart disease</li> <li>* Human Immunodeficiency Virus</li> <li>* Kidney disease</li> <li>* Liver disease</li> <li>* Pulmonary disease</li> <li>* Stroke</li> </ul> </li> <li>* Music therapy</li> <li>* Social services support</li> <li>* Spiritual care services</li> <li>* Volunteer program</li> <li>* We Honor Veterans program</li> </ul> Appendix A Sharp HealthCare Involvement in Community Organizations: The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2017. Community organizations are listed alphabetically: <ul style="list-style-type: none"> <li>* 2-1-1 San Diego Board</li> <li>* A New PATH (Parents for Addiction, Treatment and Healing)</li> <li>* Adult Protective Services</li> <li>* Aging and Disability Resource Connection</li> <li>* Alliance for African Assistance</li> <li>* Altrusa International Club of San Diego</li> <li>* Alzheimer's Project Safety Workgroup</li> <li>* Alzheimer's San Diego</li> <li>* Alzheimer's San Diego Client Advisory Board</li> <li>* American Academy of Nursing</li> <li>* American Association of Colleges of Nursing</li> <li>* American Association of Critical Care Nurses, San Diego Chapter</li> </ul> </p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>* American Cancer Society * American College of Healthcare Executives * American Diabetes Association * American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Lung Association * American Nurses Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Angels Foster Family Network * The Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Fundraising Professionals - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Council * California Association of Marriage and Family Therapists San Diego Chapter * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Department of Public Health (CDPH) * CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Joint Advisory Committee * California Dietetic Association * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Board of Trustees * CHA Center for Behavioral Health * CHA Emergency Management Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA Workforce Committee * California Library Association * California Maternal Quality Care Collaborative * California Perinatal Quality Care Collaborative * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Center on Policy Initiatives * Chicano Federation * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy San Diego Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Council * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista Wellness Program * City of San Diego * City of San Diego Park &amp; Recreation - Therapeutic Recreation Services Disabled Services Advisory Council * Community Center for the Blind and Visually Impaired * Com</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p> community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Fire Department * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Doors of Change * Downtown San Diego Partnership * East County Action Network * East County Senior Service Providers * Emergency Nurses Association - San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding San Diego * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * George G. Glenner Alzheimer's Family Centers, Inc. * Girl Scouts San Diego * Greater San Diego East County Advisory Board * Grossmont College * Grossmont College Occupational Therapy Assistant Advisory Board * Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District Community Grants and Sponsorships Committee * Grossmont Healthcare District Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health Care Communicators Board * Health Industry Collaboration Effort, Inc. * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helix Charter High School * Hidden Heroes Campaign Committee * Home Start, Inc. * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) * HASD&amp;IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs &amp; Cushman San Diego Food Bank * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * John A. Davis Family YMCA Board of Management * Kitchens for Good * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation * Lantern Crest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On Foundation * Live Well San Diego Check Your Mood Committee * Mama's Kitchen * March of Dimes * Meals on Wheels San Diego County * Meals on Wheels San Diego County East County Advisory Board * Mental Health America * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Hispanic Nurses, San Diego Chapter * National Association of Neonatal Nurses * National Association of Orthopedic Nurses * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare * Neighborhood House Association * North County Community Action Network * North San Diego Business Chamber * Pacific A </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>             rts Movement * Palomar Community College * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center *              Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University *              Practice Greenhealth * Promises2Kids * Psychiatric Emergency Response Team * Regional Perinatal System * Residential Care              Committee * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * San Diego              Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association of              Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community Action Network * San              Diego Community College District * San Diego County Breastfeeding Coalition * San Diego County Breastfeeding Coalition              Advisory Board * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life              Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Falls              Prevention Taskforce * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership              * San Diego County Medical Society Bioethics Commission * San Diego County Older Adult Behavioral Health System of Care              Council * San Diego County Older Adult Council * San Diego County Perinatal Care Network * San Diego County Social Services              Advisory Board * San Diego County Stroke Consortium * San Diego County Taxpayers Association * San Diego County Unified              Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association * San Diego East County              Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Fire-Rescue Department * San Diego Food              System Alliance, Healthy Food Access Committee * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego              Health Information Association * San Diego Healthcare Disaster Coalition * San Diego Housing Commission * San Diego Human              Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition * San Diego Immunization Coalition * San Diego-              Imperial County Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. *              San Diego Mental Health Coalition * San Diego Mental Health History Planning Team * San Diego Military Family Collaborative *              San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders * San              Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care           </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	* San Diego Psych-Law Society * San Diego Regional Chamber of Commerce * San Diego Regional Healthcare Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * 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 Diego Health's Joint Venture Board * Sigma Theta Tau International Honor Society of Nursing * South Bay Community Services * South County Action Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern Caregiver Resource 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 California * 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 Across America - San Diego * YMCA * YWCA Becky's House(r) * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event

# 990 Schedule O, Supplemental Information

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



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	WILLIAM S EVANS, DANIEL KINDRON, AND ANTHONY DAMICO WERE ALL DIRECTORS ON THE GOVERNING BOARD OF THE GROSSMONT IMAGING JOINT VENTURE - Business relationship, GROSSMONT HOSPITAL CORPORATION DIRECTORS, DAVE GRUNDSTROM AND JIM PARKER, - Family relationship, GROSSMONT HOSPITAL CORPORATION DIRECTORS, PETER HANSON AND JIM PARKER - Business relationship

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Sharp HealthCare (FEIN 95-6077327) is the sole member of Grossmont Hospital Corporation

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, 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 Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2016.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The Compensation 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 Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation 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 2016.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	<p>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 (<a href="http://www.dacbond.com">www.dacbond.com</a>), 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 (<a href="http://www.dacbond.com">www.dacbond.com</a>).</p>

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	OTHER - Total Revenue 586653, Related or Exempt Function Revenue 586653, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER - Total Revenue 193062, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 193062,

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN MINIMUM PENSION LIABILITY - 3525783, BENEFICIAL INTEREST IN GROSSMONT HOSPITAL FOUNDATION - 450502,



**990 Schedule O, Supplemental Information**

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

SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships		OMB No 1545-0047
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.		2016
	▶ Attach to Form 990.	▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	Open to Public Inspection
Name of the organization Grossmont Hospital Corporation			Employer identification number 33-0449527

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)SHARP HEALTHCARE (SHC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(2)SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3)SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4)SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(5)GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	
(6)SHARP HEALTH PLAN (SHP) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(7)SHARP CORONADO HOSPITAL AND HEALTHCARE 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> GROSSMONT IMAGING LLC 7777 ALVARADO ROAD SUITE 108 LA MESA, CA 91941 20-2655131	DIAGNOSTIC IMAGING	CA	NA	Related	291,763	1,546,696		No		Yes		50 %
<b>(2)</b> 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	No
<b>(1)</b> CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	NA	C Corporation					No

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

Yes

No

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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

[illegible]

**Part VII**      **Supplemental Information**

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

Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 33-0449527  
Name: Grossmont Hospital Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(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 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(4)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	
(5)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(6)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Sharp Memorial Hospital	L	4,688,108	Accrual
(1)	Sharp Memorial Hospital	M	6,447,176	Accrual
(2)	Sharp Memorial Hospital	P	152,472	Accrual
(3)	Sharp Memorial Hospital	Q	212,286	Accrual
(4)	Sharp Chula Vista Medical Center	L	3,528,638	Accrual
(5)	Sharp Chula Vista Medical Center	M	732,231	Accrual
(6)	Sharp Chula Vista Medical Center	Q	105,028	Accrual
(7)	Sharp Coronado Hospital And Healthcare Center	M	244,545	Accrual
(8)	Sharp Coronado Hospital and Healthcare Center	L	244,414	Accrual
(9)	Sharp Coronado Hospital and Healthcare Center	Q	337,945	Accrual
(10)	Sharp Coronado Hospital and Healthcare Center	S	146,524	Accrual
(11)	Grossmont Hospital Foundation	Q	937,143	Accrual
(12)	Grossmont Hospital Foundation	C	4,443,709	Accrual
(13)	Grossmont Hospital Foundation	B	1,235,429	Accrual
(14)	Grossmont Hospital Foundation	N	70,273	Accrual
(15)	Sharp Health Plan	L	899,640	Accrual