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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

C Name of organization
SCRIPPS HEALTH
% RICHARD ROTHBERGER
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10140 CAMPUS POINT DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92121

D Employer identification number
95-1684089

E Telephone number
(858) 678-7901

G Gross receipts $ 3,721,047,464

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SCRIPPSHEALTH ORG

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

L Year of formation 1924

M State of legal domicile CA

Part I Summary

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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	16,816
6	Total number of volunteers (estimate if necessary)	**6**	2,168
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,833,014
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	187,760

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	34,089,147	50,694,014
9	Program service revenue (Part VIII, line 2g)	2,622,932,919	2,634,688,367
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,688,960	51,577,904
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,980,854	87,712,048
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,760,691,880	2,824,672,333

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	637,925	468,506
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,168,033,283	1,218,359,741
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,124,256		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,426,602,227	1,466,079,709
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,595,273,435	2,684,907,956
19	Revenue less expenses Subtract line 18 from line 12	165,418,445	139,764,377

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,938,384,870	5,265,457,446
21	Total liabilities (Part X, line 26)	1,564,728,331	1,518,445,750
22	Net assets or fund balances Subtract line 21 from line 20	3,373,656,539	3,747,011,696

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-08-06

RICHARD ROTHBERGER EVP/CFO
Type or print name and title

Paid Preparer Use Only

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

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

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

Phone no (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,361,032,336 including grants of $ 468,506) (Revenue $ 2,714,200,213)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,361,032,336

Part IV Checklist of Required Schedules

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

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

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	946		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	16,816		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								17,198,853	0	4,273,515

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,704

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCRIPPS CLINIC MEDICAL GROUP INC, 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PHYSICIAN SERVICES	283,611,876
SCRIPPS COASTAL MEDICAL GROUP, 501 WASHINGTON AVENUE SAN DIEGO, CA 92103	PHYSICIAN SERVICES	42,968,974
SCRIPPS HOSPITAL INPATIENT PROVIDER, 10010 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	PHYSICIAN SERVICES	16,130,489
EMERGENCY ACUTE CARE MED CORP, 440 STEVENS AVE STE 150 SAN DIEGO, CA 92075	PHYSICIAN SERVICES	14,147,594
EMERALD TEXTILES LLC, 1725 DORNOCH CT SAN DIEGO, CA 92154	LAUNDRY SERVICES	8,998,564

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 ▶ 128

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 2,053,881				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 48,640,133				
	g Noncash contributions included in lines 1a-1f $ 2,434,091				
	h Total. Add lines 1a-1f . . . . . ▶	50,694,014			
Program Service Revenue		Business Code			
	2a Healthcare Delivery Rev	622110	2,398,044,122	2,396,845,091	1,199,031	0
	b Capitation Premium	622110	148,189,669	148,189,669	0	0
	c Provider Fee Revenue	622110	41,804,080	41,804,080	0	0
	d Joint Venture Revenue	900099	9,725,647	9,725,647	0	0
	e Rental Income - MOB	531120	13,294,104	13,294,104	0	0
	f All other program service revenue		23,630,745	22,700,852	929,893	0
	g Total. Add lines 2a–2f . . . . ▶	2,634,688,367				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	38,867,457	268,771	47,934	38,550,752
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) . . . . . ▶	0				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	907,782,048	319,929			
	b Less cost or other basis and sales expenses	895,391,530				
	c Gain or (loss)	12,390,518	319,929			
	d Net gain or (loss) . . . . . ▶	12,710,447				12,710,447
	8a Gross income from fundraising events (not including $ 2,053,881 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 219,730					
	b Less direct expenses . . . **b** 983,601					
	c Net income or (loss) from fundraising events . . ▶	-763,871				-763,871
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0					
	b Less direct expenses . . . **b** 0					
	c Net income or (loss) from gaming activities . . ▶	0				
	10a Gross sales of inventory, less returns and allowances . . **a** 0					
	b Less cost of goods sold . . **b** 0					
	c Net income or (loss) from sales of inventory . . ▶	0				
	Miscellaneous Revenue	Business Code				
	11a Cafeteria	722310	7,465,014	7,465,014	0	0
	b PROTON CENTER REVENUE	446110	12,380,143	12,380,143	0	0
	c Management Services	561110	39,507,266	32,977,029	4,917,349	1,612,888
	d All other revenue		29,123,496	26,420,889	738,807	1,963,800
	e Total. Add lines 11a–11d . . . . . ▶		88,475,919			
	12 Total revenue. See Instructions . . . . . ▶		2,824,672,333	2,712,071,289	7,833,014	54,074,016

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	468,506	468,506		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	17,747,187		17,747,187	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	130,691	0	130,691	0
7 Other salaries and wages	986,294,749	857,054,327	124,607,976	4,632,446
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	39,561,243	32,813,474	6,586,112	161,657
9 Other employee benefits	98,614,341	71,790,623	26,264,125	559,593
10 Payroll taxes	76,011,530	63,788,491	11,912,249	310,790
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,694,378	1,617,999	2,066,102	10,277
c Accounting	981,094	79,247	901,847	0
d Lobbying	344,761	0	344,761	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	4,043,436	0	4,043,436	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	551,583,411	509,707,255	41,389,155	487,001
12 Advertising and promotion	5,687,737	3,370,126	2,314,047	3,564
13 Office expenses	62,577,101	48,256,036	13,322,971	998,094
14 Information technology	37,151,034	21,977,657	15,173,377	0
15 Royalties . .	0	0	0	0
16 Occupancy	79,014,486	70,117,253	8,702,560	194,673
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	24,223,052	20,140,440	4,082,612	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	160,447,579	145,066,088	15,381,491	0
23 Insurance . . .	7,675,995	7,615,779	60,216	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	446,531,090	446,531,090	0	0
b Repairs and Maintenance	39,577,168	19,559,945	19,980,471	36,752
c Hospital Fee Program	36,458,424	36,458,424	0	0
d OTHER EXPENSE REIMBURSEMENT	3,075,879	2,277,808	739,978	58,093
e All other expenses	3,013,084	2,341,768		671,316
25 **Total functional expenses.** Add lines 1 through 24e	2,684,907,956	2,361,032,336	315,751,364	8,124,256
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	392,256,700	2	414,047,110
	3	Pledges and grants receivable, net	19,418,259	3	16,915,196
	4	Accounts receivable, net	403,013,333	4	471,092,320
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	17,543,626	5	19,161,401
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	254,383	7	168,071
	8	Inventories for sale or use	39,372,026	8	44,073,896
	9	Prepaid expenses and deferred charges	22,076,316	9	36,361,957
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 3,450,994,042			
	b	Less accumulated depreciation — 10b: 1,676,381,007	1,676,427,618	10c	1,774,613,035
	11	Investments—publicly traded securities	1,783,233,305	11	1,881,002,655
	12	Investments—other securities See Part IV, line 11	413,366,000	12	440,320,000
	13	Investments—program-related See Part IV, line 11	62,558,899	13	64,637,570
	14	Intangible assets	45,478,622	14	46,004,678
	15	Other assets See Part IV, line 11	63,385,783	15	57,059,557
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,938,384,870	16	5,265,457,446
Liabilities	17	Accounts payable and accrued expenses	393,651,235	17	372,241,581
	18	Grants payable	0	18	0
	19	Deferred revenue	14,778,468	19	13,828,654
	20	Tax-exempt bond liabilities	966,591,804	20	933,879,690
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	98,230,904	23	95,502,060
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	91,475,920	25	102,993,765
	26	**Total liabilities.** Add lines 17 through 25	1,564,728,331	26	1,518,445,750
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,178,431,443	27	3,544,828,258
	28	Temporarily restricted net assets	108,703,807	28	115,358,760
	29	Permanently restricted net assets	86,521,289	29	86,824,678
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,373,656,539	33	3,747,011,696
	34	Total liabilities and net assets/fund balances	4,938,384,870	34	5,265,457,446

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,824,672,333
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,684,907,956
3	Revenue less expenses Subtract line 2 from line 1	3	139,764,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,373,656,539
5	Net unrealized gains (losses) on investments	5	249,004,807
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,414,027
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,747,011,696

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE 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			
MARY JO ANDERSON CHS VICE CHAIR/TRUSTEE	12 0 3 0	X		X				0	0	0
GENE H BARDUSON TRUSTEE	12 0 3 0	X						0	0	0
RICHARD C BIGELOW TRUSTEE	12 0 3 0	X						0	0	0
DOUGLAS A BINGHAM ESQ TRUSTEE	12 0 3 0	X						0	0	0
JEFF BOWMAN TRUSTEE	12 0 3 0	X						0	0	0
JAN CALDWELL TRUSTEE	12 0 3 0	X						0	0	0
JUDY CHURCHILL PHD TRUSTEE	12 0 3 0	X						0	0	0
GORDON R CLARK CHAIRMAN/TRUSTEE	12 0 3 0	X		X				0	0	0
NICOLE A CLAY TRUSTEE	12 0 3 0	X						0	0	0
DON GOLDMAN TRUSTEE	12 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADOLFO GONZALES TRUSTEE	12 0 3 0	X						0	0	0
KATHERINE A LAUER TRUSTEE	12 0 3 0	X						0	0	0
MARTY J LEVIN TRUSTEE	12 0 3 0	X						0	0	0
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	57 0 3 0	X		X				2,086,882	0	1,308,805
RICHARD VORTMANN TRUSTEE	12 0 3 0	X						0	0	0
ABBY SILVERMAN WEISS TRUSTEE	12 0 3 0	X						0	0	0
GALE D KEEL ASSISTANT SECRETARY	39 0 1 0			X				98,497	0	17,682
RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	53 0 2 0			X				1,581,679	0	83,402
RICHARD R SHERIDAN SEC/CORP EXEC VP-HR/GEN COUNSL	53 0 2 0			X				752,792	0	388,441
ROBIN BROWN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			789,000	0	285,765

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	50 0 0 0				X			1,209,406	0	272,306
MARY ELLEN DOYLE CORP VP, NURSING OPS	50 0 0 0				X			500,014	0	91,470
JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	50 0 0 0				X			574,520	0	106,091
CARL ETTER CHIEF EXECUTIVE, SR VP	50 0 0 0				X			713,795	0	125,229
SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			824,899	0	165,467
GARY FYBEL CHIEF EXECUTIVE, SR VP	50 0 0 0				X			941,899	0	67,938
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50 0 0 0				X			862,562	0	179,233
JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	50 0 0 0				X			840,913	0	178,080
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50 0 0 0				X			963,839	0	245,340
RICHARD NEALE CORP SVP, CORP DEVELOPMENT	50 0 0 0				X			560,281	0	115,502

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA PRICE CORP SRVP BUS & SERV LINE DEV	50 0 0 0				X			702,679	0	138,514
MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	30 0 20 0				X			705,402	0	55,620
SUSAN CAMPBELL EXEC DIR, EXTERNAL AFFAIRS	50 0 0 0					X		476,052	0	94,263
DAVID COHN CORP VP, REVENUE CYCLE	50 0 0 0					X		480,555	0	102,054
JAMES CROWDER CORP SR VP, CIO	50 0 0 0					X		507,127	0	117,391
LEI DONG DIRECTOR, CHIEF OF MED PHYSICS	50 0 0 0					X		542,939	0	39,921
ROBERT T HOFF CORP VP, HORIZONTAL OPS	50 0 0 0					X		483,121	0	95,001

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Name of the organization	**Employer identification number**
SCRIPPS HEALTH	95-1684089

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		10,078
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		391,758
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		37,696
i	Other activities?	Yes		251,835
j	Total Add lines 1c through 1i			691,367
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B	PUBLIC AFFAIRS INFORMATION AND EDUCATION SCRIPPS HEALTH ON ITS OWN BEHALF AND AS A MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS PARTICIPATES REGULARLY IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES SOME ACTIVITY IS INDIVIDUALLY OR COLLECTIVELY CONDUCTED BY AND SPECIFICALLY ON BEHALF OF SCRIPPS HEALTH OTHER ACTIVITY IS ORGANIZED BY THESE INVOLVED ORGANIZATIONS SUPPORTED BY SCRIPPS HEALTH PARTICIPATION THIS ACTIVITY INCLUDES BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS MEETINGS OCCUR IN PUBLIC OFFICIAL OFFICES, AT SCRIPPS FACILITIES AND IN VARIOUS OTHER VENUES OF OPPORTUNITY ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET AND FISCAL POLICY IMPACTS, REIMBURSEMENT MATTERS, PROVIDER FEES AND OTHER ASSESSMENTS, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY MATTERS, HEALTH INFORMATION TECHNOLOGY AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, SITE-NEUTRAL PRICING, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS, MEDICARE, MEDICAID THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES NO ACTIVITY ADDRESSES PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS LEGISLATIVE MATTERS - FEDERAL - SEN CON RES 3 (BUDGET RESOLUTION WITH INSTRUCTIONS ON RECONCILIATION REGARDING THE AFFORDABLE CARE ACT (ACA) - H R 1628 AMERICAN HEALTH CARE ACT - H R 1628 BETTER CARE RECONCILIATION ACT OF 2017 (SENATE VERSION OF HOUSES AMERICAN HEALTH CARE ACT) - GRAHAM-CASSIDY AMENDMENT TO H R 1628 - OBAMACARE REPEAL RECONCILIATION ACT AMENDMENT TO H R 1628 - ALEXANDER-MURRAY MARKET STABILIZATION ACT (LEGISLATIVE PROPOSAL) - H CON RES 71 (115TH CONGRESS FY 2018 BUDGET ACT) - H R 1 TAX CUTS AND JOBS ACT - H R 4392 340B PAYMENT CUTS - H R 4710 340B PROTECTING ACCESS FOR THE UNDERSERVED AND SAFETY NET ENTITIES (PAUSE) ACT - H R 3922 CHAMPIONING HEALTHY KIDS ACT CALIFORNIA - SB 687 ATTORNEY GENERAL APPROVAL OF EMERGENCY DEPARTMENT CLOSURE OR REDUCTION IN SERVICES - SB 554 NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS BUPRENORPHINE - SB 565 MENTAL HEALTH INVOLUNTARY COMMITMENT - AB 191 MENTAL HEALTH INVOLUNTARY TREATMENT - AB 651 NONPROFIT HEALTH FACILITIES SALE OF ASSETS, ATTORNEY GENERAL APPROVAL - AB 1102 HEALTH FACILITIES WHISTLE BLOWER PROTECTIONS - SB 562 SINGLE-PAYER HEALTH CARE COVERAGE PROGRAM (CALIFORNIANS FOR A HEALTHY CALIFORNIA ACT) - SB 538 HOSPITAL CONTRACTS - SB 647 HEALTH CARE PROVIDERS CONTRACTS - AB 387 ALLIED HEALTH TRAINING MINIMUM WAGE - AB 488 MENTAL HEALTH SERVICES ACT - SB 481 MEDICALLY NECESSARY CARE FOR UNREPRESENTED PATIENTS - AB 820 COMMUNITY PARAMEDIC PROGRAM - AB 1136 MENTAL HEALTH BED REGISTRIES - AB 5 OPPORTUNITY TO WORK ACT - SB 487 PRACTICE OF MEDICINE HOSPITALS - AB 1650 EMERGENCY MEDICAL SERVICES COMMUNITY PARAMEDICINE - AB 1612 CERTIFIED NURSE MIDWIVES - AB 263 EMERGENCY MEDICAL SERVICES WORKERS' RIGHTS AND WORKING CONDITIONS - SB 237 CRIMINAL PROCEDURE ARREST - AB 937 REQUESTS REGARDING RESUSCITATIVE MEASURES RESOLUTION OF CONFLICTING ORDERS - SB 349 CHRONIC DIALYSIS STAFFING REQUIREMENTS & TURNOVER - AB 1250 COUNTIES CONTRACTS FOR PERSONAL SERVICES - AB 1372 CRISIS STABILIZATION UNITS PSYCHIATRIC PATIENT - AB 451 HEALTH FACILITIES EMERGENCY SERVICES AND CARE DIRECT COMMUNICATION (MEETINGS, EMAIL, CALLS, LETTERS) WITH SAN DIEGO LEGISLATIVE DELEGATIONS FEDERAL AND STATE ON CALIFORNIA STATE LEVEL EMPLOYED LOBBY FIRM JGC GOVERNMENT RELATIONS TO REPRESENT INTERESTS ON CERTAIN MEASURES LOBBY FIRM ALSO WORKED WITH OTHER HEALTH SYSTEM CONTRACT LOBBYISTS AND CALIFORNIA HOSPITAL ASSOCIATION LOBBY TEAM ON SELECTED LEGISLATION WORKED FREQUENTLY IN CONCERT WITH STATE AND NATIONAL HEALTH CARE ORGANIZATIONS THAT CONDUCTED LOBBY PROGRAMS, INCLUDING AMERICAN HOSPITAL ASSOCIATION, CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES, PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS, ALLIANCE OF CATHOLIC HEALTH CARE SCRIPPS HEALTH DID NOT FILE FORM 5768 UNDER SECTION 501(H) THERE ARE TESTS FOR TAX EXEMPTION A "SUBSTANTIAL PART TESTAN "EXPENDITURE TEST " AS A 501(C)(3) ORGANIZATION, WE CAN OPT TO FOLLOW THE GUIDELINE THAT "NO SUBSTANTIAL PART" OF OUR ACTIVITIES ARE CARRIED ON TO INFLUENCE LEGISLATION UNDER SECTION 501(H), ELIGIBLE 501(C)(3) ORGANIZATIONS CAN ELECT TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION THE "EXPENDITURE TEST" IS SUBJECT TO AMOUNTS PERMITTED BY THAT SECTION WHILE OUR EXPENDITURES FALL WELL BELOW THE LIMITS, WE ALSO EXPEND WHAT IS GENERALLY CONSIDERED AS NO SUBSTANTIAL PART ON SUCH EXPENDITURES THEREFORE, WE OPT NOT TO FILE FORM 5768, THE FORM REQUIRED UNDER SECTION 501(H) NATIONAL, STATE & LOCAL ORGANIZATIONS WITH WHICH SCRIPPS HEALTH PARTICIPATES IN PART IN LOBBY ACTIVITIES AMERICAN HOSPITAL ASSOCIATION CALIFORNIA HOSPITAL ASSOCIATION HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES HEALTH MANAGEMENT ACADEMY PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS ALLIANCE FOR CATHOLIC HEALTH CARE PROTON THERAPY CONSORTIUM SAN DIEGO REGIONAL CHAMBER OF COMMERCE SAN DIEGO TAXPAYERS ASSOCIATION SAN DIEGO ECONOMIC DEVELOPMENT CORPORATION COMMUNITY HEALTH IMPROVEMENT PARTNERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	116,324,000	108,926,000	117,167,000	112,290,000	103,819,000
b Contributions	317,621	6,315,759	1,388,206	1,480,000	-1,051,000
c Net investment earnings, gains, and losses	13,011,507	7,473,883	-3,512,026	9,068,000	14,066,000
d Grants or scholarships	925,456	1,437,223	1,345,734	871,000	874,000
e Other expenditures for facilities and programs	2,761,983	3,833,012	3,632,176	3,853,000	2,707,000
f Administrative expenses	1,124,689	1,121,407	1,139,270	947,000	963,000
g End of year balance	124,841,000	116,324,000	108,926,000	117,167,000	112,290,000

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	24,235,333	98,325,540		122,560,873
b Buildings		1,704,455,120	656,347,705	1,048,107,415
c Leasehold improvements		92,650,047	67,422,720	25,227,327
d Equipment		1,440,725,745	950,734,737	489,991,008
e Other		90,602,257	1,875,845	88,726,412
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,774,613,035

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Multi-strategy funds	391,231,000	F
(B) Private equity funds	49,089,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	440,320,000	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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	0
Self Insured Worker's Compensation Liability	38,705,413
Deferred Retirement Liability	12,081,360
SELF INSURED MALPRACTICE LIABILITY	27,418,663
Asset Retirement Obligation	15,391,893
Annuity and Unitrust	10,977,451
Deposits and Contingencies	260,717
INTERCOMPANY LIABILITIES	-1,841,732
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	102,993,765

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 3	CHANGES TO CONSERVATION EASEMENTS THERE WERE NO MODIFIED, TRANSFERRED, RELEASED, EXTINGUIS HED, OR TERMINATED CONSERVATIVE EASEMENTS IN FY17 SCHEDULE D, PART II, LINE 9 CONSERVATIO N EASEMENT THE HISTORICAL STRUCTURE THAT IS CONSIDERED TO BE A CONSERVATIVE EASEMENT IS RE PORTED IN THE MERCY HOSPITAL ENTITY OF THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS CONTRIBUTIONS RECEIVED FOR CAPITAL PRO JECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $636,131 C ONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SE RIES $16,760,731 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS IN T HE HOSPITALS AND/OR CLINICS $45,185,981 CONTRIBUTIONS RECEIVED TO COVER THE COST OF HEALT HCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $1 2,784,795 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS $12,225,243

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 (AKA FIN 48) SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON A NY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN F URTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION UNDER FASB ASC 740, INCOME T AXES, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MORE LI KELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WI TH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE ORGANIZATIO N RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRE TE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE-LIKELY-THAN-NOT THRESHOLD IS NOT MET THE ORGANIZATION RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIF FERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILI TIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT M EET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA NO SIGNIFICANT TAX LIABILITY FOR TAX BE NEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT SEPTEMBER 30, 2017 OR 2016 SCRIPPS HEALTH C URRENTLY FILES FORM 990 (INFORMATIONAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAXES) A ND FORM 990-T (BUSINESS INCOME TAX RETURN FOR AN EXEMPT ORGANIZATION) IN THE U S FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA SCRIPPS HEALTH IS NOT SUBJECT TO INCOME TAX EXAM INATIONS PRIOR TO 2013 IN MAJOR TAX JURISDICTIONS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		74			52,129,365
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		74			52,129,365

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1684089

Name: SCRIPPS HEALTH

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		68	Program services	RECONSTRUCTIVE SURGERY	284,423
East Asia and the Pacific		6	Program services	MED CARE & TRAINING	13,975
Central America and the Caribbean		0	Investments		51,830,967

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

		(a) Event #1 MERCY BALL (event type)	(b) Event #2 CANDLELIGHT (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	574,526	365,615	1,333,470	2,273,611
	2 Less Contributions	519,526	339,345	1,195,010	2,053,881
	3 Gross income (line 1 minus line 2)	55,000	26,270	138,460	219,730
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	169,478	180,099	331,338	680,915
	7 Food and beverages	6,389	0	10,371	16,760
	8 Entertainment	13,820	18,775	40,073	72,668
	9 Other direct expenses	35,164	51,167	126,927	213,258
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				983,601
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-763,871

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			21,191,733		21,191,733	0 790 %
b Medicaid (from Worksheet 3, column a)			301,151,011	216,015,825	85,135,186	3 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			347,939	172,870	175,069	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			322,690,683	216,188,695	106,501,988	3 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,284,131	2,919,920	2,364,211	0 090 %
f Health professions education (from Worksheet 5)			34,403,506	8,115,121	26,288,385	0 980 %
g Subsidized health services (from Worksheet 6)			18,057,739	14,309,173	3,748,566	0 140 %
h Research (from Worksheet 7)			18,996,545	15,876,416	3,120,129	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			531,211	43,092	488,119	0 020 %
j **Total.** Other Benefits			77,273,132	41,263,722	36,009,410	1 350 %
k **Total.** Add lines 7d and 7j			399,963,815	257,452,417	142,511,398	5 320 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			58,081		58,081	0 %
2 Economic development			39,389		39,389	0 %
3 Community support			541,390		541,390	0 020 %
4 Environmental improvements						
5 Leadership development and training for community members			20,000		20,000	0 %
6 Coalition building			5,570		5,570	0 %
7 Community health improvement advocacy			240,315		240,315	0 010 %
8 Workforce development						
9 Other						
10 Total			904,745		904,745	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	47,631,853		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	403,502,518
6	Enter Medicare allowable costs of care relating to payments on line 5	6	470,061,667
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-66,559,149

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

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

4

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

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): 14

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **41**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	SCRIPPS HEALTH COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE AND C AN BE FOUND AT https //www scripps org/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY SCHEDULE H, PART I, LINE 7, COLUMN F A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DET ERMINE THE COST OF ALL PATIENT SEGMENTS REPORTED AS CHARITY CARE AND OTHER COMMUNITY BENEF ITS AT COST SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER R EMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES SU CH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THEY WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT O RGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORTE D AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SERV ICES FOR FY17 WAS $3,748,566 THIS INCLUDES SCRIPPS INPATIENT AND BEHAVIORAL HEALTH SERVICE S AND MERCY CLINIC MERCY CLINIC OF SCRIPPS MERCY HOSPITAL SAN DIEGO - FACILITY A-1 FOUNDE D IN 1944 AND ADOPTED BY THE SISTERS OF MERCY IN 1961, MERCY CLINIC OF SCRIPPS MERCY HOSPI TAL IS A PRIMARY CARE CLINIC THAT TREATS MORE THAN 1,000 PATIENTS EACH MONTH TOTAL PATIEN T VISITS FOR PRIMARY AND SUBSPECIALTY CARE AT THE CLINIC IN FY17 WERE $10,245 A FULL TIME CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPPS MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A TR AINING GROUND FOR NEARLY 100 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLINI C HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR" EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTHE R INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPLE IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AND SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY17 WAS $1 9 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE) SCHEDULE H, PART I, LINE 7 FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD , ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCLU DE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENTI RE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SCR IPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY B ENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) THE CBISA WAS DEVELOPED IN COOPERATION WITH LYON SOFTWARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINIS TRATION THE SOFTWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET A PROCESS FO R PLANNING AND REPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1 989, AND HAS BEEN REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHODS HAVE EVOLVED AND AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREMEN T THE CBISA DATABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS ALI GNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO RECO RD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT TH IS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURRENCES OF AN "ACTIVITY" FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMB ERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS WHERE COST AC COUNTING IS USED, SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES S CRIPPS UNCOMPENSATED CARE FY2017 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR CHA RITY CARE ARE ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND APP LYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATIO NS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERI VED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30 , 2017, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $41,804,000 THIS A MOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS S CRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	$36,368,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEM ENT OF OPERATIONS SCRIPPS HEALTH RECORDED $90,000 FOR CHARITABLE CONTRIBUTIONS TO CHFT IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEALTH FROM P ROVIDER FEE WAS $5,346,000 IN FISCAL YEAR 2017 CALENDAR YEAR 2014 - CALENDAR YEAR 2016 HO SPITAL FEE PROGRAM IN SEPTEMBER 2013, SB 239 WAS APPROVED AND CREATED A THREE-YEAR HOSPITA L FEE PROGRAM EFFECTIVE JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 ON DECEMBER 10, 2014, C ALIFORNIA HOSPITAL ASSOCIATION (CHA) ANNOUNCED THAT CMS APPROVED THE FEE-FOR-SERVICE PAYME NTS FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2016 ON JUNE 30, 2015, CMS APPROVED TH E NON-EXPANSION MANAGED CARE RATES FOR THE FIRST SIX MONTHS OF THE THIRTY-SIX MONTH HOSPIT AL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2017, SCRIPPS HEALTH RECOGNIZED SUPPLE MENTAL PROVIDER FEE AMOUNTS OF $41,804,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVE NUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURAN CE FEES OF $36,368,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDA TED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECORDED $90,000 FOR CHARITABLE CONTRIBUTIONS TO CHFT IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEA TH FROM PROVIDER FEE WAS $5,346,000 IN FISCAL YEAR 2017

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES PHYSICAL IMPROVEMENTS AND HOUSING - THE COSTS ASSOCIATED WIT H THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 1 SCRIPPS MERCY HOSPIT AL LEADERSHIP RETREAT VOLUNTEER SERVICE DAY FOUR HOURS OF VOLUNTEER SERVICE THAT ENTAILED PAINTING, CLEANING AND ENHANCING NOT-FOR-PROFIT, HOMELESS SERVICE PROVIDER AGENCY BUILDING S, SPECIFICALLY, PROJECTS OF CATHOLIC CHARITIES AND JOAN KROC CENTER ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, L INE 2 EXECUTIVE LEADERSHIP EXECUTIVE LEADERSHIP, SPONSORED BY THE OFFICE OF THE PRESIDENT , DONATES TIME ON NOT-FOR PROFIT BOARDS REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWI NG ORGANIZATIONS AND BOARDS SAN DIEGO REGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBE R CEO ROUNDTABLE AND POLICY COMMITTEE ASSIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND HEALTH COMMITTEE WORK ASSIGNMENTS), SAN DIEGO REGIO NAL ECONOMIC DEVELOPMENT CORPORATION (EDC BOARD AND POLICY COMMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BOARD AND WORKING COMMITTEE ASSIGNMENTS) NORTH SAN DIEGO BUSINESS CHAMBER HEALTH COMMITTEE MEETING - THE CHAMBER STRIVES TO DELIVER UP-TO-DAT E, HEALTH-RELATED INFORMATION GO ENHANCE THE QUALITY OF LIFE TO THE BUSINESS COMMUNITY TH E HEALTH COMMITTEE SERVES AS A FRONT LINE TO EDUCATE SAN DIEGO NORTH BUSINESS ABOUT HEALTH CARE ISSUES SPECIFIC TO THE REGION THAT IMPACT BOTTOM LINES AND WORKFORCE PRODUCTIVITY T HE SCRIPPS DIRECTOR OF COMMUNITY RELATIONS ATTENDS THESE MEETINGS COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 3 NORTH SAN DIEGO BUSINESS CHAMBER HONORING OUR REGIONS HEROES HONORING OUR REGION'S HEROES AWARDS LUNCHEON, PRESENTED BY SCRIPPS HEALTH, HONORS THE DEDICATED OFFICERS, FIRST RESPON DERS, AND PUBLIC SAFETY LEADERS WHO HAVE GONE ABOVE AND BEYOND IN THEIR DUTIES HOSPITAL P REPAREDNESS PROGRAM DEVELOPMENTAL COMMITTEE THE HOSPITAL PREPAREDNESS PROGRAM (HPP) PROVID ES LEADERSHIP AND FUNDING THROUGH GRANTS AND COOPERATIVE AGREEMENTS TO STATES, TERRITORIES , AND ELIGIBLE MUNICIPALITIES TO IMPROVE SURGE CAPACITY AND ENHANCE COMMUNITY AND HOSPITAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES SCRIPPS HEALTH PARTICIPATES IN THE HPP GRANT FUNDING WORKGROUP DISASTER PREPAREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABI LITY TO PROVIDE EMERGENCY SERVICES TO THOSE INJURED IN A LOCAL DISASTER WHILE CONTINUING T O CARE FOR HOSPITALIZED PATIENTS IS A CRITICAL COMMUNITY NEED SCRIPPS PARTICIPATES IN SAN DIEGO COUNTY AND STATE OF CALIFORNIA ADVISORY GROUPS TO PLAN, IMPLEMENT, AND EVALUATE KEY DISASTER PREPAREDNESS RESPONSE PLANS AND FUNDING EFFORTS IN ADDITION, SCRIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS HOSPITAL MEDICAL RESPONSE TEAM OR THE SCRIPPS HOSPITAL AD MINISTRATION UNIT BOTH ARE LEAD TEAMS FOR THE STATE OF CALIFORNIA MOBILE FIELD HOSPITAL D EPLOYMENT THESE EFFORTS ARE LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIRECTION OF THE CHIEF MEDICAL OFFICER SAN DIEGO SHERRIFFS SEARCH & RESCUE ACADEMY EMERGENCY RESPON SE MODULE THE AMERICAN RED CROSS EMERGENCY MEDICAL RESPONSE COURSE IS TO PROVIDE THE PARTI CIPANT WITH THE KNOWLEDGE AND SKILLS NECESSARY TO WORK AS AN EMERGENCY MEDICAL RESPONDER (EMR) THE CLASS IS INSTRUCTED BY CHRIS VAN GORDER, SCRIPPS PRESIDENT AND CEO SAN DIEGO CO UNTY HEALTHCARE DISASTER COUNCIL THE SAN DIEGO COUNTY DISASTER COUNCIL ADVISES THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, PUBLIC HEALTH SERVICES, AND DIVISION OF EME RGENCY MEDICAL (EMS) ON THE COMMUNITYS HEALTH AND MEDICAL DISASTER PREPAREDNESS SAN DIEGO SEAFOOD SATURDAYS THIS PROGRAM IS A COLLABORATIVE EDUCATIONAL CAMPAIGN ENCOURAGING SAN DI EGANS CONSUMPTION OF LOCAL SEAFOOD AT LEAST ONE DAY A WEEK SCRIPPS CHEF SUPERVISOR GIVES DEMONSTRATIONS AND LECTURES ON PREPARING MEALS WITH LOCALLY CAUGHT SEAFOOD SCRIPPS IN-LIE U OF FUNDS SCRIPPS IN-LIEU OF FUNDS ARE USED FOR UNFUNDED OR UNDERFUNDED PATIENTS AND THEI R POST-DISCHARGE NEEDS INCLUDING BOARD AND CARE, SKILLED NURSING FACILITIES, LONG-TERM ACU TE CARE AND HOME HEALTH IN ADDITION, THE FUNDS MAY BE USED FOR MEDICATIONS, EQUIPMENT AND TRANSPORTATION SERVICES LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 5 ENLISTED LEADERSHIP FOUNDATION THE FOUNDRY ENLISTED LEADERSHIP FOUNDATION IS A SAN DIEGO B ASED NON-PROFIT GROUP 501(C)3 DEDICATED TO LEADERSHIP DEVELOPMENT OF NAVY SECOND CLASS, FI RST CLASS, AND CHIEF PETTY OFFICERS THIS ORGANIZATION WAS FORMED BY A TEAM OF ACTIVE DUTY AND RETIRED COMMAND / MASTER CHIEF PETTY OFFICERS TO DEVELOP CURRENT AND FUTURE LEADERS T HROUGH A PHILOSOPHY OF SHARING AND MENTORING BASED ON COMBINED GENERATIONS OF GROWTH AND G ROOMING THE LEADERSHIP LECTURE IS GIVEN BY CHRIS VAN GORDER, PRESIDENT AND CEO COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLLOWIN

Form and Line Reference	Explanation
SCHEDULE H, PART II	G PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 6 SAN DIEGO REGIONAL TASK FORCE ON T HE HOMELESS THE MISSION OF THE REGIONAL TASK FORCE ON THE HOMELESS IS TO ENGAGE STAKEHOLDE RS IN A COMMUNITY-BASED PROCESS THAT WORKS TO 1) END HOMELESSNESS FOR ALL INDIVIDUALS AND FAMILIES THROUGHOUT THE REGION 2) ADDRESS THE UNDERLYING CAUSES OF HOMELESSNESS 3) LESS EN THE NEGATIVE IMPACT OF HOMELESSNESS ON INDIVIDUALS, FAMILIES AND COMMUNITIES MEMBERS O F THE GOVERNANCE BOARD ARE BEING SELECTED BY A COMMUNITY PROCESS BOARD SEATS ARE IDENTIFI ED BY THE TYPE OF ORGANIZATION OR REPRESENTATIVE THAT IS NEEDED SCRIPPS MERCY HOSPITAL CH IEF EXECUTIVE WAS DESIGNATED TO PARTICIPATE REPRESENTING THE HEALTH CARE SECTOR, THE DIREC TOR OF COMMUNITY PROGRAMS DEVELOPMENT ATTENDS ON THE CHIEF EXECUTIVES BEHALF SAN DIEGO HE ALTH CONNECT REFERRALS WORK GROUP SAN DIEGO HEALTH CONNECT SECURELY CONNECTS HOSPITALS, HE ALTH SYSTEMS, AND PATIENTS, PRIVATE HEALTH INFORMATION EXCHANGES (HIES) AND OTHER HEALTHCA RE STAKEHOLDERS SO THEY CAN SHARE IMPORTANT HEALTH INFORMATION, IN ORDER TO SERVE AND IMPR OVE HEALTH CARE FOR ALL COMMUNITY MEMBERS IMPROVING PATIENT CARE WHILE REDUCING COSTS THR OUGH HEALTH INFORMATION TECHNOLOGY AMONG COUNTY HEALTH PROVIDERS COMMUNITY HEALTH IMPROVE MENT ADVOCACY - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 7 HEALTH CARE PUBLIC AND GOVERNMENT ADVOCACY SCRIPPS PUBLIC AND GOVERNME NT AFFAIRS SUPPORTS RELATIONSHIP BUILDING AMONG INTERESTED AND AFFECTED PARTIES RELATIVE T O THE NATION'S HEALTH CARE REFORM DEBATE AND DECISION MAKING THE GOAL IS TO EDUCATE AND I NFORM RELATIVE TO ALL ASPECTS OF REFORM DISCUSSION, FROM HEALTH INFORMATION TECHNOLOGY TO THE ENACTMENT AND IMPLEMENTATION OF THE PATIENT PROTECTION AND ACCOUNTABLE CARE ACT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT UNCOMPENSATED COST IS ESTIMATED BY APPLYING RATIO-COST-TO-CHARGE (RCC) PERCENTAGES FOR THE HOSPITAL TO THE GROSS BAD-DEBT ADJUSTMENTS, LESS RECOVERIES THE FOLLOWING COSTS ARE EXCLUDED BAD DEBT ADJUSTMENTS AT COST FOR MEDI-CAL AND CMS PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT THE AMOUNT ON PART III, LINE 2 REPRESENTS PATIENT CARE CHARGES WRITTEN OFF TO BAD DEBT WHERE THE PATIENT HAD THE ABILITY TO PAY WHERE A PATIENT QUALIFIED FOR PARTIAL OR FULL CHARITY CARE, THE UNPAID AMOUNT IS NOT CONSIDERED BAD DEBT WE BELIEVE THAT BAD DEBT PERTAINING TO PATIENT CARE CHARGES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THESE PATIENTS RECEIVE TREATMENT REGARDLESS OF WHETHER WE COLLECT PAYMENT FOR THE SERVICES PERFORMED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	FOOTNOTE FOR BAD DEBT EXPENSE THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ADDRESSING THE PRESENTATION OF THE PROVISION FOR BAD DEBTS AS OF THE CURRENT REPORTING PERIOD AND AS SUCH, NET PATIENT SERVICE REVENUES ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE STATEMENTS OF OPERATIONS THE ORGANIZATION RECORDS ITS PROVISION FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG HOSPITALS, H EALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON PAST CH NAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY INFORMATI ON IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT, DEVELOPIN G STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS, AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS SCRIPPS STRIVES TO IMPROVE CO MMUNITY HEALTH THROUGH COLLABORATION WITH A WIDE RANGE OF PARTNERS AND LIKE-MINDED ORGANIZ ATIONS WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESS ES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EFFORTS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS THE 2016 SCRIPPS HEALTH CHNA IS DESIGNED TO PROVIDE A DEEPER UNDE RSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY WHILE THIS IS A FEDERALLY MANDATED EXERCISE, SCRIPPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THE REP ORT TO BENEFIT THE COMMUNITY AT-LARGE IN OTHER FUTURE PLANNING INITIATIVES THIS REPORT CO MPLIES WITH FEDERAL TAX LAW REQUIREMENTS SET FORTH IN INTERNAL REVENUE CODE SECTION 501(R) REQUIRING HOSPITAL FACILITIES OWNED AND OPERATED BY AN ORGANIZATION DESCRIBED IN CODE SEC TION 501(C)(3) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST ONCE EVERY THREE YE ARS FOR MORE DETAILED INFORMATION ON THE CHNA REGULATORY REQUIREMENTS AND IMPLEMENTATION STRATEGY SEE https //www scripps org/about-us/Scripps-in-the-community/assessing-commun i ty-needs SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS THE COMMUNITY HEALTH NEEDS ASSESSMENT (C HNA) COMMITTEE DESIGNED THE 2016 CHNA PROCESS BASED ON THE FINDINGS FROM THE 2013 CHNA AND RECOMMENDATIONS FROM THE COMMUNITY THE AIM OF THE 2016 CHNA METHODOLOGY WAS TO PROVIDE A MORE COMPLETE UNDERSTANDING OF THE TOP FOUR IDENTIFIED HEALTH NEEDS AND ASSOCIATED SOCIAL DETERMINANTS OF HEALTH IN THE SAN DIEGO COMMUNITY IN MAY 2015, HASD&IC CONTRACTED WITH T HE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE ASSIS TANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&I C 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (2016 CHNA) THE OBJECTIVE OF THE 2016 CHNA IS TO IDENTIFY AND PRIORITIZE THE MOST CRITICAL HEALTH RELATED NEEDS IN SAN DIEGO COUNTY BASED ON FEEDBACK FROM COMMUNITY RESIDENTS IN HIGH NEED NEIGHBORHOODS AND QUANTITATIVE DATA ANAL YSIS THE 2016 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANTITATIVE DATA AVAILABLE AND MORE EXTENSIVE QUALITATIVE OUTREACH THROUGHOUT THE PROCESS, THE IPH ME T BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALYZE, REFINE, AND INTERPRET RESULTS AS T HEY WERE BEING COLLECTED THE RESULTS OF THE 2016 CHNA WILL BE USED TO INFORM AND ADAPT HO SPITAL PROGRAMS AND STRATEGIES TO BETTER MEET THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDEN TS WHEN THE RESULTS OF ALL OF THE DATA AND INFORMATION GATHERED IN 2013 WERE COMBINED, FO UR CONDITIONS EMERGED CLEARLY AS THE TOP COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN AL PHABETICAL ORDER) - BEHAVIORAL/MENTAL HEALTH - CARDIOVASCULAR DISEASE - DIABETES (TYPE 2) - OBESITY THE CHNA COMMITTEE COMPLETED A COLLABORATIVE FOLLOW-UP PROCESS (PHASE 2) TO ENS URE THE 2013 CHNA FINDINGS ACCURATELY REFLECTED THE HEALTH NEEDS OF THE COMMUNITY PHASE 2 COLLECTED COMMUNITY FEEDBACK ON BOTH THE PROCESS AND FINDINGS OF THE 2013 CHNA, AS WELL A S RECOMMENDATIONS FOR THE NEXT CHNA PROCESS 87% OF RESPONDENTS AGREED THE 2013 CHNA IDENT IFIED THE TOP HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS 78% OF RESPONDENTS AGREED THE ME THODOLOGY FOR THE NEXT CHNA SHOULD INCLUDE A DEEPER DIVE INTO THE TOP FOUR HEALTH ISSUES M ENTIONED ABOVE BASED ON THE FINDINGS AND FEEDBACK FROM BOTH PHASES OF THE 2013 CHNA, THE CHNA COMMITTEE MADE A DEEPER ANALYSIS OF THE TOP FOUR IDENTIFIED COMMUNITY HEALTH NEEDS (B EHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, TYPE 2 DIABETES AND OBESITY) PRIOR TO DESIGNING THE 2016 METHODOLOGY, THE CHNA COMMITTEE MET WITH LEADERS FROM COMMUNITY PARTNER ORGANIZA TIONS WHO PARTICIPATED IN THE PRIOR ASSESSMENT THEY ADVISED THE COMMITTEE ON WAYS TO ENGA GE THEIR STAFF WHO WORK WITH LARGE NUMBERS OF RESIDENTS IN HIGH NEED AND VULNERABLE COMMUN ITIES THE 2016 PROCESS BEGAN WITH A COMPREHENSIVE SCAN OF RECENT COMMUNITY HEALTH STATIST ICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA BASED ON THE RESULTS OF THE SCAN AND FEEDBACK FROM COMMUNITY PARTNERS R ECEIVED DURING THE 2016 PLANNING PROCESS, A NUMBER OF COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTED TO PROVIDE A MORE COMPREHENSIVE UNDERSTANDING OF THE IDENTIFIED HEALTH NEEDS, I NCLUDING THEIR ASSOCIATED SOCIAL DETERMINANTS OF HEALTH AND POTENTIAL SYSTEM AND POLICY CH ANGES THAT MAY POSITIVELY IMPACT THEM IN ADDITION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	, A DETAILED ANALYSIS OF HOW THE TOP FOUR NEEDS IMPACT THE HEALTH OF SAN DIEGO RESIDENTS W AS CONDUCTED QUANTITATIVE DATA COLLECTION AND ANALYSIS CALIFORNIA'S OFFICE OF STATEWIDE H EALTH PLANNING AND DEVELOPMENT (OSHPD) IS RESPONSIBLE FOR COLLECTING DATA AND DISSEMINATIN G INFORMATION ABOUT THE UTILIZATION OF HEALTH CARE IN CALIFORNIA AS PART OF THE 2016 CHNA DATA COLLECTION PROCESS, 2013 OSHPD DEMOGRAPHIC DATA FOR HOSPITAL INPATIENT, EMERGENCY DE PARTMENT, AND AMBULATORY CARE ENCOUNTERS FROM ALL HOSPITALS WITHIN SAN DIEGO COUNTY WERE A NALYZED TO UNDERSTAND THE HOSPITAL PATIENT POPULATION CLINIC DATA WAS ALSO GATHERED FROM OSHPD'S WEBSITE AND INCORPORATED IN ORDER TO PROVIDE A MORE HOLISTIC VIEW OF HEALTH CARE U TILIZATION IN SAN DIEGO, AS HOSPITAL DISCHARGES MAY NOT REPRESENT ALL THE HEALTH CONDITION S IN THE COMMUNITY AFTER COMPARING RESULTS OF THE QUANTITATIVE ANALYSES OF THE SAN DIEGO COUNTY MORTALITY DATA, KP COMMUNITY BENEFIT DATA ANALYSIS TOOL, AND HOSPITAL DISCHARGE DAT A, THE FINDINGS DEMONSTRATED THAT BEHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY CONTINUE TO BE AMONG THE TOP PRIORITY HEALTH NEEDS IN SAN DIEGO COUNTY ACROSS DIF FERENT QUANTITATIVE DATA SOURCES QUALITATIVE AND COMMUNITY ENGAGEMENT ACTIVITIES COMMUNIT Y ENGAGEMENT ACTIVITIES WERE CONDUCTED WITH A BROAD RANGE OF COMMUNITY MEMBERS, INCLUDING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE CO MPLETE UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY INDIVI DUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL, TRIBAL, OR OTHER REGI ONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL A S LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS FOR MORE INFORMATION ON THE COMMUNITY ENGAGEMENT ACTIVITIES SEE NARRATIVE FOR QUESTION 5, SCHEDULE H, PART V, SECTION B 2016 PRIORITIZATION OF THE TOP FOUR IDENTIFIED HEALTH NEEDS THE PURPOSE OF THIS CHNA WAS TO IDENTIFY AND PRIORITIZE HEALTH ISSUES AND NE EDS IN SAN DIEGO COUNTY USING MULTIPLE SOURCES OF INFORMATION THE ANALYSIS OF SECONDARY D ATA INCORPORATED THE FOLLOWING CRITERIA FOR INCLUSION AS AN IDENTIFIED COMMUNITY HEALTH NE ED 1 MAGNITUDE OR PREVALENCE THE HEALTH NEED AFFECTS A LARGE NUMBER OF PEOPLE IN ALL RE GIONS OF SAN DIEGO 2 SEVERITY THE HEALTH NEED HAS SERIOUS CONSEQUENCES (MORBIDITY, MORT ALITY, AND/OR ECONOMIC BURDEN) 3 HEALTH DISPARITIES THE HEALTH NEED DISPROPORTIONATELY IMPACTS THE HEALTH STATUS OF ONE OR MORE VULNERABLE POPULATION GROUPS 4 TRENDS THE HEAL TH NEED IS EITHER STABLE OR CHANGING OVER TIME, E G , IMPROVING OR GETTING WORSE 5 COMMU NITY CONCERN STAKEHOLDERS, COMMUNITY MEMBERS, AND VULNERABLE POPULATIONS WITHIN THE COMMU NITY VIEW THE HEALTH NEED AS A PRIORITY USING THESE CRITERIA, A SUMMARY MATRIX TRANSLATIN G THE 2016 CHNA FINDINGS WAS CREATED FOR REVIEW BY THE CHNA COMMITTEE TAKING INTO ACCOUNT THE RESULTS OF THE QUANTITATIVE DATA COLLECTION AND THE FINDINGS FROM THE COMMUNITY ENGAG EMENT ACTIVITIES, A RANK FROM 1 TO 4, WITH 1 BEING THE MOST SIGNIFICANT, WAS APPLIED TO EA CH CRITERION AN OVERALL SCORE WAS GIVEN TO EACH HEALTH NEED BY AVERAGING THE RANKINGS ACR OSS ALL FIVE CRITERIA IN ADDITION, THE SOCIAL DETERMINANTS OF HEALTH WERE ANALYZED AND ID ENTIFIED ACROSS ALL HEALTH NEEDS THE CHNA COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE N UMBER ONE HEALTH NEED IN SAN DIEGO COUNTY IN ADDITION, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY WERE IDENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEAL TH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORITY AREAS DUE TO THE OVERWHELMING AGREEMENT AM ONG ALL DATA SOURCES AND IN RECOGNITION OF THE COMPLEXITIES WITHIN EACH HEALTH NEED WITHI N THE CATEGORY OF BEHAVIORAL HEALTH, ALZHEIMER'S DISEASE, ANXIETY, DRUG AND ALCOHOL ISSUES , AND MOOD DISORDERS ARE SIGNIFICANT HEALTH NEEDS WITHIN SAN DIEGO COUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, HYPERTENSION WAS

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	ATE THE PATIENT'S UNDERSTANDING AND PARTICIPATION IN OPTIONS FOR FINANCIAL ASSISTANCE - P ATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORE D AND IDENTIFIED AS SOON AS POSSIBLE PATIENTS ARE SCREENED FOR THE ABILITY TO PAY AND/OR TO DETERMINE ELIGIBILITY FOR PAYMENT PROGRAMS INCLUDING THOSE OFFERED DIRECTLY THROUGH SCR IPPS HEALTH OUR PERSONNEL WILL MAKE ALL REASONABLE EFFORTS TO OBTAIN INFORMATION FROM PAT IENTS ABOUT WHETHER PRIVATE OR PUBLIC HEALTH INSURANCE MAY FULLY OR PARTIALLY COVER THE CH ARGES FOR CARE SCRIPPS WILL PROVIDE ASSISTANCE IN ASSESSING THE PATIENT'S ELIGIBILITY FOR MEDI-CAL, COUNTY MEDICAL SERVICES (CMS) OR ANY OTHER-THIRD PARTY COVERAGE AS PART OF THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBIL ITY IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT - SCRIPPS HEALTH WILL WORK TO ASSIST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATI VELY PROVIDES INFORMATION ABOUT HIS/HER ABILITY TO PAY FAILURE BY THE PATIENT TO COOPERAT E MAY RESULT IN THE INABILITY OF THE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATIO N - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES OR BELOW DETERMINATION IS MADE ON AN ALL OR PARTIAL BAS IS USING THE APPROVED DISCOUNT SCHEDULE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFO RMATION AFTER DILIGENT EFFORTS REGARDING ABILITY TO PAY FOR ANY PATIENT TREATED IN THE EME RGENCY DEPARTMENT, THE PATIENT MAY BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE ONLY AFTER APPROPRIATE BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION FOR THE PURPOSES OF THE 2016 CHNA, THE SERVICE AREA IS DEFINED AS TH E ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA A HOS PITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AR EA SURROUNDING THE HOSPITAL AND DOES NOT EXCLUDE LOW INCOME OR UNDERSERVED POPULATIONS AL THOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY, EACH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLECT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE BY ZIP CODE LEVEL MEETING THE CHALLENGES OF A DIVERSE B ORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MIL LION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,205 SQUARE MILES, THE POPULATION REPRESENTS M ULTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWT H PROJECTIONS ARE JUST OVER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 T HE SANDAG 2050 SUB-REGIONAL GROWTH FORECAST PROJECTS POPULATION GROWTH TO 4 4 MILLION BY 2 050 THIS IS A 40 0% INCREASE IN POPULATION GROWTH RECOGNIZING THAT HEALTH NEEDS DIFFER A CROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, THE INSTITUTE FOR PUBLIC HEALTH USED THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNITIES WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS IN ADDITION, GEOGRAPH IC INFORMATION SYSTEMS (GIS) MAPS WERE CREATED, OVERLAYING CNI DATA AND THE HOSPITAL DISCH ARGE RATE BY PRIMARY DIAGNOSIS FOR THE HEALTH CONDITIONS TYPE 2 DIABETES, CARDIOVASCULAR DISEASE, AND BEHAVIORAL HEALTH GIS MAPS WERE NOT CREATED FOR OBESITY DUE TO THE FACT THAT OBESITY IS NOT A COMMON PRIMARY DIAGNOSIS, BUT RATHER A SECONDARY CONDITION THAT CONTRIBU TES TO THE PRIMARY REASON FOR A HOSPITAL VISIT DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY (S DC) CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPUL ATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMPO RTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS POPULATION OVER 3 MILLION PEOPLE (3 ,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BUREAU AM ERICAN COMMUNITY SURVEY 2009-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, E STIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION D ENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACC ORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULAT ION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COM MUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDENTIFI ED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FO LLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLA NDER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANI C OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLL OWED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) SCRIPPS SERVES THE ENT IRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CE NTRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE AR EAS WITH PROXIMITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR PER CALENDAR YEAR 2016 OSHPD ANNUAL FINANC IAL DATA THERE ARE 20 OTHER HOSPITAL FACILITIES SERVING THE SAN DIEGO COMMUNITY SCRIPPS M ERCY HOSPITAL (INCLUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 59 PERCENT OF THE CH ARITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POPULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF IN SURED ADULTS IN THE COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HI SPANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE T HAN HALF OF SCRIPPS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED-MEDICA RE AND MEDI-CAL SCRIPPS HOSPITALS HOUSED 22 0% PE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	RCENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCRIPPS PROVIDES SIGNIFICANT AND G ROWING VOLUMES OF EMERGENCY, OUTPATIENT AND PRIMARY CARE IN FY17, SCRIPPS PROVIDED 2,380, 674 OUTPATIENT VISITS NEARLY HALF (42 5%) OF SAN DIEGO COUNTY'S 75,499 SAFETY NET DISCHAR GES ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHARGES INCLUDE COUNTY INDI GENT PROGRAMS, MEDI-CAL AND SELF-PAY OSHPD 2016 DATA (MOST RECENT YEAR AVAILABLE) SCRIPPS HAS A TOTAL OF 1,417 ACUTE CARE LICENSED BEDS SAN DIEGO HAS A TOTAL OF 6,450 GENERAL ACU TE CARE LICENSED BEDS % OF SCRIPPS BEDS IS 1,417/6,450 = 22 0% COUNTY SAFETY NET DISCHARG ES CY16 SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES COUNTY INDIGENT PROGRAMS, MEDI-CA L AND SELF-PAY - CENTRAL DISCHARGES 17,389 - SOUTH SUBURBAN DISCHARGES 14,665 SCRIPPS OSH PD SAFETY NET DISCHARGES CY16 - SCRIPPS CENTRAL DISCHARGES - 5,219 - SCRIPPS SOUTH SUBURB AN DISCHARGES 3,933 THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPO N HOSPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED C OMMUNITIES FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRIT ICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE F ULL COST OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHE R LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS IN TO THEIR OPERATING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWE ST IN CALIFORNIA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE SAN DIEGO'S UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH ST ATUS BETWEEN 2010 AND 2013 THE UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3 %, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREAS E CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) SOURCE U S CENSUS BU REAU, 2010 TO 2014 1-YEAR AMERICAN COMMUNITY SURVEYS ACS UNINSURED RATE IS BASED ON WHETH ER AN INDIVIDUAL HAD INSURANCE AT THE TIME OF THE SURVEY NOTE THE AMERICAN COMMUNITY SUR VEY, ESTIMATES ARE FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION THERE ARE THREE INDIC ATORS DETERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH POVERTY RATE, PE RCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINMENT LOW-INCOME, UNINSURED, AND UNDE REDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RISK FOR POOR HEALTH STATUS FIVE-YEAR ESTIMATES FROM THE 2009-2013 AMERICAN COMMUNITY SURVEY (ACS) SHOW HOW THESE INDICATORS IM PACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFYING C OMMUNITIES WITH THE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES POVERTY WITHIN SDC, 14 5% OR 441,648 INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE F EDERAL POVERTY LEVEL (FPL) FOR CHILDREN 0-17, THE PERCENTAGE LIVING 100% BELOW THE FPL IN CREASES TO 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% POVERTY LEVEL IS $20,090 PER YEAR PO VERTY CREATES BARRIERS TO ACCESSING SERVICES THAT PROMOTE WELL-BEING INCLUDING HEALTH SERV ICES, HEALTHY FOOD, AND OTHER NECESSITIES THAT CONTRIBUTE TO IMPROVED HEALTH STATUS UNINS URED BETWEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CAL IFORNIA AND IN SDC IN 2014, THE UNINSURED RATE SHARPLY DECREASED, WHICH WAS THE LARGEST C HANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LAR GE PART TO THE AFFORDABLE CARE ACT (ACA) LACK OF INSURANCE IS A PRIMARY BARRIER TO HEALTH CARE ACCESS INCLUDING REGULAR PRIMARY CARE, SPECIALTY CARE, AND OTHER HEALTH SERVICES THA T CONTRIBUTES TO POOR HEALTH STATUS EDU

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH AS A TAX-EXEMPT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN I TS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMBER VOLUNTEER BOARD OF TRUSTEES THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED A PPROACH TO SERVING PATIENTS ACROSS THE REGION THE BOARD IS RESPONSIBLE FOR PROMOTING CORP ORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUGH OVERSIGHT THE EF FECTIVE FUNCTIONING OF THE CORPORATION ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROF IT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATI ONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EAR NINGS WILL BENEFIT ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL THESE VOLUNTEERS GIVE COUNTLE SS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIPATION IN VARIO US BOARD COMMITTEES AND GENERAL STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO A PPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTE R OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL ST AFF ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES PARTICIPATE IN MEDI-CAL AND MEDICARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK INTO THE SAN DIEGO COMMUNITY SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING FY17 (OCTOBER 2016 TO SEPTEMBER 2017), SCRIPPS INVESTED $29,40 8,514 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVICE DELIVERY AN D TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATIO N SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GE NERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH A LSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELO PMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES IN CLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PRO FESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS TRANSLATIONAL S CIENCE INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT OFFSETTING REVENUE, WHICH INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS ACCORDING TO THE 20 16 SCHEDULE H FORM 990 IRS GUIDELINES, "DIRECT OFFSETTING REVENUE" ALSO INCLUDES RESTRICTE D GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUNITY BENEFIT A LAC K OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF THE PR IMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT ACCESS TO BASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS, INJURY AND M ORTALITY LACK OF INSURANCE ALSO INCREASES THE BURDEN ON HOSPITALS AND HEALTH PROVIDERS I N AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY17 WITH THE FOLLOWIN G HEALTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (M O S T) WORKING IN ME XICO, THE MERCY OUTREACH SURGICAL TEAM (M O S T) PROVIDES RECONSTRUCTIVE SURGERIES FOR CH ILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SPECIAL CIRCUMSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FISCAL YEAR 2017, THE M O S T TEAM SERVED IN TWO OUTREAC H MISSION TRIPS THE M O S T TEAM VOLUNTEERED 5,436 HOURS TO PROVIDE RECONSTRUCTIVE SURGE RIES FOR MORE THAN 700 PEOPLE SERVED THE M O S T PROGRAM CELEBRATED ITS 30TH ANNIVERSARY THIS YEAR SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PRO VIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL P ATIENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES THE LACK OF FUNDING, AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT I S PROVIDED BY SCRIPPS WITH PHYSICIAN BACK UP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVER Y GOALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THE RESCUE MISSION PROVIDES A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVIS ION, MEDICATION OVERSIGHT, MEALS, CLOTHING, AND CO

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	UNSELING ASSISTANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY APPLICATIONS, PL US HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEEDS ARE COORDINAT ED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENTS MEDICAL S TABILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUND ING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDER ARE CONNECTED WITH A PSYCHIAT RIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY IN 2017, 67 PATIENTS ACCOUNTED FOR 72 RCU ADMISSIONS AS A GROUP, THE RCU PATIENTS HAS A CUMULATIVE 1,469 HOSPITAL DAYS OF STAY BEFORE GOING TO THE RCU THE RCU HAS TAKEN MEDICALL Y COMPLEX PATIENTS, INCLUDING THOSE WITH TRACHEOTOMIES, FEEDING TUBES, IV ANTIBIOTICS, WOU ND VACS, MULTIPLE FRACTURES, ABSCESS, OSTEOMYELITIS, PARAPLEGIA, ESRD ON DIALYSIS, END STA GE LIVER DISEASE, HEART VALVE REPLACEMENT, DIABETES, TRAUMATIC BRAIN INJURY OR ENCEPHALOPA THY, OSTOMIES, CRANIOTOMY, COMPLEX TRAUMA, CVA, CANCER, HIV/AIDS, AND A PATIENT WITH AN EX TERNAL DEFIBRILLATOR, THE LIFE VEST GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST LEOS CL INIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CL INIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 45+ RESIDENTS AND 38 FELLOW S WEEKLY COMMUNITY CLINICS WERE HELD AT THE ST LEOS CLINIC STAFFED BY SCRIPPS GREEN HOS PITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CARED FOR APPROXIMATEL Y 800 OF OUR COUNTYS MOST VULNERABLE RESIDENTS DURING FISCAL YEAR 2017 FIJI SOLOMON ISLAN DS MEDICAL MISSION THE MEDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENERAL MEDICAL SPECIALI STS AND RESIDENTS SETTING UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NE EDED MEDICAL CARE, MEDICAL SUPPLIES AND SURGICAL SCREENING FOR AN UNDERSERVED POPULATION T HAT HAVE NO ACCESS TO BASIC MEDICAL CARE THE INTERNATIONAL MEDICAL MISSIONS PROVIDE AN EX CEPTIONAL CLINICAL EDUCATION EXPERIENCE TO OUR SENIOR INTERNAL MEDICINE RESIDENTS AT SCRIP PS CLINIC AND SCRIPPS GREEN HOSPITAL SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FISCAL YEAR 2017, SCRIPPS HEALTH CONTINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH ITS COM MUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $212,000 IN COMMUNITY GRANTS TO PROGRAMS IN SAN DIEGO (FOUR GRANTS RANGING FROM $10,000 TO $120,000) THE FUNDED PROJEC TS ADDRESS SOME OF SAN DIEGO COUNTYS HIGH PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACCESS TO VITAL HEALTH CARE SERVICES FOR AT RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMICAL LY DISADVANTAGED, MENTALLY ILL AND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $3 5 MILLION PROGRAMS FUNDED DURING FISCAL YEAR 2017 INCLUDE - CONSUMER CEN TER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW INCOME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CARE BENEFITS, SSI AND RELATE D SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXPENSES AT MERCY THE PROJECT PROVIDES ADVO CACY SERVICES FOR TIME INTENSIVE GOVERNMENT BENEFIT CASES - CATHOLIC CHARITIES FUNDING PR OVIDES SHORT TERM EMERGENCY SHELTER FOR MEDICALLY FRAGILE HOMELESS PATIENTS UPON DISCHARGE FROM SCRIPPS MERCY HOSPITAL, SAN DIEGO AND CHULA VISTA CASE MANAGEMENT AND SHELTER ARE P ROVIDED FOR HOMELESS PATIENTS DISCHARGED FROM SCRIPPS MERCY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT TERM RECUPERATIVE ENVIRONMENT PATI ENTS WHO DEMONSTRATE A WILLINGNESS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CASE PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE C LIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF- RELIANCE MEASURES THE PARTNERSHIP SEEKS TO REDUCE EMERGENCY ROOM RECIDIVISM IN THIS POPUL ATION AND IMPROVE THEIR QUALITY OF LIFE - 2-1-1 HEALTH CARE NAVIGATION PROGRAM LOCALLY, 2 -1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM BASED IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,500 AFFILIATED PHYSICIANS AND 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE SERVICES, HOSPICE CARE, AND AN AMBULATORY CARE NETWORK OF PHYSICIAN OFFICES AND 28 OUTPATIENT CENTERS AND CLINICS SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBULATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS IN ADDITION, SCRIPPS PARTICIPATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGION TO IMPROVE OUR COMMUNITY'S HEALTH AND OUR PARTNERSHIPS DON'T STOP AT OUR LOCAL BORDERS OUR PARTICIPATION AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS INCLUDES WORK WITH GOVERNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMERGENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AS WELL AS INTERNATIONAL PARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING, AND DIRECT PATIENT CARE IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY, CARING FOR THOSE WHO NEED US TODAY AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	CALIFORNIA SCRIPPS HEALTH COMMUNITY BENEFIT REPORT CAN BE FOUND AT https //www scripps org/about-us/Scripps-in-the-community/

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

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

	Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SCRIPPS MERCY HOSPITAL 4077 5TH AVENUE SAN DIEGO, CA 92103 WWW SCRIPPS ORG 090000074	X	X		X		X	X			A
2	SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE LA JOLLA, CA 92307 WWW SCRIPPS ORG 080000050	X	X		X		X	X			A
3	SCRIPPS GREEN HOSPITAL 10666 NORTH TORREY PINES RD LA JOLLA, CA 92037 WWW SCRIPPS ORG 080000139	X	X		X		X				A
4	SCRIPPS MEMORIAL HOSPITAL ENCINITAS 354 SANTA FE DRIVE San Diego, CA 92024 WWW SCRIPPS ORG 080000148	X	X		X		X	X			A

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, LINE 5	REPORTING GROUP A HEALTH EXPERTS, COMMUNITY LEADERS AND RESIDENTS FEEDBACK COMMUNITY ENGAG EMENT ACTIVITIES WERE CONDUCTED IN THE 2016 CHNA WITH A BROAD RANGE OF PEOPLE INCLUDING HE ALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE COMP LETE UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY INDIVIDU ALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL, TRIBAL, OR OTHER REGION AL GOVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY PO PULATIONS COMMUNITY INPUT WAS GATHERED THROUGH THE FOLLOWING ACTIVITIES - COMMUNITY PART NER DISCUSSIONS - KEY INFORMANT INTERVIEWS - HEALTH ACCESS AND NAVIGATIONS SURVEY - SAN DI EGO COUNTY HEALTH AND HUMAN SERVICES AGENCY SURVEY - BEHAVIORAL HEALTH DISCUSSIONS THE OVE RALL PURPOSE OF COLLECTING COMMUNITY INPUT WAS TO GATHER INFORMATION ABOUT THE HEALTH NEED S AND SOCIAL DETERMINANTS SPECIFIC TO SAN DIEGO COUNTY SPECIFIC OBJECTIVES INCLUDED - GA THER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIGNIFICANT HEALTH NEEDS IM PACTING SAN DIEGO COUNTY - CONNECT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DET ERMINANTS OF HEALTH - AID IN THE PROCESS OF PRIORITIZING HEALTH NEEDS WITHIN SAN DIEGO CO UNTY - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WITHIN SAN DIEGO COUNTY THAT COULD POTENTIALLY IMPACT THE HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH COMMUNITY PAR TNER DISCUSSIONS COMMUNITY PARTNER DISCUSSIONS WERE CONDUCTED IN ALL REGIONS OF THE COUNTY BETWEEN JULY AND OCTOBER OF 2015, WITH 87 TOTAL PARTICIPANTS NON-TRADITIONAL STAKEHOLDER S WERE RECRUITED THROUGH EXISTING COMMUNITY PARTNERSHIPS IN ORDER TO SOLICIT INPUT FROM TH OSE WHO WORK DIRECTLY WITH MORE VULNERABLE POPULATIONS A NON-TRADITIONAL STAKEHOLDER IS D EFINED AS AN INDIVIDUAL OR GROUP WHO HAS NOT BEEN CONSISTENTLY INVOLVED IN THE COMMUNITY H EALTH NEEDS ASSESSMENT (CHNA) PROCESS THROUGHOUT PREVIOUS CYCLES OF THE CHNA THESE STAKEH OLDERS (COMMUNITY PARTNERS) WERE COMPRISED OF INDIVIDUALS FROM A VARIETY OF BACKGROUNDS IN CLUDING CARE COORDINATORS, OUTREACH WORKERS, COMMUNITY EDUCATION SPECIALISTS, WELLNESS CO ORDINATORS, SCHOOL NURSES, BEHAVIORAL HEALTH MANAGERS AND WORKERS, CALFRESH OUTREACH COORD INATORS, AND CALFRESH CAPACITY COORDINATORS (CAPACITY COORDINATORS HELP TO BUILD CAPACITY AND COMMUNITY SUPPORT, IMPLEMENT NEW PROJECTS AND PROVIDE TECHNICAL SUPPORT TO BETTER ADDR ESS POVERTY AND HUNGER) BEHAVIORAL HEALTH DISCUSSIONS THREE BEHAVIORAL HEALTH DISCUSSIONS TOOK PLACE BETWEEN DECEMBER 2015 AND JANUARY 2016 THE COMBINED TOTAL NUMBER OF ATTENDEES WAS ROUGHLY 58 PEOPLE BETWEEN THE TWO MEETINGS DUE TO THE COMPLEXITY OF BEHAVIORAL HEALT H, ADDITIONAL DISCUSSIONS WERE HELD SPECIFICALLY TO ENSURE THE QUANTITATIVE DATA THAT WAS GATHERED ACCURATELY REFLECTED CURRENT TRENDS AND AREAS OF TRUE NEED THE PURPOSE OF THE BE HAVIORAL HEALTH DISCUSSIONS WA

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, LINE 5	S TO GATHER FEEDBACK FROM BEHAVIORAL HEALTH EXPERTS TO AID IN THE UNDERSTANDING OF THE MOS T SIGNIFICANT HEALTH NEEDS IMPACTING SAN DIEGO COUNTY AND AID IN THE PROCESS OF PRIORITIZI NG HEALTH NEEDS WITHIN BEHAVIORAL HEALTH MEETINGS FOCUSED ON BEHAVIORAL HEALTH WERE TARGE TED TO SOLICIT FEEDBACK FROM STAKEHOLDERS INCLUDING PATIENT ADVOCATES AS WELL AS REPRESENT ATIVES FROM HOSPITALS, CLINICS, COUNTY HEALTH & HUMAN SERVICES AGENCY (HHSA), SMALLER BEHA VIORAL OR MENTAL HEALTH FACILITIES, AND HEALTH PLANS THE BEHAVIORAL HEALTH DISCUSSION TEM PLATE WAS DEVELOPED BASED ON HOSPITAL DISCHARGE DATA ANALYSIS AND INCORPORATED A SYNTHESIS OF THE COMMUNITY PARTNER DISCUSSION DATA A SUMMARY OF DATA AS IT RELATES TO BEHAVIORAL H EALTH NEEDS WAS PROVIDED TO THE BEHAVIORAL HEALTH EXPERTS PRIOR TO GAINING THEIR FEEDBACK KEY INFORMANT INTERVIEWS IN RESPONSE TO FEEDBACK FROM THE 2013 CHNA, THE NUMBER OF KEY IN FORMANT INTERVIEWS CONDUCTED AS PART OF THE 2016 CHNA WAS EXPANDED TO INCLUDE EXPERTS WORK ING WITH A WIDER VARIETY OF PATIENT POPULATIONS PARTICIPANTS WERE SELECTED BASED ON THEIR EXPERTISE IN A SPECIFIC CONDITION, AGE GROUP, AND/OR POPULATION MORE SPECIFICALLY, INDIV IDUALS WHO PARTICIPATED IN THE 2016 CHNA HAD KNOWLEDGE IN AT LEAST ONE OF THE FOLLOWING AR EAS CHILDHOOD ISSUES, SENIOR HEALTH, NATIVE AMERICANS, LATINOS, ASIAN AMERICANS, REFUGEE AND FAMILIES, HOMELESS, LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) POPULATION, VETERANS, ALCOHOL AND DRUG ADDICTION, CARDIOVASCULAR HEALTH, BEHAVIORAL HEALTH, DIABETES, OBESITY, AND FOOD INSECURITY IN ADDITION, THERE WAS REPRESENTATION ACROSS MULTIPLE AGENCI ES AND ORGANIZATIONS INCLUDING THE SAN DIEGO COUNTY HHSA, LOCAL SCHOOLS, YOUTH PROGRAMS, C OMMUNITY CLINICS, AND COMMUNITY-BASED ORGANIZATIONS THE DEVELOPMENT OF THE KEY INFORMANT INTERVIEW TOOL BEGAN WITH THE RESULTS FROM THE HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIA L COUNTIES (HASD&IC) 2013 CHNA THE INTERVIEW QUESTIONS WERE DESIGNED TO PROVIDE IN-DEPTH DETAIL ON THE TOP FOUR HEALTH NEEDS NINETEEN KEY INFORMANT INTERVIEWS TOOK PLACE EITHER I N-PERSON OR VIA PHONE INTERVIEW BETWEEN JULY 2015 AND FEBRUARY 2016 EACH INTERVIEW LASTED NO LONGER THAN ONE HOUR SIX QUESTIONS WERE ASKED DURING THE INTERVIEWS, WITH A PARTICULA R FOCUS ON THE TOP FOUR HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2013 CHNA ALTHOUGH THERE WERE SPECIFIC QUESTIONS ASKED, THE FORMAT OF THE INTERVIEWS ALLOWED FOR AMPLE OPPORTUNITY FOR OPEN DISCUSSION ON HEALTH NEEDS THAT THE KEY INFORMANTS FELT WERE MOST IMPORTANT IN S AN DIEGO COUNTY, INCLUDING THOSE NOT DIRECTLY RELATED TO THE TOP FOUR HEALTH NEEDS SOME I MPORTANT STRATEGIES THAT KEY INFORMANTS SUGGESTED INCLUDED BEHAVIORAL HEALTH PREVENTION AN D STIGMA REDUCTION, EDUCATION ON DISEASE MANAGEMENT AND FOOD INSECURITY, IMPROVING CULTURA L COMPETENCY AND DIVERSITY, AND INTEGRATING PHYSICAL AND MENTAL HEALTH, COORDINATING SERVI CES ACROSS THE CONTINUUM, AND ENGAGING CASE MANAGERS AND PATIENT NAVIGATORS IN THE COMMUNI TY AND INCORPORATING THEM AS A

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, LINE 5	ROUTINE PART OF THE CONTINUUM OF CARE SURVEYS TWO DIFFERENT SURVEYS WERE DEVELOPED AND D ISSEMINATED THROUGH DIFFERENT AVENUES AS PART OF THE 2016 CHNA PROCESS - THE HEALTH ACCESS AND NAVIGATION SURVEY AND THE COLLABORATIVE SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AG ENCY SURVEY HEALTH ACCESS AND NAVIGATION SURVEY THE HEALTH ACCESS AND NAVIGATION SURVEY W AS DEVELOPED IN PARTNERSHIP WITH THE SAN DIEGO COUNTY RESIDENT LEADERSHIP ACADEMY (RLA) A FTER COMPARING RESULTS OF THE RLA'S 2014 COMMUNITY NEEDS ASSESSMENT AND WITH THE FINDINGS FROM THE HASD&IC 2013 CHNA, ACCESS AND NAVIGATION OF HEALTH CARE EMERGED AS A COMMON BARRI ER IDENTIFIED BY THE SAN DIEGO COMMUNITY THE CHNA COMMITTEE COLLABORATED WITH THE RLAS TO DESIGN A SURVEY TOOL THAT COULD IDENTIFY SPECIFIC BARRIERS RESIDENTS FACE WHEN THEY TRY T O ACCESS HEALTH CARE SERVICES RLA LEADERS AGREED TO DISSEMINATE THE HEALTH ACCESS AND NAV IGATION SURVEY TO RESIDENTS IN THEIR NEIGHBORHOODS THE ROADMAP SURVEY WAS DESIGNED TO IDE NTIFY PARTICULAR AREAS IN WHICH RESIDENTS STRUGGLE WHEN THEY ARE USING THE HEALTH SYSTEM THE SURVEYS WERE FIELDED ON SEPTEMBER 22, 2015 AND CLOSED NOVEMBER 2, 2015 SURVEY RESPONS ES WERE COLLECTED BOTH ELECTRONICALLY AND VIA PAPER AND PENCIL FORMAT FROM COMMUNITY RESID ENTS PAPER AND ELECTRONIC COPIES OF THE SURVEY WERE MADE AVAILABLE TO THE RLA LEADERS IN SPANISH, ENGLISH, AND ARABIC AN ONLINE SURVEY LINK WAS ALSO EMAILED OUT IN BOTH SPANISH A ND ENGLISH A TOTAL OF 235 SURVEYS WERE COMPLETED WITH THE MAJORITY BEING COMPLETED ON PAP ER (181) AND 54 COMPLETED VIA THE ONLINE SURVEY ONE HUNDRED AND ELEVEN PAPER SURVEYS AND ZERO ONLINE SURVEYS WERE COMPLETED IN SPANISH SEVENTY PAPER AND 54 ONLINE SURVEYS WERE CO MPLETED IN ENGLISH NO ARABIC SURVEYS WERE COLLECTED OR COMPLETED SURVEY PARTICIPANTS WER E ASKED TO CHOOSE THE TOP FIVE BARRIERS THE PARTICIPANTS OR THE POPULATION THEY WORK WITH EXPERIENCE, AND TO RANK THE FIVE BARRIERS FROM ONE TO FIVE, WITH ONE BEING THE MOST TROUBL ESOME MOST STRIKING WAS THAT THE TOP FOUR BARRIERS CITED AS MOST TROUBLESOME WERE ALL PRE CURSORS TO SEEING A HEALTH CARE PROVIDER, INDICATING THAT COMMUNITY MEMBERS ARE OFTEN STRU GGLING TO MAKE IT PAST THE FIRST STEPS OF ACCESSING HEALTHCARE BASED ON THE SURVEY RESPON SES, THE TOP FIVE BARRIERS TO ACCESSING HEALTH CARE WERE - UNDERSTANDING HEALTH INSURANCE - GETTING HEALTH INSURANCE - USING HEALTH INSURANCE - KNOWING WHERE TO GO FOR CARE - FOLL OW UP CARE AND/OR APPOINTMENT AS THE NUMBER OF INDIVIDUALS WHO HAVE HEALTH INSURANCE IN TH E NATION AND WITHIN SAN DIEGO COUNTY HAS INCREASED, SO HAS THE IMPORTANCE OF HELPING PEOPL E UNDERSTAND HOW TO OBTAIN HEALTH INSURANCE, USE HEALTH INSURANCE, AND ACCESS CARE THAT IS APPROPRIATE FOR THEIR HEALTH NEEDS RESIDENTS' ABILITY TO ACCESS HEALTH CARE IS A CRITICA L FIRST STEP TOWARD IMPROVING THE OVERALL HEALTH OF SAN DIEGO COMMUNITY 'UNDERSTANDING HE ALTH INSURANCE' WAS THE TOP CITED BARRIER IN ALL REGIONS WITH THE EXCEPTION OF EAST REGION WHICH FOUND 'FOLLOW-UP CARE A

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, LINE 6A	REPORTING GROUP A GROUNDED IN A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND HEALTHCARE SYSTEMS CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND TO MEET IRS REGULATORY REQUIREMENTS SCRIPPS CONDUCTED ONE CHNA FOR THE SYSTEM BEGINNING IN MAY 2015 WITH COMPLETION IN APRIL 2016, THE INSTITUTE FOR PUBLIC HEALTH AT SAN DIEGO STATE UNIVERSITY MANAGED THE DESIGN, IMPLEMENTATION AND INTERPRETATION OF THE CHNA PROCESS PARTICIPATING HOSPITALS AND HEALTHCARE SYSTEMS WERE ALL REPRESENTED IN THE CHNA ADVISORY WORKGROUP - KAISER FOUNDATION HOSPITAL - SAN DIEGO - PALOMAR HEALTH - RADY CHILDREN'S HOSPITAL - SAN DIEGO - SCRIPPS HEALTH - SHARP HEALTHCARE - TRI-CITY MEDICAL CENTER - UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SYSTEM

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, LINE 6B	REPORTING GROUP A IN MAY 2015, THE HOSPITAL ASSOCIATION FOR SAN DIEGO AND IMPERIAL COUNTIES CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH AT SAN DIEGO STATE UNIVERSITY TO PROVIDE ASSISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SCRIPPS CONDUCTED ONE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE SYSTEM SCHEDULE H, PART V, LINE 7A REPORTING GROUP A THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ASSESSING-COMMUNITY-NEEDS

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, LINE 10A	REPORTING GROUP A THE IMPLEMENTATION STRATEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ASSESSING-COMMUNITY-NEEDS

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, LINE 11	REPORTING GROUP A IN RESPONSE TO IDENTIFIED UNMET HEALTH NEEDS IN THE 2016 COMMUNITY HEALT H NEEDS ASSESSMENT SCRIPPS HEALTH IS FOCUSING ON THE FOUR PRIORITIZED HEALTH NEEDS (CARDIO VASCULAR DISEASE AND STROKE, DIABETES TYPE 2, BEHAVIORAL HEALTH, AND OBESITY) SCRIPPS HAS DEVELOPED VARIOUS INITIATIVES, STRATEGIES AND METRICS TO MEASURE AND EVALUATE THE EFFECTI VENESS OF THE PROGRAMS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND ITS CORRESPONDING IMPLEM ENTATION PLAN IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/ ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ASSESSING-COMMUN ITY-NEEDS SCRIPPS HEALTH HAS A LONG HIS TORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRAD ITIONAL HOSPITAL CARE TO PROVIDE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH CARE N EEDS OF THE REGION'S MOST VULNERABLE POPULATIONS SCRIPPS STRIVES TO IMPROVE COMMUNITY HEA LTH THROUGH COLLABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EXIST ING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS THE 2016 CHNA IDENTIFIED BEHAVIORAL HE ALTH AS THE NUMBER ONE HEALTH NEED IN SAN DIEGO COUNTY IN ADDITION, CARDIOVASCULAR DISEAS E, DIABETES (TYPE 2), AND OBESITY WERE IDENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORITY AREAS DUE TO THE OVE RWHELMING AGREEMENT AMONG ALL DATA SOURCES AND IN RECOGNITION OF THE COMPLEXITIES WITHIN E ACH HEALTH NEED WITHIN THE CATEGORY OF BEHAVIORAL HEALTH, ALZHEIMER'S DISEASE, ANXIETY, D RUG AND ALCOHOL ISSUES, AND MOOD DISORDERS ARE SIGNIFICANT HEALTH NEEDS WITHIN SAN DIEGO C OUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, HYPERTENSION WAS CONSISTENTLY FOUND TO BE A S IGNIFICANT PRIORITY AREA RELATED TO CARDIOVASCULAR DISEASE, UNCONTROLLED DIABETES WAS AN I MPORTANT FACTOR LEADING TO COMPLICATIONS RELATED TO DIABETES, AND OBESITY WAS OFTEN FOUND TO CO-OCCUR WITH OTHER CONDITIONS AND CONTRIBUTE TO WORSENING HEALTH STATUS THE IMPACT OF THE TOP HEALTH NEEDS DIFFERED AMONG AGE GROUPS, WITH TYPE 2 DIABETES, OBESITY, AND ANXIET Y AFFECTING ALL AGE GROUPS, DRUG AND ALCOHOL ISSUES AFFECTING TEENS AND ADULTS, AND ALZHEI MER'S DISEASE, CARDIOVASCULAR DISEASE, AND HYPERTENSION AFFECTING OLDER ADULTS WITH THE 2 016 CHNA COMPLETE AND HEALTH PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH HAS DEVELOPED A COR RESPONDING IMPLEMENTATION STRATEGY - A MULTI-FACETED, MULTI-STAKEHOLDER PLAN THAT ADDRESSE S THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE IMPLEMENTATION PLAN TRANSLATES TH E RESEARCH AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIVES THAT CAN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUTCOMES SCRIPPS HEALTH A NTICIPATES THE IMPLEMENTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH THE COMM UNITY AND HEALTH CARE INDUSTRY CHANGE THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR T HE DEVELOPMENT OF ITS RESPONSE

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, LINE 11	TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON AN ANNUAL BASIS SCRIPP S HEALTH EVALUATES THE IMPLEMENTATION STRATEGY AND ITS RESOURCES AND INTERVENTIONS, AND MA KES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURES AS WELL AS TO A DAPT TO THE CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES DESCRIBED AND MAKES MODIFICATIONS AS NEEDED IN ADDITION TO THE HE ALTH OUTCOME NEEDS THAT WERE IDENTIFIED IN THE 2016 CHNA (BEHAVIORAL HEALTH, CARDIOVASCULA R DISEASE, DIABETES TYPE 2 AND OBESITY), TEN SOCIAL DETERMINANTS OF HEALTH NEEDS WERE ALSO KEY THEMES AND REFERENCES IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES THESE TEN SOCIAL DETERMINANTS OF HEALTH NEEDS ARE OUTLINED IN ORDER OF PRIORITY FOOD INSECURITY AND ACCES S TO HEALTHY FOOD, ACCESS TO CARE OR SERVICES, HOMELESSNESS/HOUSING, PHYSICAL ACTIVITY, ED UCATION/KNOWLEDGE, CULTURAL COMPETENCY, TRANSPORTATION, INSURANCE ISSUES, STIGMA, AND POVE RTY SOME OF THESE SOCIAL DETERMINANTS OF HEALTH NEEDS ARE ADDRESSED WITHIN THE FOUR HEALT H CONDITIONS IDENTIFIED IN THE SCRIPPS IMPLEMENTATION PLAN SUCH AS ACCESS TO CARE, PHYSICA L ACTIVITY, AND EDUCATION/KNOWLEDGE THROUGH VARIOUS PROGRAM INTERVENTIONS THE OTHER NEEDS WERE NOT ADDRESSED IN DETAIL IN THE SCRIPPS IMPLEMENTATION STRATEGY DUE TO LIMITED FINANC IAL AND/OR STAFFING CONSTRAINTS AND A LACK OF EXPERTISE OR COMPETENCY TO EFFECTIVELY ADDRE SS THE NEEDS IN ADDITION, SOME OF THESE ISSUES ARE BEING ADDRESSED BY OTHER PROVIDERS IN THE SAN DIEGO COMMUNITY WHO HAVE MORE EXPERTISE SCRIPPS HEALTH REMAINS COMMITTED TO THE C ARE AND IMPROVEMENT OF HEALTH FOR ALL SAN DIEGANS AND WILL LOOK TO THE EXPLORATION OF NEW OPPORTUNITIES AND NEW PARTNERSHIPS TO ADDRESS THESE NEEDS AND FUTURE NEEDS IDENTIFIED

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, LINE 13H	REPORTING GROUP A OTHER CRITERIA TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS WE WILL NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS'S DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS AGB AS CALCULATED WITH THE PROSPECTIVE METHOD EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 20% DISCOUNT TAKEN AUTOMATICALLY AT BILLING IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS

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, LINES 16A, 16B, & 16C	REPORTING GROUP A THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY IS WIDELY AVAILABLE ON THE SCRIPPS HEALTH WEBSITE AT https //www scripps org/patients-and-visitors/financial-assistance

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, LINE 16J	REPORTING GROUP A THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSIST ANCE POLICY IS AVAILABLE UPON REQUEST PAPER COPIES OF OUR FINANCIAL ASSISTANCE POLICY, FI NANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY IS MADE AVAILA BLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGISTRATION AREAS AND BY MAIL IN ADDITION, THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED AT ALL POINTS OF REGISTRA TION AREAS (I E EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS) PLAIN LANGUAGE SUMMARIES ARE STOCKED AS A PATIENT HANDOUT IN BOTH ENGL ISH AND SPANISH FOR INPATIENTS, THE INFORMATION IS INCLUDED IN THE ESSENTIAL HANDBOOK, A COMPREHENSIVE BROCHURE COVERING MANY ASPECTS OF HOSPITALIZATION UNFUNDED PATIENTS ARE NOT ALWAYS REFERRED TO FINANCIAL COUNSELORS SOME SITES DO NOT USE FINANCIAL COUNSELORS, BUT THE STAFF MEMBER WHO REGISTERS THE PATIENT CAN DISCUSS FINANCIAL ASSISTANCE AND THE PLAIN LANGUAGE SUMMARY PROVIDES PATIENTS WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS SCRI PPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINAN CIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD-PARTY COVERAGE INCLUDING M EDICARE PATIENT COMMUNICATION AND COMMUNITY OUTREACH AND COMMUNICATION REGARDING SCRIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO INCLUDE BUT NOT LIMITE D TO, - POSTERS IN CONSPICUOUS REGISTRATION AREAS I E EMERGENCY DEPARTMENT, BILLING OFFIC E, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS - PAPER COPIES OF SCRIPPS FINANCI AL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF T HE POLICY ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS HOSPITAL EMERGENCY DEPARTMENTS AND ADMISSION AREAS PATIENTS MAY ALTERNATIVELY REQUEST COPIES OF THESE DOCUME NTS BE SENT TO THEM ELECTRONICALLY - THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SU MMARY, AND FINANCIAL ASSISTANCE APPLICATIONS ARE CONSPICUOUSLY POSTED ON SCRIPPS WEB SITE TO VIEW, DOWNLOAD AND PRINT FREE OF CHARGE THE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CONTAINS THE WEB SITE ADDRESS WHERE THESE DOCUMENTS ARE POSTED IN ADDITION TO THE PHYSICA L LOCATION IN THE HOSPITAL WHERE PAPER COPIES MAY BE OBTAINED - THE FINANCIAL ASSISTANCE SUMMARY IS OFFERED TO ALL PATIENTS AT REGISTRATION OR PRIOR TO DISCHARGE AS PART OF THE AG REEMENT OF SERVICES AT A SCRIPPS FACILITY - ALL BILLING STATEMENTS INCLUDE A STATEMENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING A TELEPHONE NUMBER FOR SCRIPPS HOSPITA L STAFF THAT PROVIDES ASSISTANCE WITH THE APPLICATION PROCESS AND THE WEBSITE ADDRESS WHER E THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND - THE FAP, FAP S UMMARY AND FINANCIAL ASSISTANC

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, LINE 16J	E APPLICATION ARE AVAILABLE IN THE PRIMARY LANGUAGES OF SIGNIFICANT PATIENT POPULATIONS WI TH LIMITED ENGLISH PROFICIENCY (LEP) - A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AV AILABLE AT COMMUNITY EVENTS AND IS PROVIDED TO LOCAL AGENCIES THAT PROVIDE CONSUMER ASSIST ANCE SCRIPPS HEALTH WORKED WITH THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TO INFORM AND N OTIFY MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL ABOUT THE FAP AND TO REACH THOSE MEM BERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE - SCRIPPS PROVIDES A COPY OF ITS POLICY AND RELATED INFORMATION TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AS REQUIRED BY LAW IN ADDITION, SCRIPPS POLICY IS AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST MADE THROUGH PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REVIEW IS F ACILITATED THROUGH THE USE OF INTERPRETERS (LANGUAGE, VISION, AND HEARING) OR WRITTEN MATE RIALS AS REQUESTED BY THE INDIVIDUAL

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

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

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

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

Name and address	Type of Facility (describe)
SCRIPPS CLINIC - TORREY PINES 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - RANCHO BERNARDO 15004 INNOVATION DRIVE SAN DIEGO, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS MEDICAL LAB 9235 WAPLES STREET 150 SAN DIEGO, CA 92121	LABORATORY SERVICES
SCRIPPS CLINIC - CARMEL VALLEY 3811 VALLEY CENTER DRIVE SAN DIEGO, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
IMAGING HEALTHCARE SPECIALISTS LLC 150 WEST WASHINGTON STREET SAN DIEGO, CA 92103	MEDICAL IMAGING SERVICES
SCRIPPS CLINIC ANDERSON MEDICAL PAVILION 9898 GENESEE AVENUE LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - ENCINITAS 310 SANTA FE DRIVE ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS HOME HEALTH SERVICES 9619 CHEASPEAKE DRIVE 300 SAN DIEGO, CA 92123	HOME HEALTH SERVICES
SCMC - CEDAR 130 CEDAR ROAD VISTA, CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - ENCINITAS 477 N EL CAMINO REAL A208 B305 ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - CARLSBAD 2176 SALK AVENUE CARLSBAD, CA 92008	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - MISSION VALLEY 7565 MISSION VALLEY ROAD SAN DIEGO, CA 92108	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC-LA JOLLA MEMORIAL CAMPUS 9850 GENESEE AVE XIMED BLDG 600 SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
MERCY ASC 550 WASHINGTON STREET 1ST FLOOR SAN DIEGO, CA 92103	PRIMARY AND SPECIALITY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - RANCHO SAN DIEGO 10862 CALLE VERDE LA MESA, CA 91941	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

Name and address	Type of Facility (describe)
SCMC - HILLCREST 501 WASHINGTON STREET 525 600 SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
ENCINITAS SURGERY CENTER LLC 320 SANTA FE DRIVE LL1-2 ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - ENCINITAS OBGYN 332 SANTA FE DRIVE 115 ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - OCEANSIDE 4318 MISSION AVENUE OCEANSIDE, CA 92057	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CL RADIATION THERAPY CTR - VISTA 916 SYCAMORE AVENUE SUITE 100 VISTA, CA 92082	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
LA JOLLA RADIOLOGY - LA JOLLA 9888 GENESSEE AVENUE LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - DEL MAR 12395 EL CAMINO REAL 317 112 12 DEL MAR, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS HOSPITAL MEDICAL SERVICES 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CARDIO & THORACIC SURGERY CENTER 9850 GENESEE AVENUE 560 LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - EASTLAKE 971 LANE AVENUE CHULA VISTA, CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS PHARMACY - GREEN 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	MEDICAL PHARMACY
LA JOLLA RADIOLOGY - ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - SOLANA BEACH 380 STEVENS AVENUE 100 SOLANA BEACH, CA 92075	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - SANTEE 278 TOWN CENTER PKWY 105 SANTEE, CA 92071	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - SAN DIEGO OBGYN 2918 FIFTH AVENUE SUITE 100 SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

Name and address	Type of Facility (describe)
LA JOLLA RADIOLOGY - MERCYCV 4077 FIFTH AVENUE SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC - ESCONDIDO 488 E VALLEY PKWY 411 ESCONDIDO, CA 92025	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - LA JOLLA OBGYN 9850 GENESEE AVENUE 170 SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CL RADIATION THRPY CTR ENCINITAS 477 N EL CAMINO REAL SUITE D100 ENCINITAS, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - HILLCREST SURGERY 4060 FOURTH AVENUE 330 SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS PHARMACY - ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024	MEDICAL PHARMACY
SCRIPPS CLINIC - MERCY CAMPUS 4020 FIFTH AVENUE 401 SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CARDIO & THOR SURG CTR HILLCREST 501 WASHINGTON STREET 525 600 SAN DIEGO, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - CORONADO 1317 A YNES PLACE CORONADO, CA 92118	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - UTC 9333 GENESEE AVENUE SUITE 170 SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCRIPPS CLINIC - MENTAL HEALTH 15004 INNOVATION DRIVE SAN DIEGO, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(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	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS GRANTEE SHALL SUBMIT TO SCRIPPS HEALTH, ATTENTION MANAGER OF COMMUNITY BENEFIT SERVICES AT 10140 CAMPUS POINT COURT, CPA 308, SAN DIEGO, CA 92121, THE FOLLOWING A A SEMI-ANNUAL SUMMARY PROGRESS REPORT AND A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT IS REQUIRED REPORTS SHALL INCLUDE, BUT NOT BE LIMITED TO, PROGRESS MADE TOWARD MEETING OBJECTIVES OUTLINED IN THE GRANT APPLICATION B WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION DATE OF THE GRANT A FINAL PROGRESS REPORT SHALL BE SUBMITTED TO SCRIPPS HEALTH IN ADDITION TO THE PROGRESS MADE TOWARD MEETING THE OBJECTIVES OUTLINED IN THE GRANT APPLICATION, THE FINAL REPORT SHOULD INCLUDE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROGRAM AGAINST ITS STATED GOALS AND OBJECTIVES A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT AGAINST THE BUDGET MUST BE INCLUDED AS PART OF THIS FINAL REPORT C THE GRANTEE SHALL PROVIDE SCRIPPS HEALTH WITH ANY ADDITIONAL INFORMATION OR PROGRESS UPDATES, RELATIVE TO GRANT PROJECT, AS REASONABLY REQUESTED D SCRIPPS HEALTH RESERVES THE RIGHT TO AUDIT EXPENDITURES AND SUPPORTING DOCUMENTATION

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
211 SAN DIEGO - HEALTHCARE NAVIGATION 3860 CALLE FORTUNADA SAN DIEGO, CA 92123	33-1029843	501(c)(3)	12,000				PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT CA HOSP FEE PROGRAM PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION 6632 CONVOY COURT SAN DIEGO, CA 92111	13-3039601	501(c)(3)	25,000	0			Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACS MAKING STRIDES AGAINST BREAST CANCER 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108	13-1788491	501(c)(3)	15,000	0			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION - SPONSORSHIP 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(c)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION IN-KIND DONATION 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(c)(3)		9,981	FMV	SUPPLIES	PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION-GO RED FOR WOMEN 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(c)(3)	10,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(c)(3)	90,000	0			PROGRAM SUPPORT
CATHOLIC CHARITIES 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501(c)(3)	70,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMER CENTER OF LEGAL AID SOCIETY 1764 SAN DIEGO AVE 200 SAN DIEGO, CA 92110	95-1869806	501(c)(3)	120,000	0			PROGRAM SUPPORT
ENLISTED LEADERSHIP FOUNDATION-THE FOUNDRY 2307 FENTON PARKWAY 107-208 SAN DIEGO, CA 92108	46-5029314	501(c)(3)	20,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIC PAREDES SAVE A LIFE FOUNDATION 2514 JAMACHA RD STE 502 EL CAJON, CA 92019	80-0636157	501(c)(3)	15,000	0			PROGRAM SUPPORT
FATHER JOE'S VILLAGES 3350 E ST SAN DIEGO, CA 92102	33-0492302	501(c)(3)	6,525	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CITY HEIGHTS WELLNESS CTR - LA MAESTRA 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105	33-0473171	501(c)(3)	40,000	0			
MD ANDERSON CANCER CENTER PO BOX 301438 UNIT 0705 HOUSTON, TX 77230	74-6001118	501(c)(3)	25,000	0			

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE IS $136 PER MONTH CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S
SCHEDULE J, PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 ACCRUAL OF BENEFITS UNDER THIS PLAN HAVE BEEN FROZEN AND NO ADDITIONAL BENEFITS HAVE BEEN ACCRUED AFTER 2014 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2016 ROBIN BROWN - $112,973 VICTOR V BUZACHERO - $163,008 SUSAN CAMPBELL - $45,619 DAVID COHN - $31,826 MARY ELLEN DOYLE - $43,011 JOHN ENGLE - $41,468 CARL ETTER - $63,430 SHIRAZ FAGAN - $92,485 GARY FYBEL - $169,590 THOMAS GAMMIERE - $89,451 ROBERT HOFF - $42,729 JUNE KOMAR - $163,136 BARBARA PRICE - $74,953 MARC A REYNOLDS - $199,628 RICHARD ROTHBERGER - $316,387 RICHARD SHERIDAN - $36,330 CHRISTOPHER VAN GORDER - $228,248 SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO FOUR EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1ROBIN BROWN CHIEF EXECUTIVE, SR VP	(I)	504,688	155,130	129,182	264,621	21,144	1,074,765	112,973
	(II)	0	0	0	0	0	0	0
1VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	(I)	589,218	206,392	413,796	249,348	22,958	1,481,712	163,008
	(II)	0	0	0	0	0	0	0
2SUSAN CAMPBELL EXEC DIR, EXTERNAL AFFAIRS	(I)	316,610	88,306	71,136	56,769	37,494	570,315	45,619
	(II)	0	0	0	0	0	0	0
3DAVID COHN CORP VP, REVENUE CYCLE	(I)	351,149	85,661	43,745	60,679	41,375	582,609	31,826
	(II)	0	0	0	0	0	0	0
4JAMES CROWDER CORP SR VP, CIO	(I)	415,738	81,553	9,836	90,885	26,506	624,518	0
	(II)	0	0	0	0	0	0	0
5LEI DONG DIRECTOR, CHIEF OF MED PHYSICS	(I)	398,405	77,239	67,295	10,600	29,321	582,860	0
	(II)	0	0	0	0	0	0	0
6MARY ELLEN DOYLE CORP VP, NURSING OPS	(I)	352,770	86,787	60,457	66,985	24,485	591,484	43,011
	(II)	0	0	0	0	0	0	0
7JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	(I)	392,704	114,148	67,668	79,760	26,331	680,611	41,468
	(II)	0	0	0	0	0	0	0
8CARL ETTER CHIEF EXECUTIVE, SR VP	(I)	483,550	146,002	84,243	104,655	20,574	839,024	63,430
	(II)	0	0	0	0	0	0	0
9SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	(I)	552,812	167,430	104,657	133,718	31,749	990,366	92,485
	(II)	0	0	0	0	0	0	0
10GARY FYBEL CHIEF EXECUTIVE, SR VP	(I)	562,220	171,567	208,112	43,954	23,984	1,009,837	169,590
	(II)	0	0	0	0	0	0	0
11THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	(I)	573,184	177,624	111,754	149,186	30,047	1,041,795	89,451
	(II)	0	0	0	0	0	0	0
12ROBERT T HOFF CORP VP, HORIZONTAL OPS	(I)	343,441	83,525	56,155	61,210	33,791	578,122	42,729
	(II)	0	0	0	0	0	0	0
13JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	(I)	619,269	189,068	32,576	147,866	30,214	1,018,993	0
	(II)	0	0	0	0	0	0	0
14JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	(I)	574,147	212,263	177,429	233,512	11,828	1,209,179	163,136
	(II)	0	0	0	0	0	0	0
15RICHARD NEALE CORP SVP, CORP DEVELOPMENT	(I)	424,968	121,077	14,236	71,000	44,502	675,783	0
	(II)	0	0	0	0	0	0	0
16BARBARA PRICE CORP SRVP BUS & SERV LINE DEV	(I)	474,976	142,050	85,653	111,196	27,318	841,193	74,953
	(II)	0	0	0	0	0	0	0
17MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	(I)	374,547	114,593	216,262	34,002	21,618	761,022	199,628
	(II)	0	0	0	0	0	0	0
18RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	(I)	738,670	277,864	565,145	51,344	32,058	1,665,081	316,387
	(II)	0	0	0	0	0	0	0
19RICHARD R SHERIDAN SEC/CORP EXEC VP-HR/GEN COUNSL	(I)	546,189	158,342	48,261	359,747	28,694	1,141,233	36,330
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	(I)	1,243,009	568,465	275,408	1,281,369	27,436	3,395,687	228,248
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTH	68-0164610	1309116Y1	03-02-2007	49,995,000	SEE PART IV		X		X	X	
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033F5A4	08-14-2008	99,830,304	SEE PART VI		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	000000000	01-31-2017	160,000,000	SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	13033FWK2	06-02-2005	40,975,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	19,100,000	0	34,075,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	99,830,304	160,000,000	40,975,000
4	Gross proceeds in reserve funds	0	9,902,000	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	280,659
8	Credit enhancement from proceeds	0	0	0	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	49,848,930	0	0	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2008	2017	2008

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	BOND ISSUE D (2005A/2008G) The Series 2005A Bonds, CUSIP 13033FWK2, were exchanged for th e California Health Facilities Finance Authority Variable Rate Revenue Bonds, Series 2008G , CUSIP 13033F5M8 (Scripps Health), on August 14, 2008 SCHEDULE K, PART I, COLUMN (E) - I SSUE PRICE BOND ISSUE A (2007A) The stated par of $49,995,000 differs from the $149,875,0 00 reported on the 8038 tax form as the $49,995,000 amount represents only Scripps Health' s portion in a pool bond loan program BOND ISSUE B (2008A) The stated par of $99,020,000 differs from the $99,830,304 listed in form 8038 Part III line 21 (b) because of an $810, 304 original issue premium SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE BOND I SSUE A (2007A) POOL BOND PROCEEDS WERE USED TO REFUND COMMERCIAL PAPER REVENUE NOTES, SE RIES 2005A, WHICH WERE USED TO PURCHASE EQUIPMENT BOND ISSUE B (2008A) REFUNDING OF PRIO R ISSUES 07/07/2005 BOND ISSUE C (2017A) The $160,000,000 (2017A) refunded the 2008B-F bo nds The issue date for the 2008B-F bonds was 8/14/2008 BOND ISSUE D (2005A/2008G) The $ 40,975,000 (2008G) exchanged the 2005A bond The issue date for the 2005A was 6/2/2005 Th e proceeds of the California Health Facilities Finance Authority Variable Rate Revenue Bon ds, Series 2005A (Scripps Health), were issued for the purpose, together with other availa ble funds, of advance refunding the Organizations Series 1998C Bonds The Series 2005A Bon ds, were exchanged for the California Health Facilities Finance Authority Variable Rate Re venue Bonds, Series 2008G (Scripps Health), on August 14, 2008 Based on the advice of bon d counsel, the Organization is treating the Series 2008G Bonds as the same issue as the Se ries 2005A Bonds for federal income tax purposes Further information regarding the Series 2008G Bonds - Issuer Name California Health Facilities Financing Authority, - Issuer EI N 52-1643828, - CUSIP # 13033F5M8, - Date Exchanged 8/14/2008, - Issue Price N/A, - De scription of Purpose Exchange for Series 2005A Bonds (same issue) BOND ISSUE 2-A (2010A) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMEN T BoND ISSUE 2-B (2010B & C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILD INGS, RENOVATION AND EQUIPMENT BOND ISSUE 2-C (2012A-C) PROCEEDS USED FOR CAPITAL EXPEND ITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 2-D (2016A/B) PROCE EDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT SCHE DULE K, PART II, LINE 3 BOND ISSUE 2-A (2010A) The amount shown in Part II, Line 3 consist s of the issue price of the bonds ($119,458,924) plus Project Fund investment earnings of $122,508 BOND ISSUE 2-B (2010B/C) The amount shown in Part II, Line 3 consists of the iss ue price of the bonds $100,000,000 plus Project Fund investment earnings of $2,530 BOND I SSUE 2-C (2012A-C) The amount shown in Part II, Line 3 consists of the issue price of the bonds $288,143,095 plus inves

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	tment earnings of $17,234 SCHEDULE K, PART III - PRIVATE BUSINESS USE BOND ISSUE B (2008A) The Series 2008A bonds refunded prior bonds originally issued before 2003 Accordingly, Part III reporting is not required BOND ISSUE D (2005A/2008G) The Series 2005A Bonds re funded prior bonds originally issued before 2003 Accordingly, Part III reporting is not r equired SCHEDULE K, PART III, LINE 3B THE OBLIGOR'S LEGAL DEPARTMENT REVIEWS CONTRACTS AN D AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECESSARY SCHEDULE K, PART IV, LINE 2C BOND ISSUE B (2008A) The 2008A rebate computation was recently performed on August 14, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE D (2005A/2008G) The 2005A/2008G reba te computation was recently performed on June 2, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE 2-A (2010A) The 2010A rebate computation wa s recently performed on February 4, 2015 No rebate amount has accrued as of the end of th e computation period BOND ISSUE 2-B (2010B/C) The 2010B/C rebate computation was recentl y performed on February 4, 2015 No rebate amount has accrued as of the end of the computa tion period BOND ISSUE 2-C (2012A-C) The 2012A-C rebate computation was recently perform ed on February 1, 2015 No rebate amount has accrued as of the end of the computation peri od BOND ISSUE 2-D (2016A/B) The 2016A/B rebate computation was recently performed on Feb ruary 28, 2018 No rebate amount has accrued as of the end of the computation period SCHE DULE K, PART IV, LINE 3 BOND ISSUE 2-C (2012A-C) THE 2012A ISSUE TOTALING $188,143,094 IS A FIXED RATE ISSUE WHEREAS THE 2010B&C TOTALING $100,000,000 IS A VARIABLE RATE ISSUE BO ND ISSUE D (2005A/2008G) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTEREST RAT E SWAP NOVATIONS WITH WELLS FARGO BANK, N A , AS COUNTERPARTY, REPLACING THEN-EXISTING INT EREST RATE SWAPS WITH CITIBANK, N A SCHEDULE K, PART IV, LINE 6 BOND ISSUE A (2007A) AN AMOUNT IN THE COSTS OF ISSUANCE FUND NOT EXCEEDING $100,000 WAS NOT DISBURSED UNTIL MAY 20 08 SCHEDULE K, PART V PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE ORGANIZATION HAS ADOP TED TAX-EXEMPT BOND COMPLIANCE PROCEDURES, INCLUDING PROCEDURES TO MONITOR PRIVATE BUSINES S USE OF FINANCED PROPERTY AND TAKING REMEDIAL ACTIONS, IF NECESSARY THE ORGANIZATION IS AWARE OF THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS, AND HAS D ISCUSSED THAT PROGRAM WITH COUNSEL THE ORGANIZATION HAS REVISED ITS WRITTEN PROCEDURES TO SPECIFICALLY MAKE REFERENCE TO THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX- EXEMPT BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	11,250,000	0	0	12,580,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	119,581,432	100,002,530	288,160,329	150,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	119,581,432	100,002,530	288,160,329	150,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	2013	2016

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) CHRIS VAN GORDER	OFFICER	DEF COMP		X	10,023,866	11,237,406		No	Yes		Yes	
(2) JUNE KOMAR	EXECUTIVE	DEF COMP		X	2,769,010	3,104,241		No	Yes		Yes	
(3) RICHARD SHERIDAN	OFFICER	DEF COMP		X	4,063,606	4,555,567		No	Yes		Yes	
(4) ROBIN BROWN	EXECUTIVE	DEF COMP		X	2,668,899	2,992,010		No	Yes		Yes	
Total					▶ $	21,889,224						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MATHEW BALOGH	SEE PART V	130,691	SEE PART V		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	311,558	COMPENSATION		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	121,965	COMPENSATION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	133,190	COMPENSATION		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	70,547,990	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,233,273	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,400,776	EQUIPMENT RENTAL		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,289,289	CONSTRUCTION SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,853,757	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,015,858	LEGAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	700,934	LEGAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	588,890	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	132,800	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	283,611,876	PHYSICIAN SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	42,968,974	PHYSICIAN SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	16,130,489	PHYSICIAN SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	13	743,534	COST/SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	4	1,690,557	OPINION OF EXPERTS
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 ▶ (_____)				
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: 4

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

Part II **Supplemental Information.**

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221011538

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number

95-1684089

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Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	MISSION STATEMENT FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORN IA SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 A FFILIATED PHYSICIANS AND 13,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOM E HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIE NT CENTERS THROUGHOUT THE SAN DIEGO REGION RECOGNIZED AS A LEADER IN THE PREVENTION, DIAG NOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GEN OMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES MORE INFORMATION CAN BE FOUND AT WWW SCRIPPS ORG TODAY, TH E HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPP S WAS NAMED BY TRUVEN IN 2013 AS ONE OF THE TOP 15 LARGE HEALTH SYSTEMS IN THE NATION FOR PROVIDING HIGH-QUALITY, SAFE AND EFFICIENT PATIENT CARE ON THE FOREFRONT OF GENOMIC MEDIC INE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY H EALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION S CRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZ INE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008 SCRIPPS HE ALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICE S IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF IN DIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE , COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEA RCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE TH AT IMPROVES THE HEALTH OF OUR COMMUNITY FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOM PLISHMENTS FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SCRIPPS DEVOTED $398,02 8,190 TO COMMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMU NITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE C OMMUNITY-BASED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREA TEST RISK FOR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS A ND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT -FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASSIST ANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSE LVES VULNERABLE AND WITHOUT SU

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Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	PPORT THIS RESPONSIBILITY IS AN INTRINSIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTI ONS AND COMMUNITY PARTNERSHIPS, WE STRIVE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED SCRIPPS HEALTH HAS A LONG HISTORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRADITIONAL HOSPITAL CARE TO A DDRESS THE HEALTH CARE NEEDS OF THE REGIONS MOST VULNERABLE POPULATIONS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ORIGINATED FROM CALIFORNIA STATE WIDE LEGISLATION IN THE EARLY 199 0'S SB 697 TOOK EFFECT IN 1995, WHICH REQUIRED PRIVATE NON-PROFIT HOSPITALS TO SUBMIT DET AILED INFORMATION TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) ON TH EIR COMMUNITY BENEFIT CONTRIBUTIONS ANNUAL HOSPITAL COMMUNITY BENEFIT REPORTS ARE SUMMARI ZED BY OSHPD IN A REPORT TO THE LEGISLATURE, WHICH PROVIDES VALUABLE INFORMATION FOR GOVER NMENT OFFICIALS TO ASSESS THE CARE AND SERVICES PROVIDED TO THEIR CONSTITUENTS THE SB 697 REQUIREMENT WAS SUPPLEMENTED IN 2010 BY REQUIREMENTS IN THE PATIENT PROTECTION AND AFFORD ABLE CARE ACT OR ACA THAT NOT-FOR-PROFIT HOSPITALS CONDUCT COMMUNITY HEALTH NEEDS ASSESSME NTS WITH COMMUNITY STAKE HOLDERS TO DETERMINE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY TH EY SERVE AND IMPLEMENTATION STRATEGIES TO HELP MEET THOSE NEEDS AS PART OF THE FEDERAL RE PORTING REQUIREMENT FOR PRIVATE, NOT-FOR-PROFIT (TAX-EXEMPT) HOSPITALS, SCRIPPS CONDUCTS A CONSOLIDATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND CORRESPONDING JOINT IMPLEMENTAT IONS STRATEGY FOR ITS LICENSED HOSPITAL FACILITIES EVERY THREE YEARS THIS COMPREHENSIVE A CCOUNT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BENEFIT PROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY-BASED ORGAN IZATIONS AND CONSUMER GROUPS THE 2016 SCRIPPS HEALTH CHNA IS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY THE REPORT WILL HELP US BETTER UNDERSTAND OUR COMMUNITYS HEALTH NEEDS, AND INFORM COMMUNITY BENEFIT PLANNING A ND THE IMPLEMENTATION STRATEGY FOR SCRIPPS HEALTH IN ADDITION, THE ASSESSMENT ALLOWS INTE RESTED PARTIES AND MEMBERS OF THE COMMUNITY MECHANISM TO ACCESS THE FULL SPECTRUM OF INFOR MATION RELATIVE TO THE DEVELOPMENT OF THE SCRIPPS HEALTH 2016 COMMUNITY HEALTH NEEDS ASSES SMENT REPORT SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING W ITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNIT Y HEALTH GOALS THE COMPLETE REPORT IS AVAILABLE ONLINE AT https //www scripps org/about-u s/scripps-in-the-community/assessing-commun ity-needs REQUIRED COMPONENTS OF THE ASSESSMEN T PER IRS REQUIREMENTS THERE ARE FIVE COMPONENTS THE CHNA MUST INCLUDE - A DESCRIPTION OF THE COMMUNITY SERVED BY THE HEALTH SYSTEM AND HOW IT WAS DETERMINED - A DESCRIPTION OF T HE PROCESSES AND METHODS USED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	TO CONDUCT THE ASSESSMENT - A DESCRIPTION OF HOW THE HOSPITAL ORGANIZATION TOOK INTO ACCO UNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HO SPITAL FACILITY - A PRIORITIZED DESCRIPTION OF ALL OF THE COMMUNITY HEALTH NEEDS IDENTIFI ED THROUGH THE CHNA, AS WELL AS A DESCRIPTION OF THE PROCESS AND CRITERIA USED IN PRIORITI ZING SUCH HEALTH NEEDS - A DESCRIPTION OF THE EXISTING HEALTH CARE FACILITIES AND OTHER R ESOURCES WITHIN THE COMMUNITY AVAILABLE TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED THRO UGH THE CHNA EXECUTIVE SUMMARY THE FULL CHNA REPORT CONTAINS IN-DEPTH INFORMATION AND EXP LANATIONS OF THE DATA THAT PARTICIPATING HOSPITALS AND HEALTHCARE SYSTEMS WILL USE TO EVAL UATE THE HEALTH NEEDS OF THEIR PATIENTS AND DETERMINE, ADAPT, OR CREATE PROGRAMS AT THEIR FACILITIES GROUNDED IN A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND HEALTH CARE SYSTEMS, INCLUDING SCRIPPS HEALTH, CAME TOGETHER U NDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRIOR ITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND MEET IRS REGULATORY REQUIREMENTS PER LEGISLATION, HOSPITALS CONDUCT A HEALTH NEEDS ASSESSMENT IN THE COMMUNI TY ONCE EVERY THREE YEARS BASED ON THE FINDINGS FROM THE 2013 COMMUNITY HEALTH NEEDS ASSE SSMENT (CHNA) AND RECOMMENDATIONS FROM THE COMMUNITY, THE 2016 CHNA WAS DESIGNED TO PROVID E A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY PARTICIPAT ING HOSPITALS WILL USE THIS INFORMATION TO INFORM AND GUIDE HOSPITAL PROGRAMS AND STRATEGI ES THIS REPORT INCLUDES AN ANALYSIS OF HEALTH OUTCOMES AND ASSOCIATED SOCIAL DETERMINANTS OF HEALTH WHICH CREATE HEALTH INEQUITIES--THE UNFAIR AND AVOIDABLE DIFFERENCES IN HEALTH STATUS SEEN WITHIN AND BETWEEN COUNTRIES AND COMMUNITIES--WITH THE UNDERSTANDING THAT THE BURDEN OF ILLNESS, PREMATURE DEATH, AND DISABILITY DISPROPORTIONALLY AFFECTS RACIAL AND MI NORITY POPULATION GROUPS AND OTHER UNDERSERVED POPULATIONS UNDERSTANDING REGIONAL AND POP ULATION-SPECIFIC DIFFERENCES IS AN IMPORTANT STEP TO UNDERSTANDING AND ULTIMATELY STRATEGI ZING WAYS TO MAKE COLLECTIVE IMPACT THESE NEW INSIGHTS WILL ALLOW PARTICIPATING HOSPITALS TO IDENTIFY EFFECTIVE STRATEGIES TO ADDRESS THE MOST PREVALENT AND CHALLENGING HEALTH NEE DS IN THE COMMUNITY

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OVERVIEW AND BACKGROUND IN MAY 2015, HASD&IC CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEAL TH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE ASSISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC 2016 COMMUNITY HEALTH NEED S ASSESSMENT (2016 CHNA) THE OBJECTIVE OF THE 2016 CHNA IS TO IDENTIFY AND PRIORITIZE THE MOST CRITICAL HEALTH-RELATED NEEDS IN SAN DIEGO COUNTY BASED ON FEEDBACK FROM COMMUNITY R ESIDENTS IN HIGH NEED NEIGHBORHOODS AND QUANTITATIVE DATA ANALYSIS THE 2016 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANTITATIVE DATA AVAILABLE AND MORE EXTE NSIVE QUALITATIVE OUTREACH THROUGHOUT THE PROCESS, THE IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALYZE, REFINE, AND INTERPRET RESULTS AS THEY WERE BEING COLLECTED TH E RESULTS OF THE 2016 CHNA WILL BE USED TO INFORM AND ADAPT HOSPITAL PROGRAMS AND STRATEGI ES TO BETTER MEET THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS COMMUNITY DEFINED FOR TH E PURPOSES OF THIS 2016 CHNA, THE SERVICE AREA IS DEFINED AS THE ENTIRE COUNTY OF SAN DIEG O DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA OVER THREE MILLION PEOPLE LIVE I N THE SOCIALLY AND ETHNICALLY DIVERSE COUNTY OF SAN DIEGO BELOW ARE SELECTED COMMUNITY ST ATISTICS - NEARLY 15% OF SAN DIEGANS LIVE IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE FED ERAL POVERTY LEVEL - ALMOST 15% OF SAN DIEGANS AGED 25 AND OLDER HAVE NO HIGH SCHOOL DIPL OMA - A GREATER PROPORTION OF LATINOS, AFRICAN AMERICANS, NATIVE AMERICANS, AND INDIVIDUA LS OF OTHER RACES LIVE IN POVERTY COMPARED TO THE OVERALL SAN DIEGO POPULATION - APPROXIM ATELY 46% OF HOUSEHOLDS IN SAN DIEGO HAVE HOUSING COSTS THAT EXCEED 30% OF THEIR INCOME - APPROXIMATELY 1 IN 7 SAN DIEGANS ARE FOOD INSECURE - APPROXIMATELY 16% OF SAN DIEGANS AG ED 5 AND OLDER HAVE LIMITED ENGLISH PROFICIENCY AND 8 5% ARE LINGUISTICALLY ISOLATED ADDI TIONAL INFORMATION ON SOCIOECONOMIC FACTORS, ACCESS TO CARE, HEALTH BEHAVIORS, AND THE PHY SICAL ENVIRONMENT CAN BE FOUND IN THE FULL SCRIPPS 2016 CHNA REPORT AT SCRIPPS HEALTH 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT BECAUSE OF ITS LARGE GEOGRAPHIC SIZE AND POPULA TION, THE SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) ORGANIZED THEIR SERVICE AREAS INTO SIX GEOGRAPHIC REGIONS CENTRAL, EAST, NORTH CENTRAL, NORTH COASTAL, NORTH INL AND AND SOUTH WHEN POSSIBLE, DATA IS PRESENTED AT A REGIONAL LEVEL TO PROVIDE MORE DETAIL ED UNDERSTANDING OF THE POPULATION SCRIPPS HEALTH COMMUNITY SERVED HOSPITALS AND HEALTH C ARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THOSE INDIVIDUALS RESIDING WITHIN ITS SERVICE A REA A HOSPITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEO GRAPHIC AREA SURROUNDING THE HOSPITAL SCRIPPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION W ITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE AREAS WITH PROXIMITY TO A SCRIP PS FACILITY SCRIPPS HOSTS, SP

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ONSORS AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR SCRIPPS SER VES THE ENTIRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN THE NORTH COASTAL, NO RTH CENTRAL, CENTRAL AND SOUTHERN REGIONS OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOC USED IN THOSE AREAS WITH PROXIMITY TO A SCRIPPS FACILITY COMMUNITY PRIORITY PROCESS (CHNA METHODOLOGY) THE 2016 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANT ITATIVE DATA AVAILABLE AND MORE EXTENSIVE QUALITATIVE OUTREACH THROUGHOUT THE PROCESS, TH E IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALYZE, REFINE, AND INTERPRET RESU LTS AS THEY WERE BEING COLLECTED THE RESULTS OF THE 2016 CHNA WILL BE USED TO INFORM AND ADAPT HOSPITAL PROGRAMS AND STRATEGIES TO BETTER MEET THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS SAN DIEGO COUNTY IS A SOCIALLY AND ETHNICALLY DIVERSE COMMUNITY WITH A POPULAT ION OF 3 2 MILLION PEOPLE ALTHOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY, EAC H HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLEC T THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE AT ZIP CODE LEVEL HOSPITAL S AND HEALTH CARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THOSE INDIVIDUALS RESIDING WITHIN ITS SERVICE AREA A HOSPITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AREA SURROUNDING THE HOSPITAL SCRIPPS SERVES THE ENTIRE SAN DIEGO C OUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH ERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE AREAS WITH PROXIM ITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BUIL DING EVENTS THROUGHOUT THE YEAR THE AIM OF THE 2016 CHNA METHODOLOGY WAS TO PROVIDE A MOR E COMPLETE UNDERSTANDING OF THE TOP FOUR IDENTIFIED HEALTH NEEDS AND ASSOCIATED SOCIAL DET ERMINANTS OF HEALTH IN THE SAN DIEGO COMMUNITY FOR A COMPLETE DESCRIPTION OF THE HASD&IC 2016 PROCESS AND FINDINGS, SEE FULL REPORT AVAILABLE AT http //hasdıc org/2016-chna/ WHEN THE RESULTS OF ALL OF THE DATA AND INFORMATION GATHERED IN 2013 WERE COMBINED, FOUR CONDI TIONS EMERGED CLEARLY AS THE TOP COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHABETIC AL ORDER) 1 BEHAVIORAL/MENTAL HEALTH 2 CARDIOVASCULAR DISEASE 3 DIABETES (TYPE 2) 4 O BESITY FOR THE COLLABORATIVE HASD&IC CHNA PROCESS, THE IPH IMPLIED A RIGOROUS METHODOLOGY USING BOTH COMMUNITY INPUT AND QUANTITATIVE ANALYSIS TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SDC FOR THE PURPOSES OF THE CHNA, A "HEALTH NEED" IS DE FINED AS A HEALTH OUTCOME AND/OR THE RELATED CONDITIONS THAT CONTRIBUTE TO A DEFINED HEALT H OUTCOME THE 2016 CHNA PROCESS BEGAN WITH A COMPREHENSIVE SCAN OF RECENT COMMUNITY HEALT H STATISTICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALTH NEEDS I DENTIFIED IN THE 2013 CHNA QUANTITATIVE DATA FOR BOTH THE HASD&IC 2016 CHNA AND SMH 2016 CHNA INCLUDED 2013 OSHPD DEMOG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RAPHIC DATA FOR HOSPITAL INPATIENT, EMERGENCY DEPARTMENT (ED), AND AMBULATORY CARE ENCOUNT ERS TO UNDERSTAND THE HOSPITAL PATIENT POPULATION CLINIC DATA WAS ALSO GATHERED FROM OSHP DS WEBSITE AND INCORPORATED IN ORDER TO PROVIDE A MORE HOLISTIC VIEW OF HEALTH CARE UTILIZ ATION IN SDC THE VARIABLES ANALYZED WERE ANALYZED AT THE ZIP CODE LEVEL WHEREVER POSSIBLE IDENTIFY VULNERABLE COMMUNITIES RECOGNIZING THAT HEALTH NEEDS DIFFER ACROSS THE REGION A ND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, THE IPH USED THE DIGNITY HEALTH/TRUV EN HEALTH COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNITIES WITHIN SAN DIEGO COUNTY WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS THE CNI SCORE IS AN AVERAGE OF FIVE DIF FERENT BARRIER SCORES THAT MEASURE VARIOUS SOCIOECONOMIC INDICATORS OF EACH COMMUNITY USIN G THE 2013 SOURCE DATA COMMUNITY ENGAGEMENT ACTIVITIES COMMUNITY ENGAGEMENT ACTIVITIES WE RE CONDUCTED WITH A BROAD RANGE OF PEOPLE INCLUDING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE COMPLETE UNDERSTANDING OF THE TOP IDENTI FIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY INDIVIDUALS WHO WERE CONSULTED INCLUDED REPR ESENTATIVES FROM STATE, LOCAL TRIBAL, OR OTHER REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTM ENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS COMMUNITY INPUT WAS GATHER ED THROUGH THE FOLLOWING ACTIVITIES - BEHAVIORAL HEALTH DISCUSSIONS - COMMUNITY PARTNER D ISCUSSIONS - KEY INFORMANT INTERVIEWS - HEALTH ACCESS AND NAVIGATION SURVEY - SAN DIEGO CO UNTY HHSA SURVEY THE OVERALL PURPOSE OF COLLECTING COMMUNITY INPUT WAS TO GATHER INFORMATI ON ABOUT THE HEALTH NEEDS AND SOCIAL DETERMINANTS SPECIFIC TO SAN DIEGO COUNTY SPECIFIC O BJECTIVES INCLUDED - GATHER IN DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIG NIFICANT HEALTH NEEDS IMPACTING SAN DIEGO COUNTY - CONNECT THE IDENTIFIED HEALTH NEEDS WI TH ASSOCIATED SOCIAL DETERMINANTS OF HEALTH - AID IN THE PROCESS OF PRIORITIZING HEALTH N EEDS WITHIN SAN DIEGO COUNTY - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WITHI N SAN DIEGO COUNTY THAT COULD POTENTIALLY IMPACT THE HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH FINDINGS AND PRIORITIZED HEALTH CONDITIONS THE COLLABORATIVE, HASD&IC 2016 CHNA PRIORITIZED THE TOP HEALTH NEEDS FOR SAN DIEGO COUNTY OVERALL THROUGH THE APPLICATION OF THE FOLLOWING FIVE CRITERIA 1 MAGNITUDE OR PREVALENCE 2 SEVERITY 3 HEALTH DISPARITIES 4 TRENDS 5 COMMUNITY CONCERN USING THESE CRITERIA, A SUMMARY MATRIX TRANSLATING THE 2016 CHNA FINDINGS WAS CREATED FOR REVIEW BY THE CHNA COMMITTEE

990 Schedule O, Supplemental Information

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FORM 990, PART III, LINE 4A (CONTINUED)	AS A RESULT OF THIS REVIEW, THE CHNA COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE NUMBER ONE HEALTH NEED IN SDC IN ADDITION, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY WERE ID ENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTH ER BROKEN DOWN INTO PRIORITY AREAS DUE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA SOURCE S AND IN RECOGNITION OF THE COMPLEXITIES WITH EACH HEALTH NEED WITHIN THE CATEGORY OF BEH AVIORAL HEALTH, ALZHEIMERS DISEASE, ANXIETY, DRUG AND ALCOHOL ISSUES, AND MOOD DISORDERS A RE SIGNIFICANT HEALTH NEEDS WITH SAN DIEGO COUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, H YPERTENSION WAS CONSISTENTLY FOUND TO BE A SIGNIFICANT PRIORITY AREA RELATED TO CARDIOVASC ULAR DISEASE, UNCONTROLLED DIABETES WAS AN IMPORTANT FACTOR LEADING TO COMPLICATION RELATE D TO DIABETES, AND OBESITY WAS OFTEN FOUND TO CO-OCCUR WITH OTHER CONDITIONS AND CONTRIBUT E TO WORSENING HEALTH STATUS THE IMPACT OF THE TOP HEALTH NEEDS DIFFERED AMONG AGE GROUPS , WITH TYPE 2 DIABETES, OBESITY, AND ANXIETY AFFECTING ALL AGE GROUPS, DRUG AND ALCOHOL IS SUES AFFECTING TEENS AND ADULTS, AND ALZHEIMERS DISEASE, CARDIOVASCULAR DISEASE, AND HYPER TENSION AFFECTING OLDER ADULTS SOCIAL DETERMINANTS OF HEALTH IN ADDITION TO THE HEALTH OU TCOME NEEDS THAT WERE IDENTIFIED, SOCIAL DETERMINANTS OF HEALTH WERE A KEY THEME IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES ANALYSIS OF RESULTS FROM THE COMMUNITY PARTNER DISCU SSIONS AND KEY INFORMANT INTERVIEWS REVEALED THE MOST COMMONLY ASSOCIATED SOCIAL DETERMINA NTS OF HEALTH FOR EACH OF THE TOP HEALTH NEEDS ABOVE TEN SOCIAL DETERMINANTS WERE CONSIST ENTLY REFERENCED ACROSS THE DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES THE IMPORTANCE OF T HESE SOCIAL DETERMINANTS WAS ALSO CONFIRMED BY QUANTITATIVE DATA HOSPITAL PROGRAMS AND CO MMUNITY COLLABORATIONS HAVE THE POTENTIAL TO IMPACT THESE SOCIAL DETERMINANTS, WHICH ARE O UTLINED BELOW IN ORDER OF PRIORITY - FOOD INSECURITY AND ACCESS TO HEALTHY FOOD - ACCESS TO CARE OR SERVICES - HOMELESSNESS/HOUSING ISSUES - PHYSICAL ACTIVITY - EDUCATION/KNOWLEDG E - CULTURAL COMPETENCY - TRANSPORTATION - INSURANCE ISSUES - STIGMA - POVERTY 2016 CHNA F OLLOW UP SURVEY, PHASE 2 THE CHNA COMMITTEE COMPLETED PHASE 2 OF THE 2016 CHNA, WHICH INCL UDED GATHERING COMMUNITY FEEDBACK ON THE 2016 CHNA PROCESS AND STRENGTHENING PARTNERSHIPS AROUND THE IDENTIFIED HEALTH NEEDS AND SOCIAL DETERMINANTS A SURVEY WAS CONDUCTED IN THE FALL OF 2016 AS A FOLLOW-UP TO THE COLLABORATIVE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (C HNA) PROCESS THAT WAS COMPLETED IN MAY OF 2016 THE PURPOSE WAS TO GATHER FEEDBACK ON THE IDENTIFIED TOP FOUR HEALTH NEEDS AND THE TOP 10 SOCIAL DETERMINANTS OF HEALTH THAT WERE ID ENTIFIED IN THE 2016 CHNA IN ADDITION, ORGANIZATIONS WERE ASKED ABOUT THEIR SCREENING MET HODS FOR BEHAVIORAL HEALTH ISSUES AND METHODS FOR IDENTIFYING SOCIAL DETERMINANTS OF HEALT H AN ELECTRONIC SURVEY WAS CREATED AND A SURVEY LINK WAS EMAILED TO COMMUNITY PARTNERS D UE TO THE FACT THAT COMMUNITY

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FORM 990, PART III, LINE 4A (CONTINUED)	PARTNERS WERE ABLE TO FORWARD THE EMAIL TO THEIR COLLEAGUES, THE TOTAL RESPONSE RATE WAS U NABLE TO BE CALCULATED THE SURVEY WAS OPEN FROM OCTOBER 10TH THROUGH NOVEMBER 7TH, APPROX IMATELY FOUR WEEKS A TOTAL OF 132 RESPONDENTS COMPLETED THE SURVEY OF THE 132 RESPONDENT S THAT COMPLETED THE SURVEY, 30 WORKED IN HOSPITALS OR HOSPITAL-BASED SETTINGS, WHILE THE REMAINING 102 RESPONDENTS SELF-IDENTIFIED AS WORKING FOR A RANGE OF ENTITIES INCLUDING BUT NOT LIMITED TO COMMUNITY CLINICS, NOT-FOR-PROFITS, COMMUNITY BASED ORGANIZATIONS, LOCAL G OVERNMENT, AND HEALTH INSURANCE PLANS IN ADDITION TO SOLICITING FEEDBACK ON THE FINDINGS, THE SURVEY ALSO INCLUDED QUESTIONS SEEKING TO DETERMINE WHETHER THE INTEGRATION OF BEHAVI ORAL HEALTH AND PHYSICAL HEALTH IS BEING INTEGRATED LOCALLY, AS WELL AS WHETHER ORGANIZATI ONS ARE SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH NINETY NINE RESPONDENT S STATED THAT THEIR ORGANIZATION SCREENS PATIENTS AND CLIENTS ABOUT THEIR SOCIAL DETERMINA NTS OF HEALTH ACCESS TO CARE OF SERVICES TOPPED THE LIST, ALONG WITH HOMELESS/HOUSING ISS UES AND INSURANCE ISSUES NINETY FOUR RESPONDENTS SHARED INFORMATION ABOUT HOW THEY SCREEN PATIENTS AND DOCUMENT THE INFORMATION FINDINGS CLEARLY INDICATE THAT THESE ORGANIZATIONS ARE SCREENING PATIENTS FOR SOCIAL DETERMINANTS AND MAKING REFERRALS, BUT INDICATIONS ARE THAT FOLLOW-UP IS SOMEWHAT LIMITED THERE IS STRONG INTEREST ON THE PART OF RESPONDENTS IN LEARNING MORE ABOUT THE WAYS THAT OUR COMMUNITY PARTNERS ARE SCREENING CLIENTS AND PATIEN TS COLLABORATIVE 2016 CHNA FOLLOW-UP SURVEY RESULTS WHAT HAS CHANGED? SUMMER 2017 ANOTHER COMMUNITY FEEDBACK SURVEY WAS CONDUCTED IN THE SUMMER OF 2017 AS A FOLLOW UP TO THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS COMMUNITY PARTNERS FEEDBACK WAS GATHERED IN ORDER TO UNDERSTAND HOW THE HEALTH AND SOCIAL NEEDS OF COMMUNITIES FACING INEQUITY HAV E CHANGED OVER THE PAST YEAR FEEDBACK WAS COLLECTED IN SEVERAL KEY AREAS, INCLUDING 1 H OW HAS ACCESS TO CARE CHANGED OVER THE PAST 12 MONTHS 2 WAYS THAT HOSPITALS CAN WORK MOR E EFFECTIVELY WITH COMMUNITY ORGANIZATIONS TO ENSURE THAT PATIENTS ARE TREATED IN THE MOST APPROPRIATE SETTING 3 HOW ARE PATIENTS/CLIENTS CONCERNS ABOUT THEIR IMMIGRATION STATUS IMPACTING THEIR ACCESS TO NEEDED HEALTH CARE 4 GIVEN THE FEDERAL POLICIES AND BUDGET CUT S THAT ARE UNDER CONSIDERATION, WHAT ARE THE GREATEST CHALLENGES IN THE COMMUNITYS ABILITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AN ELECTRONIC SURVEY WAS CREATED AND A SURVEY L INK WAS EMAILED TO COMMUNITY PARTNERS DUE TO THE FACT THAT COMMUNITY PARTNERS WERE ABLE T O FORWARD THE EMAIL TO THEIR COLLEAGUES THE TOTAL RESPONSE RATE WAS UNABLE TO BE CALCULATE D THE SURVEY WAS OPEN FROM JULY 24TH THROUGH AUGUST 16TH, APPROXIMATELY THREE WEEKS A TO TAL OF 66 RESPONDENTS COMPLETED THE SURVEY NEXT STEPS THE RESULTS OF THE COMMUNITY SURVEY WILL GUIDE INDIVIDUAL HOSPITAL PROGRAMS AND PLANS, AND WILL ALSO HELP REFINE THE CHNA PRO CESS FOR 2019 HOSPITAL AND HE

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FORM 990, PART III, LINE 4A (CONTINUED)	ALTHCARE SYSTEMS THAT PARTICIPATED IN THE HASD&IC 2016 CHNA PROCESS HAVE VARYING REQUIREME NTS FOR NEXT STEPS PRIVATE, NOT-FOR-PROFIT (TAX-EXEMPT) HOSPITALS AND HEALTHCARE SYSTEMS ARE REQUIRED TO DEVELOP HOSPITAL OR HEALTHCARE SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT RE PORTS AND IMPLEMENTATION STRATEGY PLANS TO ADDRESS SELECTED IDENTIFIED HEALTH NEEDS THE P ARTICIPATING PUBLIC HOSPITALS AND HEALTHCARE SYSTEMS DO NOT HAVE FEDERAL OR STATE CHNA REQ UIREMENTS, BUT WORK VERY CLOSELY WITH THEIR PATIENT COMMUNITIES TO ADDRESS HEALTH NEEDS BY PROVIDING PROGRAMS, RESOURCES, AND OPPORTUNITIES FOR COLLABORATION WITH PARTNERS EVERY P ARTICIPATING HOSPITAL AND HEALTHCARE SYSTEM WILL REVIEW THE CHNA DATA AND FINDINGS IN ACCO RDANCE WITH THEIR OWN PATIENT COMMUNITIES AND PRINCIPAL FUNCTIONS, AND EVALUATE OPPORTUNIT IES FOR NEXT STEPS TO ADDRESS THE TOP IDENTIFIED HEALTH NEEDS IN THEIR RESPECTIVE PATIENT COMMUNITIES THE CHNA REPORT IS MADE AVAILABLE AS A RESOURCE TO THE BROADER COMMUNITY AND MAY SERVE AS A USEFUL RESOURCE TO BOTH RESIDENTS AND HEALTHCARE PROVIDERS TO FURTHER COMMU NITYWIDE HEALTH IMPROVEMENT EFFORTS SCRIPPS HEALTH IMPLEMENTATION PLAN WITH THE 2016 CHNA COMPLETE AND HEALTH PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH HAS DEVELOPED A CORRESPONDI NG IMPLEMENTATION STRATEGY A MULTIFACETED, MULTI-STAKEHOLDER, PLAN THAT ADDRESSES THE COMM UNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE IMPLEMENTATION PLAN TRANSLATES THE RESEARCH AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIVE S THAT CAN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUTCOMES SCRIPPS HEALTH ANTICIPATES THE IMPLEMENTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH COMMUNITY AND HEAL TH CARE INDUSTRY CHANGE THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON AN ANN UAL BASIS SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY AND ITS RESOURCES AND INTER VENTIONS, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURES AS WELL AS TO ADAPT TO CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIONS AS NEEDED IN RESPONSE TO IDEN TIFIED UNMET HEALTH NEEDS IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, DURING FY17-FY19 SCRIPPS HEALTH IS FOCUSING ON THE STRATEGIES AND INITIATIVES, THEIR MEASURES OF IMPLEMENTA TION AND THE METRICS USED TO EVALUATE THEIR EFFECTIVENESS

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS WILL MONITOR AND EVALUATE THE STRATEGIES LISTED IN THE IMPLEMENTATION PLAN FOR THE PURPOSE OF TRACKING THE IMPLEMENTATION OF THOSE STRATEGIES AS WELL AS DOCUMENT THE ANTICI PATED IMPACT PLANS TO MONITOR WILL BE TAILORED TO EACH STRATEGY AND WILL INCLUDE THE COLL ECTION AND DOCUMENTATION OF TRACKING MEASURE THE COMPLETE FY17-FY19 IMPLEMENTATION PLAN R EPORT IS AVAILABLE ONLINE AT https //www scripps org/about-us/scripps-in-the-community/ass essing-commun ity-needs IN SUPPORT OF THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ONG OING COMMUNITY BENEFIT INITIATIVES, A DETAILED DESCRIPTION OF SCRIPPS STRATEGIES AND CORRE SPONDING MEASURES/METRICS FOR THE FOUR HEALTH PRIORITY AREAS IDENTIFIED IN THE CHNA CAN BE FOUND AT SCRIPPS ORG/COMMUNITYBENEFIT METRICS ARE AS CURRENT AS FY17 DURING THIS FISCAL YEAR, SCRIPPS INVESTED $2,852,330 IN COMMUNITY HEALTH SERVICES (DOES NOT INCLUDE SUBSIDIZ ED HEALTH) THIS FIGURE REFLECTS THE COST ASSOCIATED WITH PROVIDING SUCH ACTIVITIES, INCLU DING SALARIES, MATERIALS AND SUPPLIES, MINUS REVENUE IN AN EFFORT TO PROVIDE FOR PEOPLE I N NEED, SCRIPPS SPONSORED/ENGAGED IN THE FOLLOWING PROGRAMS IN FISCAL YEAR 2017 ACCESS TO CARE TWO PRIMARY BARRIERS TO OBTAINING HEALTH CARE, ON BOTH THE LOCAL AND NATIONAL LEVEL, ARE LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS REDUCED ACCESS TO BASIC HEALTH CARE SERVICES INCREASES ILLNESS, INJURY AND MORTALITY AND IS A MAJO R BURDEN ON HOSPITALS AND HEALTH PROVIDERS, WHO MUST PROVIDE UNCOMPENSATED CARE FOR THE UN INSURED MORE PEOPLE WITHOUT INSURANCE TRANSLATES INTO HIGHER USE OF EMERGENCY DEPARTMENTS , WHICH BY LAW MUST PROVIDE STABILIZING CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY MERCY OUTREACH SURGICAL TEAM WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM (M O S T) PROVIDES RECONSTRUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR AC CIDENTS IN SPECIAL CIRCUMSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FISCAL Y EAR 2017, THE M O S T TEAM SERVED IN TWO OUTREACH MISSION TRIPS THE M O S T TEAM VOLUNTEE RED 5,436 HOURS TO PROVIDE RECONSTRUCTIVE SURGERIES FOR MORE THAN 700 PEOPLE SERVED THE M O S T PROGRAM CELEBRATED ITS 30TH ANNIVERSARY THIS YEAR SCRIPPS RECUPERATIVE CARE PROGRA M (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMEL ESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATIENTS ARE UNFUNDED OR UNDERFUNDED MOST HA VE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES THE LACK OF FUNDING AND MENTAL ILLNESS, AL ONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATIE NTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT IS PROVIDED BY SCRIPPS WITH PHYSICIAN BACK UP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GOALS SCRIPPS PAYS THE RESCUE MISSION A DA ILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THE RESCUE MISSION PROVIDES A S AFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION, MEDICATION OVERSIGHT, MEALS, CLOTHING, A ND COUNSELING ASSISTANCE WITH

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FORM 990, PART III, LINE 4A (CONTINUED)	COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY APPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH T HE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENTS MEDICAL STABILITY, MEDICATIONS, DM E AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDER ARE CONNECTED WITH A PSYCHIATRIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY IN 2017, 67 PATIENTS ACC OUNTED FOR 72 RCU ADMISSIONS AS A GROUP, THE RCU PATIENTS HAS A CUMULATIVE 1,469 HOSPITAL DAYS OF STAY BEFORE GOING TO THE RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLU DING THOSE WITH TRACHEOTOMIES, FEEDING TUBES, IV ANTIBIOTICS, WOUND VACS, MULTIPLE FRACTUR ES, ABSCESS, OSTEOMYELITIS, PARAPLEGIA, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, HEART V ALVE REPLACEMENT, DIABETES, TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, CRANIOTOMY , COMPLEX TRAUMA, CVA, CANCER, HIV/AIDS, AND A PATIENT WITH AN EXTERNAL DEFIBRILLATOR, THE LIFE VEST GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST LEO'S CLINIC THE GRADUATE MEDICA L EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYSICIA N TRAINING AND CLINICAL RESEARCH, WITH 45+ RESIDENTS AND 38 FELLOWS WEEKLY COMMUNITY CLIN ICS WERE HELD AT THE ST LEOS CLINIC STAFFED BY SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CARED FOR APPROXIMATELY 800 OF OUR COUNTYS MOS T VULNERABLE RESIDENTS DURING FISCAL YEAR 2017 FIJI SOLOMON ISLANDS MEDICAL MISSION THE M EDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENERAL MEDICAL SPECIALISTS AND RESIDENTS SETTIN G UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NEEDED MEDICAL CARE, MEDIC AL SUPPLIES AND SURGICAL SCREENING FOR AN UNDERSERVED POPULATION THAT HAVE NO ACCESS TO BA SIC MEDICAL CARE THE INTERNATIONAL MEDICAL MISSIONS PROVIDE AN EXCEPTIONAL CLINICAL EDUCA TION EXPERIENCE TO OUR SENIOR INTERNAL MEDICINE RESIDENTS AT SCRIPPS CLINIC AND SCRIPPS GR EEN HOSPITAL SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FISCAL YEAR 2017, SCRIPPS HEAL TH CONTINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH ESTABLISHMENT OF ITS COMMUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $212,000 IN COMMUNITY GRANTS TO PROG RAMS IN SAN DIEGO (FIVE GRANTS RANGING FROM $10,000 TO $120,000) THE FUNDED PROJECTS ADDR ESS SOME OF SAN DIEGO COUNTYS HIGH PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACCESS TO VIT AL HEALTH CARE SERVICES FOR AT RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMICALLY DISA DVANTAGED, MENTALLY ILL AND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AW ARDED $3 5 MILLION PROGRAMS FUNDED DURING FISCAL YEAR 2017 INCLUDE CONSUMER CENTER FOR H EALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW-INCOME, UNINSURED MERCY CLINIC A ND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CARE BENEFITS, SSI AND RELATED SERVICE S, WHILE REDUCING UNCOMPENSATE

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FORM 990, PART III, LINE 4A (CONTINUED)	D CARE EXPENSES AT MERCY THE PROJECT PROVIDES ADVOCACY SERVICES FOR TIME-INTENSIVE GOVERN MENT BENEFIT CASES CATHOLIC CHARITIES FUNDING PROVIDES SHORT TERM EMERGENCY SHELTER FOR M EDICALLY FRAGILE HOMELESS PATIENTS BEING DISCHARGED FROM SCRIPPS MERCY HOSPITAL, SAN DIEGO THE PROGRAM IS BEING EXPANDED TO SCRIPPS MERCY HOSPITAL, CHULA VISTA CASE MANAGEMENT AN D SHELTER ARE PROVIDED FOR HOMELESS PATIENTS DISCHARGED FROM SCRIPPS MERCY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT TERM RECUPERATIVE EN VIRONMENT PATIENTS WHO DEMONSTRATE A WILLINGNESS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, A LONG WITH FOOD AND BUS FARE TO PURSUE A CASE PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES THE PARTNERSHIP SEEKS TO REDUCE EMERGENCY ROOM RECIDIVIS M IN THIS POPULATION AND IMPROVE THEIR QUALITY OF LIFE 2-1-1 HEALTH CARE NAVIGATION PROGR AM LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005 AS A MULTILINGUAL AND CONFIDENTIAL S ERVICE COMMITTED TO PROVIDING 24/7 ACCESS THERE WAS AN OVERWHELMING NEED FOR A DEPENDABLE SERVICE TO HELP PEOPLE NAVIGATE TODAY'S COMPLEX HEALTH CARE SYSTEM SCRIPPS HEALTH HAS BE EN A LONGTIME SUPPORTER OF 2-1-1 SAN DIEGO'S HEALTH NAVIGATION PROGRAM WHICH CREATES A REC ORD FOR EVERY PERSON WHO CALLS, IN ORDER TO PROVIDE A SERVICE THAT NAVIGATES CLIENTS THROU GH DIFFERENT REFERRALS AND TRACKS THEIR SUCCESS TOWARD ACHIEVING IMPROVED SOCIAL DETERMINA NTS OF HEALTH ALL 2-1-1 STAFF ARE TRAINED TO IDENTIFY INDIVIDUALS WHO ARE IN NEED OF CARE COORDINATION SERVICES, PARTICULARLY INDIVIDUALS WHO ARE HAVING DIFFICULTIES MANAGING THEI R CHRONIC HEALTH CONDITIONS HEALTH NAVIGATORS ARE TRAINED TO DETERMINE CLIENT RISK USING THE RISK RATING SCALE (RRS) THE RRS DETERMINES A CLIENTS STATUS RANGING FROM "IN CRISIS" TO "THRIVING" USING SOCIAL DETERMINANTS OF HEALTH SUCH AS HOUSING, NUTRITION, PRIMARY CARE AND HEALTH MANAGEMENT HEALTH NAVIGATORS ASSESS ON THE FOLLOWING TO DETERMINE WHETHER A C LIENT HAS DECREASED IN VULNERABILITY FOR HEALTH MANAGEMENT - UNDERSTANDING OF PRESCRIPTIO N MEDICATION DOES THE CLIENT UNDERSTAND HOW AND WHEN TO TAKE THEIR MEDICINE AND DO THEY U NDERSTAND THE USE/IMPORTANCE OF EACH MEDICATION? - HEALTH CONDITION MANAGEMENT DOES THE C LIENT UNDERSTAND THE ILLNESS/DISEASE THAT THEY HAVE BEEN DIAGNOSED WITH, WHAT THEIR PROGNO SIS IS, AND WHAT THEY NEED TO DO IN ORDER TO REMAIN HEALTHY? - HEALTH INSURANCE/ MEDICAL H OME DOES THE CLIENT HAVE HEALTH INSURANCE AND DO THEY KNOW HOW TO UTILIZE IT? DOES THE CL IENT HAVE A PRIMARY CARE DOCTOR AND/OR SPECIALISTS THAT THEY SEE AND DO THEY KNOW HOW TO M AKE APPOINTMENTS WITH EACH? DOES THE CLIENT KNOW IN WHAT SITUATION THEY SHOULD MAKE AN APP OINTMENT WITH THEIR PCP VS GOING TO AN EMERGENCY ROOM FOR AN IMMEDIATE MEDICAL NEED? - TRA NSPORTATION DOES THE CLIENT HAVE THE MEANS TO GET TO THEIR DOCTORS APPOINTMENTS?

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FORM 990, PART III, LINE 4A (CONTINUED)	DURING THIS GRANT PERIOD 2-1-1 PROVIDED CARE COORDINATION SERVICES TO 724 CLIENTS 2-1-1 H EALTH NAVIGATORS PROVIDED INDIVIDUALIZED NEEDS ASSESSMENTS, CASE PLANNING, INFORMATION, ED UCATION AND REFERRALS AND PROVIDED ONGOING CLIENT CONTACT AND PROGRESS CHECKS VIA PHONE OV ER A PERIOD OF TIME RELEVANT TO THE CLIENT'S NEEDS TO CHECK ON AND DOCUMENT CLIENT PROGRES S AMERICAN HEART ASSOCIATION SCRIPPS PROVIDED FUNDING FOR THE 2017 HEART WALK THROUGH COR PORATE SPONSORSHIP HEART DISEASE AND STROKE ARE THE NUMBER ONE AND THREE CAUSES OF DEATH IN THE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERICANS EACH YEAR SCRIPPS PARTNER S WITH THE AMERICAN HEART ASSOCIATION ON ITS ANNUAL HEART WALK TO RAISE FUNDS FOR RESEARCH , PROFESSIONAL AND PUBLIC EDUCATION AND ADVOCACY FOSTERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN PEOPLE TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPL OYEES AND AFFILIATED PHYSICIANS WHO WANT TO MAKE AN EVEN LARGER IMPACT ON THEIR COMMUNITY SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLOYEES AND PHYSICIANS WITH COMMUNITY NEED S, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND PROVIDING FREE MEDICAL AND SURGIC AL CARE FOR PATIENTS IN NEED IN ADDITION TO THE FINANCIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURING FISCAL YEAR 2017, SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS DONATED A SIGNI FICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS SPONSORED COMMUNITY BENEFIT PROGRAMS WITH CLOSE TO 9,597 HOURS, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $462,095 55*, WHICH IS NOT INCLUDED IN THE SCRIPPS FISCAL YEAR 2017 COMMUNITY BEN EFIT PROGRAMS AND SERVICES TOTALS (*CALCULATION BASED UPON AN AVERAGE HOURLY WAGE FOR THE SCRIPPS HEALTH SYSTEM PLUS BENEFITS) CANCER/ONCOLOGY CANCER IS A TERM USED TO DESCRIBE A GROUP OF DISEASES THAT CAUSE THE UNCONTROLLED GROWTH, INVASION, AND SPREAD (METASTASIS) OF ABNORMAL CELLS CANCER IS CAUSED BY EXTERNAL FACTORS SUCH AS ENVIRONMENTAL CONDITIONS, RA DIATION, INFECTIOUS ORGANISMS, POOR DIET AND LACK OF EXERCISE, AND TOBACCO USE, AS WELL AS INTERNAL FACTORS SUCH AS GENETIC MUTATIONS, AND HORMONES CANCER IS THE SECOND LEADING CA USE OF DEATH IN THE UNITED STATES CANCER CAUSES ONE OUT OF EVERY FOUR DEATHS IN THE UNITE D STATES IN 2013 CANCER WAS THE LEADING CAUSE OF DEATH IN SDC, RESPONSIBLE FOR 24 4 PERCE NT OF DEATHS THERE WERE 5,030 DEATHS DUE TO CANCER (ALL SITES), AND AN AGE ADJUSTED DEATH RATE OF 155 6 DEATHS PER 100,000 POPULATION ACCORDING TO A 2016 REPORT FROM THE AMERICAN CANCER SOCIETY, CALIFORNIA CANCER FACTS & FIGURES, CANCER SURVIVAL IS MORE LIKELY TO BE S UCCESSFUL IF THE CANCER IS DIAGNOSED AT AN EARLY STAGE SUCH DIAGNOSIS IS AN INDICATION OF SCREENING AND EARLY DETECTION REGULAR SCREENING THAT ALLOW FOR THE EARLY DETECTION AND R EMOVAL OF PRECANCEROUS GROWTHS ARE KNOWN TO REDUCE MORTALITY FOR CANCERS OF THE CERVIX, CO LON AND RECTUM FIVE YEAR RELA

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FORM 990, PART III, LINE 4A (CONTINUED)	TIVE SURVIVAL RATES FOR COMMON CANCERS, SUCH AS BREAST, PROSTATE, COLON AND RECTUM, CERVIX , AND MELANOMA OF THE SKIN, ARE 93 PERCENT TO 100 PERCENT IF THEY ARE DISCOVERED BEFORE HA VING SPREAD BEYOND THE ORGAN WHERE THE CANCER BEGAN IN 2013, THE PERCENTAGE OF CANCER CAS ES DIAGNOSED AT AN EARLY AGE IS LOWEST AMONG AFRICAN AMERICAN WOMEN FOR BREAST AND HISPANI C MALES FOR PROSTATE IN SDC MOST COMMONLY DIAGNOSED CANCERS PROSTATE, LUNG, AND COLORECTA L CANCERS ARE THE MOST COMMONLY DIAGNOSED CANCERS AND THE LEADING CAUSES OF CANCER RELATED DEATH AMONG MEN SIMILARLY, BREAST, LUNG, AND COLORECTAL CANCERS ARE THE MOST COMMONLY DI AGNOSED CANCERS AND THE LEADING CAUSES OF CANCER RELATED DEATH AMONG WOMEN FOR BOTH SEXES COMBINED, MELANOMA OF THE SKIN IS THE FIFTH MOST COMMONLY DIAGNOSED CANCER AND PANCREATIC CANCER IS THE FOURTH LEADING CAUSE OF CANCER RELATED DEATH CANCER DISPARITIES THE BURDEN OF CANCER DOES NOT FALL EQUALLY ON ALL CALIFORNIANS, AND RISK OF DEVELOPING CANCER VARIES CONSIDERABLY BY RACE/ETHNICITY AMONG MEN, AFRICAN AMERICANS HAVE THE HIGHEST INCIDENCE A ND MORTALITY FROM CANCER, FOLLOWED BY NON-HISPANIC WHITES AMONG WOMEN, NON-HISPANIC WHITE S HAVE THE HIGHEST INCIDENCE OF CANCER, BUT AFRICAN AMERICANS HAVE THE HIGHEST CANCER MORT ALITY IN GENERAL, PERSONS OF ASIAN/PACIFIC ISLANDER AND HISPANIC ORIGIN HAVE CANCER RATES THAT ARE ABOUT 30 TO 35 PERCENT LOWER THAN NON-HISPANIC WHITES HOWEVER, ASIAN/PACIFIC IS LANDERS AND HISPANICS ARE TWO TO THREE TIME MORE LIKELY THAN NON-HISPANIC WHITES TO DEVELO P STOMACH AND LIVER CANCER HISPANIC WOMEN ALSO HAVE TWICE THE RISK OF BEING DIAGNOSED WIT H INVASIVE CERVICAL CANCER RELATIVE TO NON-HISPANIC WHITE WOMEN SCRIPPS HAS DEVELOPED A S ERIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPLE ABOUT THE IMPORTANCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER AT SCRIPPS, CANCER CA RE IS MORE THAN JUST MEDICAL TREATMENT, AND A WIDE ARRAY OF RESOURCES ARE PROVIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERAPIES AND EDUCATIONAL WORKSHOPS HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FISCAL YEAR 2017 SCRIPPS CANCER CENTER DI RECTORY OF COMMUNITY RESOURCES SCRIPPS COLLABORATES WITH THE COMMUNITY AND DEVELOPS A CANC ER DIRECTORY OF A COMPREHENSIVE LIST OF RESOURCES AVAILABLE FOR CANCER SURVIVORS, THEIR FA MILIES, AND THE COMMUNITY SCRIPPS GREEN CANCER CENTER SUPPORT GROUPS SCRIPPS GREEN HOSPIT AL SUPPORT GROUPS OFFER CANCER PATIENTS THE OPPORTUNITY TO EXPRESS THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AND HELP THEM COPE MORE EFFECTIVELY WITH THEIR TREATMENT REGIMENS BY SUPPORT GROUPS THAT NURTURE THEIR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING CLASSES AT SCRIPPS GREEN CANCER CENTER, SUCH AS THE FREE CANCER WRITING WORKSHOP, "WHEN WORDS HEA L," USE EXPRESSIVE WRITING TO HELP PATIENTS NAVIGATE THEIR JOURNEY WITH CANCER FIREFIGHTE RS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS A TOTAL OF 249 FIREFIGHTERS, LIF EGUARDS AND POLICE OFFICERS WE

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FORM 990, PART III, LINE 4A (CONTINUED)	RE SCREENED FOR SKIN CANCER HEALTHY WOMEN, HEALTHY LIFESTYLES SCRIPPS MERCY BREAST HEALT H OUTREACH AND EDUCATION PROGRAM A PROMOTORA LED HEALTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF WOMEN IN SAN DIEGOS SOUTH BAY WITH BREAST CANCER EDUCATION, PREVENTIO N AND TREATMENT SUPPORT PROMOTORAS TEACH BREAST HEALTH TO WOMEN WHO HAVE LIMITED OR NO AC CESS TO HEALTH CARE PROMOTORAS TEACH WOMEN IN THEIR NATIVE LANGUAGE WITH SENSITIVITY TO A WOMANS ETHNIC AND CULTURAL NORMS THE PROGRAM MODEL INCLUDES A PROMOTORA, CANCER SURVIVOR AND A NURSE NAVIGATOR THE PROMOTORA HAS KNOWLEDGE OF BREAST CANCER, OFFERS EDUCATION AND EMOTIONAL SUPPORT SHE ALSO PROVIDES REFERRALS IN CULTURALLY APPROPRIATE AND LANGUAGE SEN SITIVE WAY A BREAST CANCER SURVIVOR AND VOLUNTEER STRENGTHENS THE BENEFITS OF BREAST CANC ER EDUCATION AND PREVENTION BY TALKING TO SOMEONE WHO HAS BEEN THERE AND CAN PROVIDE INSIG HT AND SUGGESTIONS, AND IS LIVING PROOF THAT THE DISEASE IS NOT FATAL WORKING HAND-IN-HAN D, THE PROMOTORA AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWARENESS AND FULL SUPPORT SYSTEM FOR THOSE ALREADY DIAGNOSED MOREOVER, THE FACT THEY ARE BI-LINGUAL L ATINAS LEND AN AIR OF AUTOMATIC TRUST AMONG THE HISPANIC COMMUNITY AS THEY CAN CONNECT WIT H THE RESIDENTS ON A CULTURAL LEVEL SCRIPPS MERCY HOSPITAL, CHULA VISTA BREAST HEALTH CL INICAL SERVICES A TOTAL OF 500 WOMEN ARE REFERRED TO CLINICAL BREAST HEALTH SERVICES AT CO MMUNITY AND SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY SERVICES MORE THAN 2,400 SERVIC ES WERE PROVIDED, INCLUDING TELEPHONE REMINDERS, OUTREACH AND EDUCATION, CASE MANAGEMENT A ND A VARIETY OF PRESENTATIONS SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY FOLLOW UP SER VICES MORE THAN 100 WOMEN WERE PROVIDED SERVICES SERVICES - PROVIDED, INCLUDE ENCOURAGEME NT FOR PATIENTS TO REPEAT EXAMS, ASSISTANCE TO GET PATIENTS HEALTH INSURANCE APPROVAL FOR REPEAT EXAMS, SOCIAL/EMOTIONAL SUPPORT AND EDUCATION ABOUT PREVENTING BREAST CANCER SCRIP PS MERCY HOSPITAL, CHULA VISTA RADIOLOGY, POSITIVE BREAST CANCER PATIENT SUPPORT MORE THAN 875 SERVICES WERE PROVIDED INCLUDING PHONE CALLS, HOME VISITS, MAILED EDUCATIONAL MATERIA LS AND SUPPLIES (WIGS, BRAS, PROSTHESIS AND MEDICAL RECORD ORGANIZER BINDER) A RESOURCE P ACKAGE WITH EDUCATIONAL MATERIALS ON NUTRITION, TREATMENT OPTIONS, COMMONLY ASKED QUESTION S AND LOCAL RESOURCES WERE ALSO PROVIDED SCRIPPS MERCY HOSPITAL, CHULA VISTA BREAST CANCE R SUPPORT GROUP TOGETHER PROMOTORAS AND CANCER SURVIVORS HOLD A BI-MONTHLY SUPPORT GROUP T HAT HELPS INDIVIDUALS COPE WITH LIVING WITH CANCER MORE THAN 20 WOMEN PARTICIPATE AS PART OF THIS GROUP MONTHLY GROUP SUPPORT INCLUDING NAVIGATING THE CANCER SYSTEM AND EDUCATION AL PRESENTATIONS BY LOCAL PROVIDERS ARE OFFERED

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SPON SORS THE YOUNG WOMENS SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 TO COME TOGETHER, DISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT THE GROUPS ARE O FFERED TO WOMEN IN THE SAN DIEGO COMMUNITY TOPICS RELATED TO BREAST HEALTH ARE ALSO OFFER ED TO THE COMMUNITY AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER SC RIPPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVENT TO RAISE MONEY FOR BREAST CANCER RESEA RCH SCRIPPS ALSO PARTICIPATES IN HOSTING "LOOK GOOD FEEL BETTER" CLASSES PUT ON BY THE AC S SUSAN G KOMEN RACE FOR THE CURE SCRIPPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVENT TO SUPPORT BREAST CANCER RESEARCH AND LOCAL BREAST HEALTH INITIATIVES THE KOMEN RACE FOR THE CURE SERIES RAISES SIGNIFICANT FUNDS AND AWARENESS FOR THE FIGHT AGAINST BREAST CANCER , CELEBRATES BREAST CANCER SURVIVORSHIP AND HONORS THOSE WHO HAVE LOST THEIR BATTLE WITH T HE DISEASE SUSAN G KOMEN 3 DAY BREAST CANCER WALK SCRIPPS HEALTH WAS THE OFFICIAL PHYSIC AL THERAPY SPORTS MEDICINE CREW AT THE EVENT PROVIDED WOUND CARE, ORTHOPEDIC EVALUATIONS AND TREATMENTS, INCLUDING LIMB AND JOINT TAPING, ASSISTANCE WITH STRETCHING AND EDUCATION FOR SELF-CARE PANCREATIC CANCER ACTION NETWORK - PURPLE STRIDE SAN DIEGO SCRIPPS PARTICIP ATED IN THE PANCREATIC CANCER ACTION NETWORK WALK THIS IS A NATIONWIDE NETWORK OF PEOPLE DEDICATED TO WORKING TOGETHER TO ADVANCE RESEARCH, SUPPORT PATIENTS AND CREATE HOPE FOR TH OSE AFFECTED BY PANCREATIC CANCER LEUKEMIA & LYMPHOMA SOCIETY - LIGHT THE NIGHT WALK SCRI PPS PARTICIPATED AND SPONSORED THE LIGHT THE NIGHT WALK A FUNDRAISING CAMPAIGN BENEFITING THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) AND THEIR FUNDING OF RESEARCH TO FIND BLOOD CANCER CURES AMERICAN LUNG ASSOCIATION - LUNG FORCE WALK SCRIPPS PARTICIPATED AND SPONSORED THE LUNG FORCE WALK THE WALK IS LED BY THE AMERICAN LUNG ASSOCIATION TO RAISE AWARENESS AND F UNDS TO FIGHT AGAINST LUNG CANCER AND FOR LUNG HEALTH COLON CANCER ALLIANCE - UNDY RUN/WA LK SCRIPPS PARTICIPATED IN THE UNDY RUN/WALK TO RAISE AWARENESS FOR COLON CANCER THE COLO N CANCER ALLIANCE'S MISSION IS TO KNOCK COLON CANCER OUT OF THE TOP THREE CANCER KILLERS THEY ARE DOING THIS BY CHAMPIONING PREVENTION, FUNDING CUTTING-EDGE RESEARCH AND PROVIDING THE HIGHEST QUALITY PATIENT SUPPORT SERVICES NINE GIRLS ASK (FOR CURE FOR OVARIAN CANCER) SCRIPPS HEALTH PARTICIPATES IN THE FUNDRAISING EVENT TO SUPPORT OVARIAN CANCER RESEARCH AND INITIATIVES CANCER AWARENESS AND EDUCATIONAL EVENTS A SERIES OF EDUCATIONAL EVENTS AR E COORDINATED WITH THE AMERICAN CANCER SOCIETY AWARENESS MONTHS THE EVENTS FOCUS ON VARIO US TYPES OF CANCER, INCLUDING BREAST, LUNG, CERVICAL, COLORECTAL, SKIN, OVARIAN/GYNECOLOGI CAL AND PROSTATE A REGISTERED NURSE CLINICIAN ANSWERS QUESTIONS AND PROVIDES EDUCATIONAL MATERIALS ALOHA LOCK CANCER WIG PROGRAM THIS PROGRAM PROVIDES WIGS AND HAIR ACCESSORIES T O CANCER PATIENTS SUFFERING FR

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FORM 990, PART III, LINE 4A (CONTINUED)	OM ALOPECIA OR EXPECTED TO SUFFER FROM ALOPECIA CANCER CENTER REGISTERED NURSE NAVIGATOR PROGRAM SCRIPPS PROVIDED A REGISTERED NURSE, DEDICATED TO ASSISTING CANCER PATIENTS AND TH EIR FAMILIES WITH NAVIGATING THROUGH THE JOURNEY FROM DIAGNOSIS, TREATMENT AND SURVIVORSHI P FROM CANCER THE FOCUS IS ON EDUCATION AND OUTREACH, AS WELL AS, SUPPORT SERVICES IN THI S POPULATION CANCER CENTER OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM THIS PROGRAM PROVIDES GENETIC TESTING AND COUNSELING TO CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS CANCER CENTER OUTPATIENT SOCIAL WORKER & LIAISON PROGRAM SCRIPPS PROVIDED A SOCIAL WORKER, DEDICATED TO ASSISTING CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS CANCER SURVIVORS D AY SCRIPPS HOLDS A CELEBRATORY EVENT AT EACH SCRIPPS HOSPITAL EACH YEAR TO PROVIDE AN OPPO RTUNITY FOR THOSE THAT HAVE BATTLED CANCER TO COME TOGETHER AND ENJOY THE COMPANY OF FRIEN DS, FAMILY AND THE CAMARADERIE OF FELLOW CANCER SURVIVORS THROUGHOUT THE MONTH OF JUNE CA NCER SURVIVORS AND OTHER GUESTS SHARE INSPIRATIONAL STORIES, LEARN ABOUT ADVANCES IN CANCE R TREATMENT AND RESEARCH, AND ENJOY THE OPPORTUNITY TO CONNECT WITH CAREGIVERS AND FELLOW SURVIVORS EACH YEAR THE CANCER SURVIVOR EVENT HELPS CELEBRATE LIFE, INSPIRE THOSE RECENTL Y DIAGNOSED, OFFER SUPPORT TO FAMILY AND LOVED ONES AND RECOGNIZE ALL WHO PROVIDED SUPPORT ALONG THE WAY THEY ALSO PROVIDE A FORUM FOR DISCUSSING THE PHYSICAL, FINANCIAL AND SOCIA L ISSUES THAT MANY CANCER SURVIVORS FACE FOLLOWING COMPLETION OF TREATMENT CARDIOVASCULAR DISEASE 'DISEASES OF THE HEART' WERE THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO COUNT Y IN 2012 IN ADDITION 'CEREBROVASCULAR DISEASES' WERE THE FIFTH LEADING CAUSE OF DEATH, A ND 'ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE' WAS THE TENTH CORONA RY HEART DISEASE IS THE MOST COMMON FORM OF HEART DISEASE HIGH BLOOD PRESSURE, HIGH CHOLE STEROL, AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CVD AND STROKE ABOUT HALF OF AMERICANS (49%) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS RISK FACTORS FOR CARDIOVASC ULAR DISEASE BEHAVIORS TOBACCO USE, OBESITY, POOR DIET THAT IS HIGH IN SATURATED FATS, A ND EXCESSIVE ALCOHOL USE CONDITIONS HIGH CHOLESTEROL LEVELS, HIGH BLOOD PRESSURE AND DIA BETES HEREDITY GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DISEASE AND CAN INCREASE RISK HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE UNITED STATES - HEART DISEASE IS THE LEADING CAUSE OF DEATH FOR PEOPLE OF MOST RACIAL/ETHNIC GROUPS IN THE UNITED STATES, INCLU DING AFRICAN AMERICANS, HISPANICS AND WHITES PREVALENCE DATA - IN 2012, 11 1% OF ADULTS A GED 18 AND OVER HAD EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT THEY HAD HEART DISEASE - IN 2012, 224% OF ADULTS 18 AND OVER HAD BEEN TOLD ON TWO OR MORE VISITS T HAT THEY HAD HYPERTENSION DISPARITIES AND CARDIOVASCULAR DISEASE - IN 2012, THIRTY FIVE P ERCENT OF NON-HISPANIC BLACK W

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FORM 990, PART III, LINE 4A (CONTINUED)	OMEN HAD HYPERTENSION COMPARED WITH 22% OF NON-HISPANIC WHITE WOMEN AND 22% OF HISPANIC WO MEN 30% OF NON-HISPANIC BLACK MEN HAD HYPERTENSION COMPARED WITH 25% OF NON-HISPANIC WHIT E MEN AND 19% OF HISPANIC MEN - MEN ARE MORE LIKELY THAN WOMEN TO HAVE EVER BEEN TOLD THE Y HAVE CORONARY HEART DISEASE OR HYPERTENSION - INDIVIDUALS WITH LOW INCOMES ARE MUCH MOR E LIKELY TO SUFFER FROM HIGH BLOOD PRESSURE, HEART ATTACK, AND STROKE - AMONG ADULTS AGED 65 AND OVER, THOSE COVERED BY MEDICARE AND MEDICAID WERE MORE LIKELY TO HAVE BEEN TOLD TH EY HAD HYPERTENSION THAT THOSE WITH EITHER MEDICARE ALONE OR PRIVATE INSURANCE - DEPRESSI ON OCCURS IN UP TO 20% OF PEOPLE WITH HEART DISEASE AND HAS ALSO BEEN FOUND TO BE A RISK F ACTOR FOR SUBSEQUENT HEART ATTACKS DURING FISCAL YEAR 2017, SCRIPPS ENGAGED IN THE FOLLOW ING HEART HEALTH, CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITIES AMERICAN HEA RT ASSOCIATION HEART WALK SCRIPPS PROVIDED FUNDING FOR THE 2017 HEART WALK THROUGH CORPORA TE SPONSORSHIP HEART DISEASE AND STROKE ARE THE NUMBER ONE AND THREE CAUSES OF DEATH IN T HE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERICANS EACH YEAR SCRIPPS PARTNERS WI TH THE AMERICAN HEART ASSOCIATION ON ITS ANNUAL HEART WALK TO RAISE FUNDS FOR RESEARCH, PR OFESSIONAL AND PUBLIC EDUCATION AND ADVOCACY SCRIPPS EMPLOYEES VOLUNTEERED THEIR TIME TO COORDINATE WALKER PARTICIPATION AND FUNDRAISING EFFORTS THE SAN DIEGO HEART WALK RAISED M ORE THAN $1 1 MILLION IN 2017, MORE THAN 1,016 SCRIPPS HEART WALK PARTICIPANTS, (EMPLOYEES , FAMILIES, AND FRIENDS) WALKED TO HELP RAISE MORE THAN $60,000 AMERICAN HEART ASSOCIATIO N HEART BALL SCRIPPS SPONSORS THIS ANNUAL EVENT THAT BRINGS PHILANTHROPISTS, CARDIOLOGISTS , AND SURVIVORS TOGETHER TO CREATE AWARENESS AROUND HEART DISEASE AND STROKE FUNDS RAISED HELP SUPPORT LOCAL RESEARCH PROJECTS IN SAN DIEGO COMMUNITY HEALTH EDUCATION PROGRAMS SC RIPPS HEALTH HAS A ROBUST COMMUNITY HEALTH EDUCATION PROGRAM IN WHICH PHYSICIANS AND EXPER TS COVER A WIDE VARIETY OF TOPICS CARDIOVASCULAR RELATED TALKS INCLUDE HEALTHY HEARTS AT EVERY AGE, BEYOND BLOOD THINNERS, AND LIVING WELL WITH HEART DISEASE THESE LECTURES ARE D ELIVERED PUBLIC EVENTS HOSTED BY THE SCRIPPS MARKETING DEPARTMENT AND THROUGH ONGOING PART NERSHIPS WITH OASIS SAN DIEGO AND THE LAWRENCE FAMILY JEWISH COMMUNITY CENTER

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FORM 990, PART III, LINE 4A (CONTINUED)	CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER CPR CLASSES ARE OFFE RED FOUR TIMES A YEAR TO CARDIAC TREATMENT CENTER PATIENTS AND THEIR FAMILIES THE PROGRAM IMPROVES COMMUNITY HEALTH BY INCREASING KNOWLEDGE OF CARDIOPULMONARY RESUSCITATION PRACTI CES CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS CARDIAC TREATMENT CENTER GROUP EXERC ISE PROGRAMS INCLUDE TAI-CHI, OFFERED TWICE WEEKLY, CLASSES TO DECREASE STRESS AND IMPROVE BALANCE, STRENGTH AND FLEXIBILITY, RESTORATIVE YOGA, OFFERED THREE TIMES A WEEK, FITBALL CORE CONDITIONING, OFFERED TWICE A WEEK, CLASSES TO IMPROVE STRENGTH, POSTURE AND CORE ST ABILITY, YOGA FOR CANCER RECOVERY, OFFERED WEEKLY, CLASSES CENTERING ON BALANCE, OFFERED W EEKLY, CLASSES TO BUILD BALANCE, POSTURE AND COORDINATION, POWER YOGA FOR MULTIPLE SCLEROS IS, OFFERED WEEKLY, CLASSES TO PROMOTE HEALING AND IMPROVE STRENGTH AND FLEXIBILITY AND WE EKLY MEDITATION CLASSES WEEKLY PULMONARY EDUCATION CLASS, ONE-ON-ONE DIETARY COUNSELING P ROGRAM AND BETTER BREATHERS CLASSES ARE ALSO OFFERED STROKE CARE PROGRAMS SCRIPPS SPONSOR S A WIDE VARIETY OF STROKE RELATED EDUCATION AND AWARENESS PROGRAMS THESE INCLUDE SUPPORT GROUPS AND EDUCATION FOR STROKE AND BRAIN INJURY SURVIVORS AND THEIR LOVED ONE INFORMATI ON AND RESOURCES ARE PROVIDED, ALONG WITH SKILLS TO HELP REINFORCE INNER STRENGTHS AND LEA RN SELF-CARE STRATEGIES SUPPORT GROUPS OFFER THE ABILITY TO DEVELOP ENCOURAGING PEER RELA TIONSHIPS ALONG WITH THE GOAL OF RETURNING TO AND CONTINUING A LIFE OF MEANING AND PURPOSE EDUCATING WOMEN ABOUT HEART HEALTH TOGETHER WITH WOMEN HEART NATIONAL HOSPITAL ALLIANCE, SCRIPPS CARDIOVASCULAR DEVELOPED A WOMEN AND HEART DISEASE EDUCATION PROGRAM THE EFFORTS EDUCATE WOMEN ON THE IMPORTANCE OF HEART HEALTH, PROVIDE SUPPORT GROUPS AND ADVOCATE FOR RESEARCH FUNDING AND POLICIES SENIOR HEALTH CHATS A WIDE VARIETY OF SENIOR CHATS ARE OFFE RED AT LOCAL SENIOR CENTERS IN SOUTH BAY TO ADDRESS EDUCATION AND PREVENTION OF HEART DISE ASE SOME TOPICS INCLUDE HEART HEALTH 101, STROKE, AND A VARIETY OF PREVENTION EDUCATION A TOTAL OF SIX PRESENTATIONS ARE GIVEN YEARLY TO MORE THAN 100 INDIVIDUALS THE ERIC PARED ES SAVE A LIFE FOUNDATION EACH YEAR, 7,000 TEENS LOSE THEIR LIVES DUE TO SUDDEN CARDIAC AR REST (SCA) SCA IS NOT A HEART ATTACK, IT IS CAUSED BY AN ABNORMALITY IN THE HEARTS ELECTR ICAL SYSTEM THAT CAN EASILY BE DETECTED WITH A SIMPLE EKG UNFORTUNATELY, HEART SCREENINGS ARE NOT PART OF A REGULAR, WELL-CHILD EXAM OR PRE-PARTICIPATION SPORTS PHYSICAL THE FIRS T SYMPTOM OF SCA COULD BE DEATH SAN DIEGO ALONE LOSES THREE TO FIVE TEENS FROM SCA ANNUAL LY AS A SPONSOR FOR THE ERIC PAREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS HELD MORE THAN 2 0,000 FREE CARDIAC SCREENINGS TO LOCAL TEENS, INCLUDING THE HOMELESS, UNINSURED AND UNDERI NSURED IN 2017, SCRIPPS MADE A $15,000 DONATION TO HELP PAY FOR SCREENINGS IN 2017, SCRI PPS SUPPORTED SCREENING EVENTS AT AREA HIGH SCHOOLS AND SCREENED 3,533 TEENS, IDENTIFYING 62 WITH ABNORMALITIES AND 18 W

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FORM 990, PART III, LINE 4A (CONTINUED)	HO WERE AT RISK SCREENING ATHLETES FOR SUDDEN CARDIAC ARREST EVERY YEAR, THREE TO FIVE ST UDENT ATHLETES IN SAN DIEGO COUNTY DIE SUDDENLY AND UNEXPECTEDLY FROM SUDDEN CARDIAC ARRES T/DEATH (SCA/D) SCA IS AN ABNORMALITY IN THE HEARTS ELECTRICAL SYSTEM THAT CAN HAPPEN WIT HOUT SYMPTOMS OR WARNING SIGNS HOWEVER, THIS LIFE-THREATENING CONDITION CAN BE DETECTED W ITH A CARDIAC SCREENING EXAM SCRIPPS MERCY HOSPITAL CHULA VISTA FAMILY MEDICINE RESIDENCY , SOUTHWEST SPORTS WELLNESS FOUNDATION AND THE SWEETWATER UNION HIGH SCHOOL DISTRICT PARTN ER TO PREVENT SUDDEN CARDIAC ARREST AND DEATH AMONG HIGH SCHOOL STUDENTS BY INCREASING AWA RENESS OF THE IMPORTANCE OF HEALTHY LIFESTYLES AND CARDIOVASCULAR SCREENINGS AMONG ACTIVE STUDENTS FAMILY MEDICINE RESIDENTS OFFER YEARLY CARDIAC SCREENING AND SPORTS PHYSICALS BE FORE STUDENTS PARTICIPATE IN ORGANIZED SPORTS, AND IMPLEMENT AN INJURY CLINIC DURING FOOTB ALL SEASON TO EVALUATE AND TREAT POSSIBLE CONCUSSIONS AND OTHER INJURIES SU VIDA, SU CORA ZON / YOUR LIFE, YOUR HEART COMMUNITY INTERVENTION TO IMPROVE EDUCATION AND AWARENESS OF H EART DISEASE HEART DISEASE IS ONE OF THE MOST WIDESPREAD AND COSTLY HEALTH PROBLEMS FACING OUR NATION, EVEN THOUGH ITS ALSO ONE OF THE MOST PREVENTABLE HEART FAILURE AND STROKE AC COUNT FOR MORE THAN $500 BILLION IN HEALTH CARE COSTS PER YEAR HEART FAILURE IS A PROGRES SIVE DISEASE, PRIMARILY CAUSED BY HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND DAMAGE TO THE HEART MUSCLE FROM CORONARY ARTERY DISEASE SCRIPPS HEALTH OFFERS A FIVE WEEK EDUCATIONAL B ASED COMMUNITY INTERVENTION PROGRAM TO SUPPORT IMPROVED QUALITY OF LIFE FOR PATIENTS DIAGN OSED WITH HEART DISEASE TOBACCO USE, ALCOHOL ABUSE, LACK OF PHYSICAL ACTIVITY, POOR NUTRI TION, STRESS AND DEPRESSION ARE SOME OF THE MAJOR CONTRIBUTING FACTORS LEADING TO HEART DI SEASE, HEART FAILURE AND READMISSION RECENT LITERATURE SUGGEST THAT A LACK OF POST DISCHA RGE SOCIAL SUPPORT AND EDUCATION ARE IMPORTANT TO PREVENT READMISSION GROUP SESSIONS PROV IDE EDUCATION AND SOCIAL SUPPORT DISCHARGE PLANNING THAT USES TRANSITIONAL COACHES HAS BE EN PROVEN TO REDUCE READMISSION RATES THE OVERALL GOAL OF YOUR LIFE, YOUR HEART IS TO DEC REASE THE READMISSION RATES FOR HEART FAILURE PATIENTS, WHICH REDUCES MEDICAL COSTS FOR TH E PATIENT AND IMPROVES THEIR QUALITY OF LIFE A TOTAL OF 66 COMMUNITY MEMBERS HAVE PARTICI PATED IN THIS EDUCATIONAL SERIES FOR THOSE AFFECTED BY HYPERTENSION, ANGINA, CARDIAC HEART FAILURE OR ANY OTHER HEART HEALTH CONCERNS TOPICS COVERED INCLUDE THE RISK OF HEART DISE ASE, SIGNS OF HEART ATTACK, DIABETES, CHOLESTEROL, PHYSICAL ACTIVITY, HEALTHY EATING AND M UCH MORE HEALTH ASSESSMENTS ARE REVIEWED INCLUDING WAIST CIRCUMFERENCE, WEIGHT, HEIGHT, B MI AND BLOOD PRESSURE OVERALL, PARTICIPANTS HAVE MADE A POSITIVE IMPACT FROM THE COURSE DIABETES DIABETES IS AN IMPORTANT HEALTH NEED BECAUSE OF ITS PREVALENCE, ITS IMPACT ON MOR BIDITY AND MORTALITY, AND ITS PREVENTABILITY AN ANALYSIS OF MORTALITY DATA FOR SAN DIEGO COUNTY FOUND THAT IN 2012 'DIA

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FORM 990, PART III, LINE 4A (CONTINUED)	BETES MELLITUS' WAS THE SEVENTH LEADING CAUSE OF DEATH THE PERCENTAGE OF ADULTS AGED 20 A ND OLDER WHO HAVE EVER BEEN DIAGNOSED WITH DIABETES WAS 7 2% IN 2012 IN SAN DIEGO COUNTY A ND HAS BEEN STEADILY RISING SINCE 2005 ACCORDING TO THE NATIONAL CENTER FOR CHRONIC DISEAS E PREVENTION AND HEALTH PROMOTION TYPE 2 DIABETES IS AN IMPORTANT TARGET FOR INTERVENTION BECAUSE HOSPITALIZATIONS DUE TO DIABETES RELATED COMPLICATIONS ARE POTENTIALLY PREVENTABL E WITH PROPER MANAGEMENT AND A HEALTHY LIFESTYLE IN SAN DIEGO, APPROXIMATELY 1 5% OF DISC HARGES IN THE BLACK PATIENT POPULATION WERE ATTRIBUTABLE TO DIABETES COMPARED TO 0 7% OF D ISCHARGES OF WHITES THERE ARE THREE MAJOR TYPES OF DIABETES TYPE 1, TYPE 2 AND GESTATION AL ALL THREE TYPES SHARE SIMILAR CHARACTERISTICS, THE BODY LOSES THE ABILITY TO EITHER MA KE OR TO USE INSULIN WITHOUT ENOUGH INSULIN, GLUCOSE STAYS IN THE BLOOD, CREATING DANGERO US BLOOD SUGAR LEVELS OVER TIME, THIS BUILDUP DAMAGES KIDNEYS, HEART, NERVES, EYES AND OT HER ORGANS TYPE 2 DIABETES, ONCE KNOWN AS ADULT ONSET OR NONINSULIN DEPENDENT DIABETES, I S A CHRONIC CONDITION THAT AFFECTS THE WAY YOUR BODY METABOLIZES SUGAR (GLUCOSE), WHICH IS YOUR BODYS MAIN SOURCE OF FUEL WITH TYPE 2 DIABETES, YOUR BODY EITHER RESISTS THE EFFECT S OF INSULIN, A HORMONE THAT REGULATES THE MOVEMENT OF SUGAR INTO YOUR CELLS OR DOESNT PRO DUCE ENOUGH INSULIN TO MAINTAIN A NORMAL GLUCOSE LEVEL IF LEFT UNTREATED, TYPE 2 DIABETES CAN BE LIFE THREATENING CLINICAL SYMPTOMS CAN INCLUDE FREQUENT URINATION, EXCESSIVE THI RST, EXTREME HUNGER, SUDDEN VISION CHANGES, UNEXPLAINED WEIGHT LOSS, EXTREME FATIGUE, SORE S THAT ARE SLOW TO HEAL, AND INCREASED NUMBER OF INFECTIONS TYPE 2 DIABETES HAS REACHED E PIDEMIC PROPORTIONS, AND PEOPLE OF HISPANIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE D ISEASE AND THE COMPLICATIONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCU LAR DISEASE, EYE DISEASE AND LIMB AMPUTATION IN FACT, IT IS ESTIMATED THAT ONE OUT OF EVE RY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULTHOOD THIS IS ESPECIAL LY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA I S HOME TO 26,000 LATINOS WITH DIAGNOSED DIABETES AND TENS OF THOUSANDS MORE WHO ARE UNDIAG NOSED, HAVE PRE- DIABETES AND ARE AT HIGH RISK OF DEVELOPING DIABETES

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FORM 990, PART III, LINE 4A (CONTINUED)	SOME ALARMING FACTS ABOUT TYPE 2 DIABETES - ABOUT 1 7 MILLION PEOPLE AGED 20 OR OLDER WER E NEWLY DIAGNOSED WITH DIABETES IN 2012 IN THE U S - DIABETES IS A MAJOR CAUSE OF HEART D ISEASE AND STROKE, AND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND CALIFORN IA - MORE THAN 1 OUT OF 3 ADULTS HAVE PREDIABETES AND 15 TO 30% OF THOSE WITH PREDIABETES WILL DEVELOP TYPE 2 DIABETES WITHIN 5 YEARS SOME RISK FACTORS FOR DEVELOPING DIABETES IN CLUDE - BEING OVERWEIGHT OR OBESE - HAVING A PARENT, BROTHER OR SISTER WITH DIABETES - SM OKING - HAVING BLOOD PRESSURE MEASURING 140/90 OR HIGHER - BEING PHYSICALLY INACTIVE, EXER CISING FEWER THAN THREE TIMES A WEEK DISPARITIES AND DIABETES - HISPANICS AND AFRICAN AME RICANS HAVE TWO TIMES HIGHER PREVALENCE 1 IN 20 NON-HISPANIC WHITES HAVE TYPE 2 DIABETES, COMPARED WITH 1 IN 10 HISPANICS AND 1 IN 11 AFRICAN AMERICANS IN 2011 2012 - IN SAN DIEG O, WHITES AND BLACKS HAD THE HIGHEST DEATH RATES DUE TO DIABETES IN 2012 - THE PREVALENCE OF TYPE 2 DIABETES IS 13 PERCENT HIGHER IN MEN THAN WOMEN IN CALIFORNIA - IN SAN DIEGO, MALES HAD A HIGHER DEATH RATE THAN FEMALES (22 5 PER 100,000 VERSUS 19 0 PER 100,000 IN 20 12) - THE PERCENT OF ADULTS IN CALIFORNIA WITH DIABETES IS ALMOST TWO TIMES HIGHER IN THO SE WITH FAMILIES INCOMES BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL COMPARED TO THOSE WHOSE INCOME IS 300 PERCENT ABOVE - ADULTS WITH DIABETES ARE MORE LIKELY TO HAVE ARTHRITI S, HYPERTENSION AND CARDIOVASCULAR DISEASE THAN ADULTS WITHOUT DIABETES - DIABETES IS A L EADING CAUSE OF LOWER LIMB AMPUTATION AND KIDNEY FAILURE IN THE UNITED STATES AN ESTIMATE D 30 3 MILLION PEOPLE OF ALL AGES--OR 9 4% OF THE U S POPULATION--HAD DIABETES IN 2015 M ORE THAN 7 MILLION AMERICANS ARE UNAWARE THAT THEY HAVE DIABETES THE COMPLICATIONS RELATE D TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DIABETES IS A SERI OUS COMMUNITY HEALTH PROBLEM, LEADING TO SCHOOL AND WORK ABSENTEEISM, ELEVATED HOSPITALIZA TION RATES, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIES AND SOMETIMES DEATH DURING FISCAL YEAR 2017, SCRIPPS SPONSORED THE FOLLOWING DIABETES MANAGEMENT INITIA TIVES WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA THE WOLTMAN FAMIL Y DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA SERVES ONE OF SAN DIEGOS COMMUNITIES HIT HARDEST BY THE DIABETES EPIDEMIC NEARLY 40 PERCENT OF PATIENTS ADMITTED TO SCRIPPS ME MORIAL HOSPITAL CHULA VISTA, AND NEARLY 32 PERCENT OF PATIENTS IN THE HEART CATHETERIZATIO N LAB, HAVE DIABETES COUNTY STATISTICS TELL US THAT THE RATES OF DEATH, HOSPITALIZATIONS AND EMERGENCY ROOM VISITS ARE TWICE AS HIGH IN CHULA VISTA COMPARED TO ALL OF SAN DIEGO CO UNTY WITH THE GENEROUS SUPPORT OF PHILANTHROPIST RICHARD WOLTMAN, THE CENTER ADDED CRITIC AL CLASSROOM SPACE IN 2017 TO MEET THE HIGH DEMAND FOR SERVICES THE CENTER OFFERS A FULL RANGE OF WELLNESS, PREVENTION, DIABETES EDUCATION AND NUTRITION SERVICES IN ENGLISH AND SP ANISH PROJECT DULCE PROJECT D

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FORM 990, PART III, LINE 4A (CONTINUED)	ULCE IS A COMPREHENSIVE, CULTURALLY SENSITIVE DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED PEOPLE IN SAN DIEGO COUNTY THE PROGRAM IS TEAM BASED AND INCORPORATES THE C HRONIC CARE MODEL PROJECT DULCE HAS BEEN ACTIVE IN COMMUNITIES ACROSS SAN DIEGO FOR THE P AST 19 YEARS, PROVIDING DIABETES CARE AND SELF-MANAGEMENT EDUCATION NURSE LED TEAMS STRIV E FOR MEASURABLE IMPROVEMENTS IN THEIR PATIENTS HEALTH, NURSE EDUCATORS LEAD MULTIDISCIPLI NARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATORS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATIENT EDUCATION FOR THEIR COMMUNITIES THIS INNO VATIVE PROGRAM COMBINES STATE OF THE ART CLINICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIO NAL AND BEHAVIORAL INTERVENTIONS ONE OF THE PRIMARY COMPONENTS OF THE PROGRAM IS RECRUITI NG PEER EDUCATORS FROM THE COMMUNITY TO WORK DIRECTLY WITH PATIENTS THESE EDUCATORS REFLE CT THE DIVERSE POPULATION AFFECTED BY DIABETES AND HELP TEACH OTHERS ABOUT CHANGING EATING HABITS, ADOPTING EXERCISE ROUTINES AND OTHER WAYS TO HELP MANAGE THIS CHRONIC DISEASE IN FISCAL YEAR 2017, PROJECT DULCE PROVIDED 7,504 DIABETES CARE, RETINAL SCREENINGS AND EDUC ATION VISITS FOR LOW INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO AND ENROLLED 1,039 NEW PROJECT DULCE PATIENTS MEDICAL ASSISTANT HEALTH COACHING (MAC) DIABETES AFFECTS NEARLY 30 MILLION INDIVIDUALS IN THE U S , AND IF CURRENT TRENDS CONTINUE, 1 OF 3 ADULTS WILL HAVE DIABETES BY 2050 DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME) IS A COR NERSTONE OF EFFECTIVE CARE THAT IMPROVES CLINICAL CONTROL AND HEALTH OUTCOMES, HOWEVER, DS ME PARTICIPATION IS LOW, PARTICULAR AMONG UNDERSERVED POPULATIONS, AND ONGOING SUPPORT IS OFTEN NEEDED TO MAINTAIN DSME GAINS IN 2015, THE NATIONAL INSTITUTE OF DIABETES AND DIGES TIVE AND KIDNEY DISEASES (NIH/NIDDK) GRANTED SCRIPPS WHITTIER DIABETES INSTITUTE $2 1 MILL ION TO FUND THE MAC TRIAL, WHICH IS STUDYING AN INNOVATIVE TEAM CARE APPROACH THAT TRAINS MEDICAL ASSISTANTS (MAS) TO PROVIDE HEALTH COACHING IN THE PRIMARY CARE SETTING TO PATIENT S WITH POORLY CONTROLLED TYPE 2 DIABETES, HELP THEM PROBLEM-SOLVE, AND IMPROVE THEIR DIABE TES-RELATED HEALTH OUTCOMES THE GOALS INCLUDE IMPROVING DIABETES SELF-MANAGEMENT AND CLIN ICAL OUTCOMES, SUCH AS BLOOD GLUCOSE LEVELS, CHOLESTEROL AND BLOOD PRESSURE THE STUDY IS BEING CONDUCTED IN TWO DIVERSE SETTINGS A SCRIPPS HEALTH PRIMARY CARE PRACTICE, AND A COM MUNITY HEALTH CENTER, NEIGHBORHOOD HEALTHCARE DIABETES PREVENTION THE UCLA CENTER FOR HEA LTH POLICY AND RESEARCH RECENTLY PUBLISHED DATA THAT REVEALED NEARLY HALF OF CALIFORNIA AD ULTS HAVE PREDIABETES OR DIABETES WHILE THE SCRIPPS WHITTIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WITH DIABETES FOR DECADES, THE INSTITUTE CONTINUED WITH THE SCRIPPS DIABETES PREVENTION PROGRAM (DPP), WHICH IS A YEARLONG INTERVENTION WHERE PEO PLE WITH PREDIABETES MEET WEEKLY FOR 16 WEEKS, THEN MONTHLY THEREAFTER THE DPP IS AN INTE NSIVE LIFESTYLE INTERVENTION P

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FORM 990, PART III, LINE 4A (CONTINUED)	ROGRAM THAT HAS BEEN PROVEN TO PREVENT DIABETES IN LARGE-SCALE NATIONAL STUDIES THE PRIMA RY OBJECTIVE IS TO LOSE 5 TO 7% OF BODY WEIGHT THROUGH HEALTHY EATING AND PHYSICAL ACTIVIT Y THE DIABETES PREVENTION PROGRAM (DPP) HAS BEEN THOROUGHLY EVALUATED IN NIH SPONSORED RA NDOMIZED CONTROLLED TRIALS, AND HAS BEEN FOUND TO DECREASE THE NUMBER OF NEW CASES OF DIAB ETES AMONG THOSE WITH PREDIABETES BY 58% AMONG PEOPLE OVER AGE 60, THERE WAS A 71% REDUCT ION IN NEW CASES IN 2017, 441 PATIENTS ATTENDED 80 SCRIPPS DPP ORIENTATION SESSIONS MUCH OF THE EFFORT IS FOCUSED IN THE SOUTH BAY FOR THE LATINO POPULATION, WHICH IS AT HIGHER R ISK OF GETTING DIABETES THAN THEIR WHITE COUNTERPARTS DIGITAL DIABETES-ME AN ADAPTIVE MH EALTH INTERVENTION FOR UNDERSERVED HISPANICS WITH DIABETES DIABETES IS A FAST-GROWING EPID EMIC, AFFLICTING 29 1 MILLION AMERICANS AND COSTING MORE THAN $245 BILLION A YEAR, ACCORDI NG TO THE AMERICAN DIABETES INSTITUTE HISPANICS FACE A HIGHER RISK OF DEVELOPING THE DISE ASE 13 9 PERCENT COMPARED WITH 7 6 PERCENT FOR NON-HISPANIC WHITES THE NIHS NATIONAL INST ITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES AWARDED $2 9 MILLION, THE LARGEST NIH AWARD TO SCRIPPS WHITTIER DIABETES INSTITUTE TO DATE, TO STUDY AN INNOVATIVE APPROACH TO H ELPING HISPANICS WITH DIABETES BETTER MANAGE THEIR DISEASE DULCE DIGITAL-ME PROVIDED PATI ENTS WITH TOOLS TO HELP THEM MANAGE THEIR DIABETES DAY TO DAY AND IMPROVE THEIR HEALTH, IN CLUDING TEXT MESSAGING, WIRELESS BLOOD GLUCOSE AND MEDICATION MONITORING, DIET AND EXERCIS E ASSESSMENTS, AND PERSONALIZED FEEDBACK AND GOAL-SETTING THIS STUDY WAS CONDUCTED IN COL LABORATION WITH NEIGHBORHOOD HEALTHCARE, SAN DIEGO STATE UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA SAN DIEGO THE PARTICIPANTS RECEIVED HEALTH-RELATED TEXT MESSAGES EVERY DAY FOR SIX MONTHS AND THEY SAW IMPROVEMENTS IN THEIR BLOOD SUGAR LEVELS THAT EQUALED THOSE RESUL TING FROM SOME GLUCOSE-LOWERING MEDICATIONS THE DULCE DIGITAL CLINICAL TRIAL REPRESENTS T HE FIRST RANDOMIZED CONTROLLED STUDY TO LOOK AT THE USE OF TEXT MESSAGES TO HELP UNDERSERV ED HISPANICS BETTER SELF-MANAGE THEIR DIABETES THROUGH GLYCEMIC CONTROL THE RESULTS WERE PUBLISHED BY DIABETES CARE IN AN ONLINE PRE-PRINT VERSION OF THE STUDY, WHICH IS SCHEDULED TO BE PUBLISHED IN A FUTURE ISSUE OF THE JOURNAL HEALTHY LIVING IN 2015, SCRIPPS BEGAN H EALTHY LIVING CLASSES WHICH ARE OPEN TO ANYONE INTERESTED IN LEARNING ABOUT THE BENEFITS O F GOOD NUTRITION, PHYSICAL ACTIVITY, AND AVOIDING TOBACCO THESE BEHAVIORS CAN HELP TO PRE VENT THE FOUR CHRONIC DISEASES (LUNG DISEASE, CANCER, TYPE 2 DIABETES AND, CARDIOVASCULAR DISEASE) THAT CONTRIBUTE TO 50 PERCENT OF ALL THE DEATHS IN THE US THE THREE-CLASS SERIES IS HELD AT LOCATIONS THROUGHOUT THE COMMUNITY TWO HUNDRED AND EIGHT PEOPLE ATTENDED HEAL THY LIVING CLASSES THAT WERE PROVIDED THROUGHOUT THE COUNTY, AGAIN WITH SPECIAL ATTENTION TO THE LATINO COMMUNITY OF THE SOUTH BAY

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING SCRIPPS WHITTIER D IABETES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STATE OF THE ART EDUCATION AND TRAI NING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS WITH THE RISE IN DIABETES RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIANS WITH THE L ATEST INFORMATION AND CLINICAL SKILLS THE WHITTIERS PROFESSIONAL EDUCATION PROGRAM IS LED BY A TEAM OF EXPERTS, INCLUDING ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSYCHOLOGISTS AND OTHER DIABETES SPECIALIST THESE INDIVIDUALS TRAIN PRACTICING PROFESSIONALS TO DELIVER THE BEST POSSIBLE CARE FOR THEIR DIABETES PATIENTS COURSES RESPOND TO THE NEEDS OF ALLIED HE ALTH PROFESSIONALS SEEKING TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TY PE 1, TYPE 2 AND GESTATIONAL DIABETES PROFESSIONAL EDUCATION WAS PROVIDED FOR 374 PEOPLE ON INSULIN MANAGEMENT, INCRETIN THERAPY, AND DIABETES DIET AND DIABETES BASICS PARTICIPAN TS CAME FROM LOCAL HEALTH INSTITUTIONS AND THROUGHOUT THE UNITED STATES TO LEARN FROM THE WHITTIER INSTITUTES MOST EXPERIENCED DIABETES EXPERTS OVER THE LAST FISCAL YEAR, THE WHIT TIER INSTITUTES PROFESSIONAL EDUCATION DEPARTMENT PROVIDED FOUR CME PROGRAMS FOR PHYSICIAN S, NURSES, PHARMACISTS, DIETITIANS, MIDLEVEL PROVIDERS AND SOCIAL WORKERS AND MADE NUMEROU S ACADEMIC AND RESEARCH PRESENTATIONS AT PROFESSIONAL ASSOCIATION MEETINGS RETINAL SCREEN ING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LOSE THEIR VISION AS A RES ULT OF DIABETIC-RELATED EYE DISEASE (DIABETIC RETINOPATHY) EVEN THOUGH 95 PERCENT OF DIABE TIC BLINDNESS COULD BE PREVENTED WITH EARLY DIAGNOSIS AND TREATMENT FOR MORE THAN A DECAD E, SCRIPPS HAS BEEN SCREENING PEOPLE IN UNDERSERVED COMMUNITIES FOR DIABETIC RETINOPATHY U SING A MOBILE CAMERA OUR FREE OR LOW-COST EYE EXAMS DIAGNOSE INDIVIDUALS AT HIGH RISK FOR RETINAL DAMAGE AND HELP PATIENTS GET TREATMENT AND REFERRALS TO SPECIALISTS IN 2016, 622 PEOPLE WERE SCREENED, AND 30 PERCENT HAD SOME DEGREE OF DIABETES-RELATED EYE DISEASE THI S PROGRAM REFERRED 89 PEOPLE WHO HAD ADVANCED DISEASE, 14 PERCENT OF ALL SCREENED OR NEARL Y 50 PERCENT OF POSITIVES, TO SPECIALISTS FOR FURTHER CARE HEALTH RELATED BEHAVIORS HEALT H RELATED BEHAVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPLES HEALTH AND WELL-BEING ITS IMPORTANCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICINE HAS ADVANCED DISEASES T HAT WERE ONCE INCURABLE CAN NOW BE PREVENTED OR SUCCESSFULLY TREATED HEALTH RELATED BEHAV IORS, SUCH AS IMMUNIZATION, SMOKING CESSATION, IMPROVED NUTRITION, INCREASED PHYSICAL ACTI VITY, ORAL HEALTH AND INJURY PREVENTION, HAVE BECOME IMPORTANT COMPONENTS OF LONG TERM LIF E THE RISK FACTORS FOR MANY CHRONIC DISEASES ARE WELL KNOWN IN PARTICULAR, AN UNHEALTHY DIET, PHYSICAL INACTIVITY AND SUBSTANCE ABUSE HAVE NEED CITED BY THE WORLD HEALTH ORGANIZA TION (HTTP //WWW WHO INT/CHP) AS IMPORTANT HEALTH BEHAVIORS THAT CONTRIBUTE TO ILLNESSES S UCH AS CARDIOVASCULAR DISEASE,

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FORM 990, PART III, LINE 4A (CONTINUED)	CANCER, CHRONIC RESPIRATORY DISEASE, DIABETES, AND OTHERS INCLUDING MENTAL DISORDERS AND ORAL DISEASES FRUIT/VEGETABLE CONSUMPTION ACCORDING TO DATA FROM CALIFORNIA HEALTH INTER VIEW SURVEY, 48 3% OF CHILDREN AGE 2 AND OLDER REPORTED CONSUMING LESS THAN FIVE SERVINGS OF FRUITS AND VEGETABLES A DAY COMPARED TO 47 7% IN CALIFORNIA OVERALL ADULTS AGE 18 AND OVER REPORTED EVEN LESS FRUIT AND VEGETABLE CONSUMPTION APPROXIMATELY 70 5% OF ADULTS REP ORTED EATING THE RECOMMENDED AMOUNT EACH DAY UNHEALTHY EATING HABITS ARE A SIGNIFICANT CO NTRIBUTING FACTOR TO FUTURE HEALTH ISSUES INCLUDING OBESITY AND DIABETES PHYSICAL INACTIV ITY ACCORDING TO THE CDCS NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMO TION, 14 9% OF ADULTS AGE 20 AND OLDER SELF-REPORTED THAT THEY PERFORM NO LEISURE TIME PHY SICAL ACTIVITY HIGHER RATES OF LIMITED LEISURE TIME ACTIVITY WERE REPORTED AT THE STATE A ND NATIONAL LEVEL (16 6% AND 22 6% RESPECTIVELY) FOR YOUTH RESULTS OF THE FITNESSGRAM PHY SICAL FITNESS TEST SHOW THAT 29 35% OF CHILDREN 5,7 AND 9 RANKED WITHIN THE "HIGH RISK"NEE DS IMPROVEMENT" ZONES FOR AEROBIC CAPACITY FOR THE 2013 2014 YEAR THE PERCENTAGE OF CHILD REN THAT ARE NOT IN THE HEALTHY FITNESS ZONE VARIES AMONG ETHNIC GROUPS WITH THE LOWEST BE ING NON-HISPANIC ASIANS AT 20 6% AND THE HIGHEST BEING HISPANIC OR LATINOS AT 42 1% ALTHO UGH THIS IS SMALLER THAN THE STATE AVERAGE OF 36 9%, IT IS STILL CAUSE FOR CONCERN AND MAY LEAD TO SIGNIFICANT HEALTH ISSUES, SUCH AS OBESITY, DIABETES, AND POOR CARDIOVASCULAR HEA LTH ALCOHOL CONSUMPTION THE PERCENTAGE OF ADULTS AGE 18 AND OLDER WHO SELF-REPORT HEAVY ALCOHOL CONSUMPTION (DEFINED AS MORE THAN TWO DRINKS PER DAY ON AVERAGE FOR MEN AND ONE DR INK PER DAY ON AVERAGE FOR WOMEN) IS 17 2% IN SAN DIEGO COUNTY ACCORDING TO THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) BEHAVIORS SUCH AS EXCESSIVE ALCOHOL CONSUMPTION ARE DETRIMENTAL TO FUTURE HEALTH AND MAY ILLUSTRATE OR PRECLUDE SIGNIFICANT HEALTH ISSUES, SUCH AS CIRRHOSIS, CANCER, AND UNTREATED MENTAL AND BEHAVIORAL HEALTH NEEDS TOBACCO USAG E THE BRFSS ALSO REPORTS THAT 12 1% OF ADULTS AGE 18 AND OLDER SELF-REPORTED CURRENTLY SM OKING CIGARETTES SOME DAYS OR EVERY DAY COMPARE TO 18 1% IN THE UNITED STATES, ADJUSTED FO R AGE TOBACCO USE IS LINKED TO LEADING CAUSES OF DEATH INCLUDING CANCER AND CARDIOVASCULA R DISEASE UNDERSTANDING THAT PERSONAL BEHAVIORS PLAY A SIGNIFICANT ROLE IN AN INDIVIDUAL' S OVERALL HEALTH STATUS, SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAM S THAT HELP PEOPLE TAKE CHARGE OF THEIR OWN, AND THEIR FAMILIES', HEALTH DURING FISCAL YE AR 2017, SCRIPPS SPONSORED A NUMBER OF HEALTH BEHAVIOR MODIFICATION EFFORTS COMMUNITY PRO GRAMS AND CLINICAL SERVICES OF SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNITY BENEFITS AND F AMILY MEDICINE RESIDENCY PROGRAMS HAVE DELIVERED EXTENSIVE VALUE WITH SUPERIOR OUTCOMES C OMMUNITY SERVICES COMBINED REACHED 10,608 PROGRAM PATIENTS AND PARTICIPANTS THERE WERE MO RE THAN 13,500 CLINICAL VISITS

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FORM 990, PART III, LINE 4A (CONTINUED)	PROVIDED BY SCRIPPS FAMILY MEDICINE RESIDENCY COMMUNITY BASED HEALTH IMPROVEMENT ACTIVIT IES EACH MONTH APPROXIMATELY 200 COMMUNITY MEMBERS PARTICIPATE IN CLASSES, PREVENTION LECT URES AND SUPPORT GROUPS HELD AT THE WELL BEING CENTER AND NORMAN PARK SENIOR CENTER A TOT AL OF 2,400 COMMUNITY MEMBERS HAVE PARTICIPATED IN CLASSES AND SUPPORT GROUPS YOUTH PROGR AM ACTIVITIES SCRIPPS CHULA VISTA COMMUNITY BENEFITS SERVICES IMPLEMENTED A WIDE VARIETY O F YOUTH IN HEALTH CAREER ACTIVITIES INCLUDING CAMP SCRIPPS, MENTORING PROGRAMS, HOSPITAL TOURS, IN-CLASSROOM PRESENTATIONS AND SURGERY VIEWINGS SCRIPPS FAMILY MEDICINE RESIDENTS ALSO PROVIDE FOOTBALL GAME COVERAGE, SPORT INJURY CLINICS AND PHYSICALS A TOTAL OF 3,060 YOUTH PARTICIPATED IN THESE PROGRAMS SENIOR PROGRAMS EACH MONTH A VARIETY OF SENIOR PROG RAMS ARE HELD IN PARTNERSHIP WITH LOCAL SENIOR CENTERS, CHURCHES, AND SENIOR HOUSING SOME OF THESE ACTIVITIES INCLUDE SENIOR HEALTH CHATS AND WIDOW SUPPORT GROUP OVER 100 SENIOR S PARTICIPATED IN THESE PROGRAMS PATIENT COMMUNITY SERVICES SERVICES ARE OFFERED DIRECTLY TO PATIENTS AND THEIR FAMILY POST DISCHARGE TO DECREASE THE RISKS OF READMISSION AND TO I NCREASE PATIENT CONTINUITY SUPPORT SERVICES ARE REFERRAL BASED AND PROVIDE ASSISTANCE WIT H THE FOLLOWING HOUSING/HOMELESSNESS, SENIOR ISSUES, CHRONIC DISEASE ISSUES, DRUG/ALCOHOL AND MENTAL HEALTH, CANCER AND MORE THIS SERVICE IS CURRENTLY ONLY AVAILABLE AT THE SCRIP PS MERCY HOSPITAL CHULA VISTA CAMPUS SINCE THE START OF THE PROJECT IN JULY 2014, 912 REF ERRALS HAVE BEEN RECEIVED COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND RESIDENT LEADE RSHIP ACADEMY MODEL SCRIPPS IS A PARTNER WITH CHIP AND COLLABORATIVELY WORKS ON A RESIDENT LEADERSHIP MODEL THAT HAS EMPOWERED 700+ CITIZENS ACROSS THE COUNTY (AND BEYOND) TO AFFEC T CHANGE IN A WIDE RANGE OF COMMUNITY HEALTH AREAS SUCH AS PUBLIC SAFETY, ACCESS TO HEALTH Y FOODS, AND INCREASED OPPORTUNITIES FOR PHYSICAL ACTIVITY HEALTH EDUCATION AND SUPPORT G ROUPS EDUCATION AND SUPPORT GROUPS ARE PROVIDED TO SAN DIEGO COUNTY RESIDENTS FOR A WIDE V ARIETY OF HEALTH CONCERNS TOPICS INCLUDE, MACULAR DEGENERATION, FALL PREVENTION, STROKE A WARENESS, MENOPAUSE, SLEEP DISORDERS, FOOT HEALTH, BLADDER AND PELVIC FLOOR WELLNESS, MENT AL ILLNESS, POSTPARTUM ISSUES, GYNECOLOGICAL CANCER, AND MULTIPLE SCLEROSIS BRAIN AND HEA D GEAR PROTECTION EDUCATIONAL PROGRAM FOR HIGH SCHOOL STUDENTS TO STRESS THE IMPORTANCE OF BIKE SAFETY BRAIN INJURY PROTECTION THROUGH THE PROPER USED OF HEAD GEAR PRESCRIPTION T AKE BACK DAY SCRIPPS COLLABORATES WITH THE COUNTY OF SD ON THE PRESCRIPTION DRUG TAKE BACK DAY WHICH PROVIDES AN OPPORTUNITY FOR SAFE DISPOSAL OF LEFT OVER MEDICATIONS

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FORM 990, PART III, LINE 4A (CONTINUED)	DEMENTIA AND ALZHEIMERS DISEASE DEMENTIA IS A CLINICAL SYNDROME OF DECLINE IN MEMORY AND O THER THINKING ABILITIES IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS THAT RESULT IN DA MAGE TO BRAIN CELLS AND LEAD TO DISTINCT SYMPTOM PATTERNS AND DISTINGUISHING BRAIN ABNORMA LITIES ALZHEIMERS DISEASE (AD) IS A PROGRESSIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSONS MEMORY AND ABILITY TO LEARN, REASON, MAKE JUDGMENTS, COMMUNICATE AND CARRY OUT DAI LY ACTIVITIES SUCH AS BATHING AND EATING ALZHEIMERS IS THE 6TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND 3RD LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY IN 2013, AN ESTIMATE D 62,000 SAN DIEGANS AGE 55 YEARS AND OLDER WERE LIVING WITH ALZHEIMERS DISEASE AND DEMENT IAS (ADOD), ACCOUNTING FOR 8 3% OF THE 55 YEARS AND OLDER POPULATION THIS POPULATION WILL ROUGHLY DOUBLE IN LESS THAN 20 YEARS IN 2013, MORE THAN 20,000 SAN DIEGANS AGE 55 AND OL DER WERE DISCHARGED FROM THE EMERGENCY DEPARTMENT (ED) OR HOSPITAL WITH A MENTION OF ADOD FINANCIAL BURDEN - IN 2013 NEARLY 141,000 CAREGIVERS PROVIDED UNPAID CARE FOR THE 62,000 PEOPLE LIVING WITH ADOD IN SAN DIEGO COUNTY THESE CAREGIVERS PROVIDED NEARLY 161 MILLION HOURS OF UNPAID CARE, VALUED AT NEARLY $2 BILLION DOLLARS DUE TO THE NEGATIVE EFFECTS OF CAREGIVING ON THEIR OWN HEALTH, THE COST OF PROVIDING HEALTH CARE TO THESE RESIDENTS IN 2 013 WAS APPROXIMATELY $77 7 MILLION DOLLARS PREVALENCE - THERE ARE MORE THAN 5 2 MILLION PEOPLE IN THE UNITED STATES LIVING WITH ADOD AS THE POPULATION AGES THE NUMBER IS EXPECTE D TO TRIPLE BY 2015 - IN CALIFORNIA THERE ARE 588,208 PEOPLE 55 YEARS AND OLDER LIVING WI TH ADOD ONE-TENTH OF AD PATIENTS LIVE IN CALIFORNIA - IN SAN DIEGO COUNTY, THE NUMBER OF THOSE 55 YEARS AND OLDER WITH ADOD IS EXPECTED TO INCREASE BY 51% BETWEEN 2012 AND 2030, FROM 60,000 TO NEARLY 94,000 RESIDENTS CURRENTLY, THE EAST COUNTY REGION HAS THE GREATEST NUMBER (14,765) AND PROPORTION (12 4%) OF RESIDENTS 55 YEARS AND OLDER WITH ALZHEIMERS DI SEASE AND OTHER DEMENTIAS THE REGION WITH THE LARGEST ANTICIPATED INCREASE IN ADOD IN THE NORTH CENTRAL AREA, WITH A PROJECTED INCREASE OF 76 8% FROM 2012 TO 2030 HOWEVER, IT IS ESTIMATED THAT BY 2030, NEARLY ONE OUT OF FOUR SAN DIEGANS 55 YEARS AND OLDER WITH ADOD WI LL LIVE IN EAST COUNTY DURING FISCAL YEAR 2017, SCRIPPS ENGAGED IN THE FOLLOWING ALZHEIME RS AND DEMENTIA PREVENTION AND TREATMENT ACTIVITIES SENIOR HEALTH AND WELL BEING PROGRAMS THE GOAL IS TO INCREASE HEALTH CARE INFORMATION AND PREVENTATIVE SERVICES FOR SENIORS/OLD ER ADULTS IN THE SOUTH BAY EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD AT LOCAL SENI OR CENTERS, CHURCHES AND SENIOR HOUSING SOME OF THESE ACTIVITIES INCLUDED DEMENTIA, ALZHE IMERS AND PAIN MANAGEMENT, NUTRITION AND WELLNESS AND SPONSORSHIP OF THE ALZHEIMERS ASSOCI ATION CAREGIVER CONFERENCE MORE THAN 200 SENIORS PARTICIPATED IN THESE ACTIVITIES THE AL ZHEIMERS PROJECT SAN DIEGO UNITES FOR A CURE AND CARE THE ALZHEIMERS PROJECT IS A COUNTYWI DE INITIATIVE AIMED AT ACCELER

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FORM 990, PART III, LINE 4A (CONTINUED)	ATING THE SEARCH FOR A CURE AND HELPING THE ESTIMATED 60,000 SAN DIEGANS WITH THE DISEASE, ALONG WITH THEIR CAREGIVERS PARTICIPANTS BEGAN MEETING IN EARLY 2014 TO CRAFT A REGIONAL ROADMAP TO ADDRESS THE DISEASE, FOCUSING ON CURE, CARE, CLINICAL, AND PUBLIC AWARENESS AN D EDUCATION INITIATIVES THE BOARD OF SUPERVISORS APPROVED THE ROADMAP IN DECEMBER 2014 AN D LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE DR MICHAEL LOBATZ FROM SCRIPPS H EALTH IS A LEADING PARTICIPANT OF THIS INITIATIVE AS A CO-CHAIRPERSON OF THE CLINICAL ROUN D TABLE AND IS A MEMBER OF THE STEERING COMMITTEE ALZHEIMERS SAN DIEGO PROGRAM SUPPORT AL ZHEIMERS SAN DIEGO OFFERS A FREE HALF DAY EVENT ATTENDEES LEARN THE BASICS OF ALZHEIMERS DISEASE, HOW TO PARTNER WITH YOUR DOCTOR AND GET A DIAGNOSIS, AND ADDRESSING BEHAVIOR THRO UGH COMPASSIONATE COMMUNICATION SCRIPPS DONATED $25,000 FOR PROGRAM SUPPORT OBESITY, WEI GHT STATUS, NUTRITION, ACTIVITY AND FITNESS OBESITY IS AN IMPORTANT HEALTH NEED DUE TO ITS HIGH PREVALENCE IN THE U S AND SAN DIEGO ALTHOUGH IT IS NOT A LEADING CAUSE OF DEATH, I T IS A SIGNIFICANT CONTRIBUTOR TO THE DEVELOPMENT OF OTHER CHRONIC CONDITIONS ADULTS 36 3% OF ADULTS AGED 18 AND OLDER SELF-REPORTED THEY HAVE A BMI BETWEEN 25 0 AND 30 0 (OVERWE IGHT) IN SAN DIEGO COUNTY ACCORDING TO 2011 2012 BRFSS DATA AN ADDITIONAL 20 1% OF ADULTS AGED 20 YEARS AND OLDER SELF-REPORTED THEY HAVE A BMI GREATER THAN 30 0 (OBESE) IN SAN DI EGO COUNTY THE PERCENTAGE OF RESIDENTS WHO ARE OBESE WAS HIGHER SLIGHTLY AMONG MEN (21 3%) THAN WOMEN (18 8%) EXCESS WEIGHT MAY INDICATE AN UNHEALTHY LIFESTYLE AND PUTS INDIVIDUA LS AT RISK FOR FURTHER HEALTH ISSUES INCLUDING OBESITY, HEART DISEASE, DIABETES, AND OTHER HEALTH ISSUES YOUTH FITNESSGRAM IS THE REQUIRED PHYSICAL FITNESS TEST THAT SCHOOL DISTR ICTS MUST ADMINISTER TO ALL CALIFORNIA STUDENTS IN GRADES 5, 7 AND 9 THE PERCENTAGE OF CH ILDREN IN GRADES 5, 7 AND 9 RANKING WITHIN THE "HEALTH RISK" CATEGORY (OVERWEIGHT) FOR BOD Y COMPOSITION ON THE FITNESSGRAM PHYSICAL FITNESS TEST WAS 17 7% IN SAN DIEGO COUNTY FOR T HE YEARS 2013-2014 FURTHERMORE, APPROXIMATELY 15 9% OF CHILDREN IN GRADES 5, 7 AND 9 WERE RANKED WITHIN THE "HIGH RISK" CATEGORY (OBESE) RATES OF OVERWEIGHT AND OBESE YOUTH WERE HIGHEST AMONG HISPANIC/LATINO AND AFRICAN AMERICAN YOUTH OBESITY IS LARGELY CATEGORIZED A S A SECONDARY DIAGNOSIS IN HOSPITAL DISCHARGE DATA AN ANALYSIS OF THE PRIMARY DIAGNOSES A SSOCIATED WITH A SECONDARY DIAGNOSIS OF AN OBESITY RELATED ICD-9 CODE IN 2013 WAS USED TO PROVIDE AN OVERVIEW OF THE MAIN REASONS INDIVIDUALS WITH ABNORMAL WEIGHT SEEK CARE BY AGE GROUP IN ADDITION, LOCAL PROGRAM DATA WERE SUMMARIZED TO PROVIDE ADDITIONAL PERSPECTIVE O N THE IMPACT OF OBESITY ON MORBIDITY IN SDC A SUMMARY OF THE TRENDS FOUND WERE AS FOLLOWS - WHEN EXAMINING INPATIENT HOSPITAL DISCHARGE DATA WITH OBESITY AS A SECONDARY DIAGNOSIS , IT WAS FOUND THAT THE MOST COMMON PRIMARY DIAGNOSIS OF THOSE PATIENTS WERE NONSPECIFIC C HEST PAIN IN AGES 25-64, ABNOR

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FORM 990, PART III, LINE 4A (CONTINUED)	MAL PAIN FOR THOSE AGES 15-24, AND THOSE OVER 65 YEARS THEIR PRIMARY DIAGNOSIS WAS OSTEOAR THRITIS, SEPTICEMIA FOLLOWED BY CONGESTIVE HEART FAILURE SOME FACTS ABOUT OBESITY IN THE UNITED STATES - ACCORDING TO THE 2013 BRFSS AND YRBSS, 28 3% OF THE U S ADULTS WERE OBES E, 35 5% OF ADULTS WERE OVERWEIGHT, 13 7% OF ADOLESCENTS WERE CONSIDERED OBESE AND 16 6% O F ADOLESCENTS WERE OVERWEIGHT - IN 2013, 21 4% OF ADULTS REPORTED IN ENGAGING IN NO LEISU RE TIME ACTIVITY AND THE NUMBER OF ADULTS WHO REPORT EATING LESS THAN ONE VEGETABLE OR FRU IT DAILY IS 17 3% AND 30 4%, RESPECTIVELY HEALTH CONSEQUENCES DUE TO OVERWEIGHT AND OBESI TY RESEARCH HAS SHOWN THAT AS WEIGHT INCREASES TO REACH THE LEVELS OF "OVERWEIGHT"OBESITY " THE RISKS FOR THE FOLLOWING CONDITIONS ALSO INCREASES - CORONARY HEART DISEASE - TYPE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST AND COLON) - HYPERTENSION (HIGH BLOOD PRESSURE) - STROKE - LIVER AND GALLBLADDER DISEASE - SLEEP APNEA AND RESPIRATORY PROBLEMS - OSTEOARTH RITIS OVERWEIGHT AND OBESITY ASSOCIATED COSTS - IN 2008, MEDICAL COSTS ASSOCIATED WITH OB ESITY WERE ESTIMATED AT $147 BILLION, THE MEDICAL COSTS FOR PEOPLE WHO ARE OBESE WERE $1,4 29 HIGHER THAN THOSE OF NORMAL WEIGHT DISPARITIES AND OBESITY OBESITY & RACE - ACCORDING TO THE BRFSS, FROM 2012 THROUGH 2014, NON-HISPANIC BLACKS HAD THE HIGHEST PREVALENCE OF SE LF-REPORTED OBESITY (38 1%), FOLLOWED BY HISPANICS (31 3%) AND NON-HISPANIC WHITES (27 1%) - IN 2011 2012, THE PREVALENCE AMONG CHILDREN AND ADOLESCENTS WAS HIGHER AMONG HISPANICS (22 4%) AND NON-HISPANICS (20 2%) THAN AMONG NON-HISPANIC WHITES (14 1%) OBESITY & GENDER - AMONG MEN, 42% WERE CONSIDERED TO BE OVERWEIGHT COMPARED TO 29% OF WOMEN THE MEDIAN PER CENTAGE OF OBESITY WAS SIMILAR AMONG MEN (28%) AND WOMEN (27%) IN THE U S OBESITY & INCOM E - AMONG NON-HISPANIC BLACK AND MEXICAN AMERICAN MEN, THOSE WITH HIGHER INCOMES ARE MORE LIKELY TO HAVE OBESITY THAN THOSE WITH LOW INCOME - HIGHER INCOME WOMEN AND WOMEN WITH HI GHER EDUCATIONAL ATTAINMENT ARE LESS LIKELY TO BE OBESE THAN LOW INCOME WOMEN - OBESITY P REVALENCE WAS THE HIGHEST AMONG CHILDREN IN FAMILIES WITH AN INCOME TO POVERTY RATIO OF 10 0% OF LESS OBESITY & QUALITY OF LIFE - OBESITY CAN AFFECT THE QUALITY OF LIFE THROUGH LIM ITED MOBILITY AND DECREASED PHYSICAL ENDURANCE, IN ADDITION TO SOCIAL, ACADEMIC, AND JOB D ISCRIMINATION

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FORM 990, PART III, LINE 4A (CONTINUED)	DURING FISCAL YEAR 2017, SCRIPPS ENGAGED IN THE FOLLOWING OBESITY PREVENTION AND TREATMENT ACTIVITIES COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND CHILDHOOD OBESITY INITIATIVE THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE (THE INITIATIVE) IS A PRIVATE PUBLIC PAR TNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SYS TEMS, AND ENVIRONMENT CHANGE THE INITIATIVE IS FACILITATED BY COMMUNITY HEALTH IMPROVEMEN T PARTNERS (CHIP) CORE FUNDING FOR THE INITIATIVE IS PROVIDED BY THE COUNTY OF SAN DIEGO, FIRST 5 COMMISSION OF SAN DIEGO COUNTY, THE CALIFORNIA ENDOWMENT, AND KAISER-PERMANENTE SCRIPPS IS A STRONG PARTNER WITH CHIP AND THE OUTCOMES OF THE INITIATIVE HAVE SHOWN A DECR EASED CHILDHOOD OBESITY FROM 4% FROM 2005-2010, THE LARGEST DROP IN SOUTHERN CALIFORNIA (M ANY AREAS HAVE SEEN INCREASES) ACCORDING TO THE 2016 SAN DIEGO COUNTY STATE OF CHILDHOOD OBESITY REPORT, THE RATE OF OBESITY FOR HISPANIC STUDENTS IS MORE THAN TWICE THAT OF WHITE STUDENTS THE RATE OF OBESITY FOR ECONOMICALLY DISADVANTAGED STUDENTS IS MORE THAN TWICE THAT OF STUDENTS WHO ARE NOT ECONOMICALLY DISADVANTAGED HISPANIC STUDENTS REPRESENT APPRO XIMATELY HALF OF ALL PUBLIC SCHOOL STUDENTS IN SAN DIEGO COUNTY WITH RESPECT TO RACE/ETHNI CITY, AND LOW-INCOME STUDENTS ACCOUNT FOR HALF OF ALL PUBLIC SCHOOL STUDENTS DIABETES PRE VENTION PROGRAM (DPP) CONGRESS AUTHORIZED THE CENTER FOR DISEASE TO ESTABLISH THE NATIONAL DIABETES PREVENTION PROGRAM (NATIONAL DPP, WWW CDC GOV/DIABETES/PREVENTION) - A PUBLIC-PR IVATE INITIATIVE TO OFFER EVIDENCE-BASED, COST EFFECTIVE INTERVENTIONS IN COMMUNITIES ACRO SS THE UNITED STATES TO PREVENT TYPE 2 DIABETES THE NATIONAL DPP, A CDC-LED LIFESTYLE CHA NGE PROGRAM, HAS MORE THAN 1,300 SITES NATIONWIDE, INCLUDING COUNTY PUBLIC HEALTH DEPARTME NTS, YMCAS, COMMUNITY HEALTH CENTERS, HEALTH CARE FACILITIES, ACADEMIC INSTITUTIONS, AND C OMMUNITY CENTERS THERE ARE 86 MILLION PEOPLE WITH DIABETES AND THIS LIFESTYLE CHANGE PROG RAM HAS BEEN SHOWN TO BE COST EFFECTIVE AND CAN BE COST SAVING THE DIABETES PREVENTION PR OGRAM IS A SCIENTIFICALLY VALIDATED LIFESTYLE INTERVENTION BASED MODEL THE CENTER FOR DIS EASE CONTROL AND THE NATIONAL INSTITUTE OF HEALTH PROMOTE WIDESPREAD ADOPTION OF THE DPP D UE TO ITS DEMONSTRATED EFFECTIVENESS WITHOUT WEIGHT LOSS AND MODERATE PHYSICAL ACTIVITY 1 5-30% OF PEOPLE WITH PREDIABETES WILL DEVELOP TYPE 2 DIABETES WITHIN FIVE YEARS RESEARCH SHOWS STRUCTURED LIFESTYLE INTERVENTIONS CAN CUT THE RISK OF TYPE 2 DIABETES IN HALF WHIL E THE SCRIPPS WHITTIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WITH DIABETES FOR DECADES, THE INSTITUTE CONTINUED WITH THE SCRIPPS DIABETES PREVENTION PROGRA M (DPP), WHICH IS A YEARLONG INTERVENTION WHERE PEOPLE WITH PREDIABETES MEET WEEKLY FOR 16 WEEKS, THEN MONTHLY THEREAFTER THE DIABETES PREVENTION PROGRAM (DPP) IS AN INTENSIVE LIF ESTYLE INTERVENTION PROGRAM THAT HAS BEEN PROVEN TO PREVENT DIABETES IN LARGE-SCALE NATION AL STUDIES THE PRIMARY OBJECT

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FORM 990, PART III, LINE 4A (CONTINUED)	IVE IS TO LOSE 5 TO 7% OF BODY WEIGHT THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY THE DI ABETES PREVENTION PROGRAM HAS BEEN THOROUGHLY EVALUATED IN NIH SPONSORED RANDOMIZED CONTRO LLED TRIALS, AND HAS BEEN FOUND TO DECREASE THE NUMBER OF NEW CASES OF DIABETES AMONG THOS E WITH PREDIABETES BY 58% HEALTHY LIVING PROGRAM DIABETES, HEART DISEASE, CANCER AND RESP IRATORY DISEASE ARE THE FOUR MOST PREVALENT SERIOUS CHRONIC DISEASES IN CALIFORNIA THESE DISEASES CAUSE 50 PERCENT OF ALL DEATHS IN SAN DIEGO AND THROUGHOUT THE U S , AND MANY PEO PLE HAVE MORE THAN ONE OF THESE CONDITIONS BECAUSE LIFESTYLE CAN PLAY A MAJOR ROLE IN PRE VENTING THESE CHRONIC ILLNESSES, SCRIPPS INTRODUCED HEALTHY LIVING, A FREE, INTERACTIVE ED UCATION PROGRAM TO HELP THE SAN DIEGO COMMUNITY LEARN ABOUT AND ADOPT PRACTICAL WAYS TO IM PROVE THREE BEHAVIORS SMOKING, POOR DIET AND PHYSICAL INACTIVITY THAT CONTRIBUTE TO THESE FOUR DISEASES PARTICIPANTS LEARN HOW TO MAKE HEALTHY FOOD CHOICES USING LOW COST OPTIONS, MAKE PHYSICAL ACTIVITY PART OF THEIR DAILY LIFE AND LEARN HOW TO STAY MOTIVATED AND MAINT AIN HEALTHY HABITS SCRIPPS IMPLEMENTS A SERIES OF THREE FREE SESSIONS THAT ENCOURAGE PART ICIPANTS TO IDENTIFY AND ADOPT PRACTICAL WAYS TO IMPROVE THEIR HEALTH HABITS SESSIONS ARE OFFERED THROUGHOUT SAN DIEGO COUNTY IN ENGLISH AND SPANISH, WITH SPECIAL EMPHASIS ON THE LATINO AND UNDERSERVED COMMUNITIES SESSIONS INCLUDE HEALTH SCREENING, HEALTHY COOKING TIP S, AND MINDFUL EATING AND PRACTICE SESSIONS PARTICIPANTS ALSO RECEIVE A PREDIABETES SCREE NING, THOSE WHO SCORE HIGH ARE THEN REFERRED TO THE SCRIPPS DIABETES PREVENTION PROGRAM P ROMISE NEIGHBORHOOD INITIATIVE SCRIPPS ALSO ADDRESSES CHILDHOOD OBESITY AT THE HIGH SCHOOL LEVEL IN SAN DIEGOS SOUTH BAY COMMUNITIES THROUGH ITS PARTNERSHIP WITH THE PROMISE NEIGHB ORHOOD INITIATIVE, WHICH IMPLEMENTS ACTIVITIES RELATED TO THE NATIONAL 5-2-1-0 CAMPAIGN S CRIPPS PARTNERS WITH THE PROMISE NEIGHBORHOOD INITIATIVE AND CASTLE PARK ELEMENTARY SCHOOL TO INCREASE EDUCATION AND AWARENESS ABOUT HEALTHY LIFESTYLES FOR STUDENTS, THEIR PARENTS AND SCHOOL STAFF PROMISE NEIGHBORHOOD DEVELOPED A WELLNESS COMMITTEE COMPOSED OF THE SCHO OL PRINCIPAL, TEACHERS, PARENTS AND SCRIPPS STAFF AIMED TO IMPLEMENT ACTIVITIES THAT SUPPO RT 5-2-1-0 5 FRUITS OR MORE A DAY, 2 HOURS OR LESS OF SCREEN TIME, 1 HOUR OF PHYSICAL ACT IVITY AND 0 SUGARY JUICES SCHOOL ADMINISTRATORS AND STAFF ARE CLOSELY INVOLVED IN THE PRO GRAM, WHICH INCLUDES FIVE EDUCATIONAL SESSIONS, A HEALTH ASSESSMENT SURVEY AND HEALTH PLAN , AND SUPPORT TO HELP THE STUDENTS PASS THEIR YEARLY PHYSICAL EDUCATION REQUIREMENTS SINC E 2013, MORE THAN 400 CHILDREN AND 200 PARENTS HAVE PARTICIPATED IN WELLNESS ACTIVITIES ON CAMPUS AS A RESULT OF ACTIVITIES, LESSON PLANS AND ADVOCACY FOR HEALTHY LIVING, THE AMOU NT OF PHYSICAL ACTIVITY AND CONSUMPTION OF FRUITS AND VEGETABLES BY CHILDREN, PARENTS AND STAFF HAS INCREASED STUDENT RESPONSES VIA A 5-2-1-0 POST HEALTH ASSESSMENT SURVEY SHOWED THAT THERE WAS AN 80% IMPROVEM

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FORM 990, PART III, LINE 4A (CONTINUED)	ENT RATE FOR KNOWLEDGE AFTER PARTICIPATING IN THE 5-2-1-0 SESSIONS AND A 38% IMPROVEMENT R ATE FOR BEHAVIOR AFTER PARTICIPATING IN THE 5-2-1-0 SESSIONS CITY HEIGHTS WELLNESS CENTER LA MAESTRA FAMILY CLINIC, INC JOINED THE CITY HEIGHTS WELLNESS CENTER COLLABORATIVE PART NERSHIP WITH SCRIPPS MERCY HOSPITAL AND RADY CHILDRENS HOSPITAL AS THE LEASE HOLDER OF THE WELLNESS CENTER STARTING SEPTEMBER 1, 2016 SINCE ITS INCEPTION IN 2002, THE CITY HEIGHTS WELLNESS CENTER HAS BEEN A DYNAMIC, COMMUNITY BASED PROGRAM DEVELOPED BY SCRIPPS MERCY HO SPITAL AND RADY CHILDRENS HOSPITAL, WORKING WITH RESIDENTS TO IMPROVE THEIR LIFESTYLE BEHA VIORS AND SELF-SUFFICIENCY SKILLS MULTIPLE NOT-FOR-PROFIT AND GOVERNMENTAL ORGANIZATIONS, PHILANTHROPIC FOUNDATIONS AND GRASSROOTS GROUPS HAVE JOINED THE EFFORT CONDUCTING HEALTH PROMOTION AND EDUCATIONAL ACTIVITIES FOR COMMUNITY RESIDENTS A UNIQUE ASPECT OF THE CITY HEIGHTS WELLNESS CENTER IS THE TEACHING KITCHEN THAT IS KNOWN THROUGHOUT THE COMMUNITY AS A PLACE WHERE RESIDENTS AND PROVIDERS COME TOGETHER TO COOK, DISCOVER AND COMMUNICATE IN A SAFE AND TRUSTED ENVIRONMENT LA MAESTRA FAMILY CLINIC BRINGS A NEW PERSPECTIVE TO THE PA RTNERSHIP AS A COMMUNITY HEALTH CENTER AND PRIMARY CARE PROVIDER SERVING THE CULTURALLY DI VERSE POPULATIONS WITHIN THE CITY HEIGHTS COMMUNITY LA MAESTRA IS COMMITTED TO MAINTAININ G THE COLLABORATIVE NATURE OF THE PARTNERSHIP, AND CONTINUES TO WORK WITH CURRENT CHWC AGE NCIES AS WELL AS LOOK FOR OPPORTUNITIES TO EXPAND HEALTH PROMOTION SERVICES THE SCRIPPS M ERCY SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC), COLLOCATED IN T HE WELLNESS CENTER, WILL CONTINUE TO PROVIDE WIC SERVICES AS ONE PROGRAM WITHIN THE CITY H EIGHTS WELLNESS CENTER COLLABORATIVE FOR HEALTHY WEIGHT THIS ADVISORY GROUP MEETS MONTHLY COLLABORATE FOR HEALTHY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINIS TRATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDRENS HEALTHCARE QUALITY (NICHQ) THE S HARED VISION IS TO CREATE PARTNERSHIPS BETWEEN PRIMARY CARE, PUBLIC HEALTH, AND COMMUNITY ORGANIZATIONS TO DISCOVER SUSTAINABLE WAYS TO PROMOTE HEALTHY WEIGHT AND ELIMINATE HEALTH DISPARITIES IN COMMUNITIES ACROSS THE UNITED STATES ALL THREE SECTOR MUST COLLABORATE, US ING EVIDENCE BASED APPROACHES, TO REVERSE THE OBESITY EPIDEMIC AND IMPROVE THE HEALTH OF O UR COMMUNITIES, 120 MEMBERS SEVERAL MANUSCRIPTS ARE UNDER DEVELOPMENT MATERNAL CHILD HEA LTH & HIGH RISK PREGNANCY MOTHERS, INFANTS AND CHILDREN MAKEUP A LARGE SEGMENT OF THE U S POPULATION AND THEIR WELL-BEING IS A HEALTH PREDICTOR FOR THE NEXT GENERATION THERE IS T REMENDOUS FOCUS ON MATERNAL ILLNESS AND DEATH, AND INFANT HEALTH AND SURVIVAL, INCLUDING I NFANT MORTALITY RATES, ACCESS TO PREVENTATIVE CARE, AND FETAL, PERINATAL AND OTHER INFANT DEATHS

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FORM 990, PART III, LINE 4A (CONTINUED)	MATERNAL AND INFANT HEALTH ISSUES INCLUDE - ALCOHOL, TOBACCO AND ILLEGAL SUBSTANCES DURIN G PREGNANCY, WHICH ARE MAJOR RISK FACTORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS ABORTION, LOW PRE-PREGNAN CY WEIGHT AND SMOKING - INFANT DEATH RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAG ERS AND MOTHERS 44 YEARS AND OLDER BEING PREGNANT, OR TRYING TO BECOME PREGNANT, IS ONLY A SMALL PORTION OF A WOMANS LIFE UNINTENDED PREGNANCY, EITHER MISTIMED OR UNWANTED AT THE TIME OF CONCEPTION, ACCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIES IN THE U S THESE PREGNANCIES ARE ASSOCIATED WITH INCREASED MORBIDITY, AS WELL AS BEHAVIORS LINKED TO ADVER SE HEALTH WOMEN WHO CAN PLAN THE NUMBER AND TIMING OF THEIR CHILDREN EXPERIENCE IMPROVED HEALTH, FEWER UNPLANNED PREGNANCIES AND BIRTHS, AND LOWER ABORTION RATES HIGH RISK PREGNA NCY HIGH RISK PREGNANCY CAN BE THE RESULT OF A MEDICAL CONDITION PRESENT BEFORE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES TH E PREGNANCY TO BECOME HIGH RISK A HIGH RISK PREGNANCY CAN POSE PROBLEMS BEFORE, DURING OR AFTER DELIVERY AND MIGHT REQUIRE SPECIAL MONITORING THROUGHOUT THE PREGNANCY RISK FACTOR S - ADVANCED MATERNAL AGE INCREASED RISK FOR MOTHERS 35 YEARS AND OLDER - LIFESTYLE CHO ICES SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL DRUGS - MEDICAL HISTORY PRIOR HIGH RI SK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIONS, FAMILY HISTORY OF GENETIC CONDITIO NS - UNDERLYING CONDITIONS DIABETES, HIGH BLOOD PRESSURE AND EPILEPSY - MULTIPLE PREGNA NCY - OBESITY DURING PREGNANCY THERE WERE 43,627 LIVE BIRTHS IN SDC OVERALL IN 2013 AND T HE FETAL MORTALITY IN SDC WAS 4 56 DEATHS, MEETING THE HP 2020 NATIONAL TARGETS FOR ALL MA TERNAL AND INFANT HEALTH INDICATORS INCLUDING THE TARGET OF LESS THAN 5 6 FETAL DEATHS PER 1,000 LIVE BIRTHS AND FETAL DEATHS MATERNAL AND INFANT HEALTH INDICATORS BY SDC REGION, 2013 SDC REGIONS MET ALL HP 2020 NATIONAL TARGETS IN 2013 IN 2013, FETAL MORTALITY WAS 4 5 FETAL DEATHS PER 1,000 LIVE BIRTHS AND FETAL DEATHS IN THE NORTH COASTAL REGION, 4 3 IN THE NORTH CENTRAL REGION, 5 7 IN THE CENTRAL REGION, 3 1 IN THE SOUTH REGION, 5 6 IN THE E AST REGION, AND 4 1 IN THE NORTH INLAND REGION SCRIPPS HEALTH CONTINUED TO ENHANCE PRENAT AL EDUCATION FOR LOW INCOME WOMEN IN SAN DIEGO COUNTY IN FISCAL YEAR 2017 THE FOLLOWING A RE SOME EXAMPLES COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 1,200 MATERNAL CHILD HEAL TH CLASSES THROUGHOUT SAN DIEGO COUNTY TO ENHANCE PARENTING SKILLS LOW INCOME WOMEN IN SA N DIEGO WHO WERE ELIGIBLE ATTENDED CLASSES AT NO CHARGE OR ON A SLIDING FEE SCHEDULE - MA INTAINED EXISTING PRENATAL EDUCATION SERVICES IN ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A SATISFACTION RATING ABOVE 87 PERCENT - PROVIDED AND S UPPORTED WEEKLY BREASTFEEDING SUPPORT GROUPS AT SIX LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING TWO WITH BILINGUAL

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FORM 990, PART III, LINE 4A (CONTINUED)	SERVICES - OFFERED MATERNAL CHILD HEALTH CLASSES THROUGHOUT THE COMMUNITY, SUCH AS BASIC TRAINING FOR DADS, GETTING READY FOR THE BABY, GRAND PARENTING TODAY, PARENT CONNECTION PR OGRAMS AND REDIRECTING CHILDRENS BEHAVIOR - OFFERED THE DOGS AND BABIES PROGRAMS QUARTERL Y, WITH MORE THAN 40 ATTENDEES - OFFERED A PRENATAL YOGA PROGRAM FOR EXPECTANT WOMEN IN S AN DIEGO COUNTY - OFFERED CLASSES IN PELVIC FLOOR AND POSTPARTUM CHANGES FOR NEW MOTHERS THROUGHOUT THE COMMUNITY FIRST 5 AND PROMISE NEIGHBORHOOD MORE THAN 400 SERVICES WERE REC EIVED FOR FIRST TIME MOTHERS INCLUDING HOME VISITS, REFERRALS RECEIVED, DATA ENTRY, FOLLO W UP PHONE CALLS, PATENTING CLASSES AND OTHER SUPPORT SERVICES A TOTAL OF 231 PARENTS PAR TICIPATED IN PARENTING CLASSES, 185 SESSIONS PROVIDED SCRIPPS MERCYS SUPPLEMENTAL NUTRITI ON PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) THE SPECIAL SUPPLEMENT NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) WAS ESTABLISHED AS A PERMANENT PROGRAM IN 1974 TO SA FEGUARD THE HEALTH OF LOW-INCOME WOMEN, INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRIT IONAL RISK SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZATIONS THAT ADMINISTER T HE STATE FUNDED WIC PROGRAM THE PROGRAM SERVES SIX LOCATIONS CONVENIENTLY SITUATED NEAR C OMMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA WIC TARGETS LOW INCOME PR EGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5 YEARS) SCRIPPS MERCY WIC S ERVES APPROXIMATELY 6,500 WOMEN AND CHILDREN ANNUALLY, 44 PERCENT IN THE CITY HEIGHTS COMM UNITY IN CITY HEIGHTS CLIENTS ARE 91 PERCENT HISPANIC AND INCLUDE PREGNANT AND POSTPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FISCAL YEAR 2017, THE PROGRAM PROVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS FOR 76,707 WOMEN AND CHILDREN IN SOUTH AN D CENTRAL SAN DIEGO THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY R EACHING LOW INCOME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEEDING DURING PREGNANCY AND OFFER LACTATION SUPPORT (ONE ON ONE AND GROUP), AS WELL AS SUPPLIES, PUMPS AND BREAST PADS, DURING THE POSTPARTUM PERIOD CENTERING PREGNANCY, SCRIPPS FAMILY MEDICIN E RESIDENCY RAISING HEALTHY FAMILIES AND CARING FOR THE NEXT GENERATION OF SAN DIEGANS BEF ORE THEYRE BORN HELP CREATE A HEALTHIER COMMUNITY FOR YEARS TO COME THE SCRIPPS FAMILY ME DICINE PROGRAM AT SCRIPPS MERCY HOSPITAL CHULA VISTA, IS PROVIDING ACCESS, EDUCATION AND C LINICAL SERVICES TO NEARLY 200 PREGNANT WOMEN IN SOUTH SAN DIEGO COUNTY THE GOAL OF THE P ROGRAM, "IMPROVING PERINATAL CARE FOR UNDERSERVED LATINA WOMEN - HEALTHY WOMEN, HEALTHY BA BIES," IS TO PROVIDE ACCESS TO PERINATAL CARE FOR UNDERSERVED LATINA WOMEN IN ORDER TO IMP ROVE BIRTH OUTCOMES THE PROGRAM APPLIES THE PRINCIPLES OF THE CENTER HEALTH CARE INSTITUT E AND FOCUSES ON CHANGING THE WAY PATIENTS EXPERIENCE THEIR CARE THROUGH ASSESSMENT, EDUCA TION AND GROUP SUPPORT CENTERING PREGNANCY IS THE INSTITUTES MODEL DEVOTED SPECIFICALLY T O IMPROVING MATERNAL AND CHILD

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FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH, AND HAS BEEN SHOWN TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREA STFEEDING AND STRONGER RELATIONSHIPS BETWEEN MOTHERS AND THEIR HEALTHCARE PROVIDERS BEFORE , DURING AND AFTER PREGNANCY THE RESULTS ARE PROMISING WOMEN WHO GAVE BIRTH REPORTED AN ENHANCED PRENATAL EXPERIENCE, GAINED LESS WEIGHT THROUGHOUT THEIR PREGNANCY AND SHOWED IMP ROVED HEALTHCARE KNOWLEDGE AS THE PROGRAM CONTINUES, PATIENT NAVIGATORS WILL FOLLOW-UP WI TH PARTICIPANTS TO GAUGE OTHER IMPORTANT FACTORS AND HELP THEM MAINTAIN HEALTHY LIFESTYLES UNINTENTIONAL INJURY AND VIOLENCE UNINTENTIONAL INJURIES OCCUR AT HOME, AT WORK, WHILE P ARTICIPATING IN SPORTS AND RECREATION, ON THE STREETS AND AT SCHOOL AND ARE ASSOCIATED WIT H MOTOR VEHICLE ACCIDENTS, FALLS, FIREARMS, FIRE/BURNS, DROWNING, POISONING (INCLUDING DRU GS AND CAUSTIC SUBSTANCES), ALCOHOL, GAS, CLEANERS AND MANY OTHER CAUSES THE DEATHS ASSOC IATED WITH UNINTENTIONAL INJURIES ARE SIGNIFICANT, YET REPRESENT ONLY A SMALL PART OF A MU CH LARGER PUBLIC HEALTH PROBLEM HOSPITALIZATION DATA IS A BETTER MEASURE OF THE INJURY PR OBLEM THAN THE DEATH DATA ALONE UNINTENTIONAL INJURIES, MOTOR VEHICLE ACCIDENTS, FALLS, P EDESTRIAN RELATED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING DRUGS A ND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES) CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSUR E TO ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK, ARE ON E OF THE LEADING CAUSES OF DEATH FOR SDC RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVE NTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIV IDUAL BEHAVIORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK TAKING, THE PHYSICAL ENVIRONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJUR Y RELATED CARE, THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES ACCORDING TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTHS, BURDEN OF CHRONIC DISEASE AND INJURY REPO RT CALIFORNIA, 2013 INJURIES, INCLUDING BOTH INTENTIONAL AND UNINTENTIONAL, IS THE NUMBER ONE KILLER AND DISABLER OF PERSONS AGES 1 TO 44 YEARS IN CALIFORNIA THE SAME REPORT STAT ES THAT EVERY YEAR IN CALIFORNIA, INJURIES, CAUSE MORE THAN 16,000 DEATHS, 75,000 CASES OF DISABILITY, 240,000 HOSPITALIZATIONS, AND 2 3 MILLION ED VISITS BETWEEN 2010 AND 2013, N EARLY 4,000 SAN DIEGANS DIED AS A RESULT OF UNINTENTIONAL INJURIES THE REGIONS AGE-ADJUST ED DEATH RATE DUE TO UNINTENTIONAL INJURIES WAS 37 4 DEATHS PER 100,000 POPULATION, THE HI GHEST OF ALL REGIONS IN SDC AND ABOVE THE SDC AGE-ADJUSTED RATE OF 30 6 DEATHS PER 100,000 POPULATION IN 2013, THERE WERE 3,995 HOSPITALIZATIONS RELATED TO UNINTENTIONAL INJURY IN SDCS EAST REGION THE AGE-ADJUSTED RATE OF HOSPITALIZATIONS WAS 785 PER 100,000 POPULATIO N, WHICH IS ABOVE THE COUNTY AGE-ADJUSTED AVERAGE OF 691 5 PER 100,000 POPULATION

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH CONTINUES TO ADDRESS UNINTENTIONAL INJURY AND VIOLENCE IN FISCAL YEAR 2017 THE FOLLOWING ARE SOME EXAMPLES AARP DRIVER SAFETY PROGRAM AN EIGHT HOUR DRIVER IMPROVEM ENT COURSE ESPECIALLY DESIGNED FOR MOTORISTS AGE 50 AND OLDER THE COURSE HELPS DRIVERS RE FINE EXISTING SKILLS AND DEVELOP SAFE, DEFENSIVE DRIVING TECHNIQUES OPEN TO AARP MEMBERS AND NON-MEMBERS ALIKE AGING SUMMIT EXPO SCRIPPS PROVIDED EDUCATION REGARDING HOME SAFETY, FALL PREVENTION AND MEDICATION SAFETY FALL PREVENTION AND HOME SAFETY SCRIPPS SOCIAL WOR KER AND RN LECTURE ON WAYS TO REDUCE FALL RISK, IMPROVE SAFETY AWARENESS AND UTILIZE AVAIL ABLE RESOURCES TO PROMOTE INDEPENDENCE AND OVERALL SAFETY SAN DIEGO BRAIN INJURY FOUNDATI ON PROVIDE QUALITY OF LIFE IMPROVEMENTS FOR BRAIN INJURY SURVIVORS AND SUPPORT TO FAMILY M EMBERS SCRIPPS MEMORIAL HOSPITAL ENCINITAS DONATES SPACE TO THIS ORGANIZATION FOR MEETING S BRAINMASTERS BRAINMASTERS IS A SUPPORTIVE COMMUNICATION GROUP FOR ADULTS COPING WITH AC QUIRED BRAIN INJURY IT IS OFFERED AS COMMUNITY BENEFIT THROUGH THE REHABILITATION CENTER AT SCRIPPS MEMORIAL HOSPITAL ENCINITAS THE MAIN GOAL OF BRAINMASTERS IS TO HELP BRAIN INJ URY SURVIVORS TO BUILD CONFIDENCE BY PRACTICING THINKING ON THEIR FEET THIS HELPS TO ALLE VIATE CHALLENGES WITH COMMUNICATION AND SOCIAL ISOLATION THAT SO MANY BRAIN INJURY SURVIVO RS EXPERIENCE EVERY 15 MINUTES ALCOHOL CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN T HE U S ANNUALLY, INCLUDING 41% OF ALL TRAFFIC FATALITIES THE EVERY 15 MINUTES PROGRAM IS A TWO-DAY IMMERSION EXPERIENCE FOR TEENS ON THE REALISTIC CONSEQUENCES OF DRINKING AND DR IVING, WHICH INVOLVES THE SCHOOLS, LAW ENFORCEMENT, COURTS, EMERGENCY SERVICE PROVIDERS, A ND THE MORTUARY THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER THIS PRO GRAM IS SPONSORED JOINTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE AND SHERIFFS DEPARTMENTS, A MBULANCE SERVICES, AND EMERGENCY DEPARTMENTS BEACH AREA COMMUNITY COURT PROGRAM THE PROGR AM IS AN EDUCATIONAL PROGRAM FOR FIRST TIME OFFENDERS FOR QUALITY OF LIFE CRIMES THIS IS A COLLABORATION WITH THE SAN DIEGO POLICE DEPARTMENT, PARKS AND RECREATION, DISTRICT ATTOR NEYS OFFICE AND DISCOVER PACIFIC BEACH EDUCATION IS PROVIDED TO THE PARTICIPANTS REGARDIN G THESE QUALITY OF LIFE CRIMES AND THEIR EFFECTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALCOHOL CONSUMPTION AND THE RULES AND REGULATIONS FOR THE BEACH COMMUNITY SAN DIEGO H UMAN TRAFFICKING TASK FORCE AND PROJECT LIFE SCRIPPS HAS PARTNERED WITH THE SAN DIEGO HUMA N TRAFFICKING TASK FORCE AND PROJECT LIFE TO OFFER "SOFT ROOMS" AT ALL SCRIPPS HOSPITAL FA CILITIES EXCEPT SCRIPPS GREEN HOSPITAL THESE SOFT ROOMS WILL BE AVAILABLE TO PROJECT LIFE ON A MOMENTS NOTICE TO SERVE AS A SAFE, CONFIDENTIAL ENVIRONMENT FOR LAW ENFORCEMENT TO I NTERVIEW VICTIMS OF HUMAN TRAFFICKING AND FOR SERVICE PROVIDERS TO CONNECT WITH THE VICTIM S WITH EMERGENCY SHELTER AND COMMUNITY RESOURCES THE SAN DIEGO HUMAN TRAFFICKING TASK FOR CE RECEIVES 3,000 TO 8,000 HUM

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FORM 990, PART III, LINE 4A (CONTINUED)	AN TRAFFICKING VICTIMS EVERY YEAR IN SAN DIEGO COUNTY APPROXIMATELY 80 PERCENT ARE BORN I N THE UNITED STATES BEHAVIORAL HEALTH BEHAVIORAL HEALTH IS AN IMPORTANT HEALTH NEED BECAU SE IT IMPACTS AN INDIVIDUALS OVERALL HEALTH STATUS AND IS A COMORBIDITY OFTEN ASSOCIATED W ITH MULTIPLE CHRONIC CONDITIONS, SUCH AS DIABETES, OBESITY AND ASTHMA BEHAVIORAL HEALTH E NCOMPASSES MANY DIFFERENT AREAS INCLUDING MENTAL HEALTH, MENTAL ILLNESS AND SUBSTANCE ABUS E BECAUSE OF ITS BROADNESS, IT IS OFTEN DIFFICULT TO CAPTURE THE NEED FOR BEHAVIORAL HEAL TH SERVICES WITH A SINGLE MEASURE AN ANALYSIS OF MORTALITY DATA IN SAN DIEGO COUNTY FOUND THAT IN 2012, ALZHEIMERS DISEASE WAS THE THIRD LEADING CAUSE OF DEATH AND INTENTIONAL SEL F-HARM (SUICIDE) WAS THE EIGHTH HOSPITAL EMERGENCY DEPARTMENT ENCOUNTERS AND INPATIENT DI SCHARGE DATA FOR PATIENTS WITH A PRIMARY DIAGNOSIS OF BEHAVIORAL HEALTH-ASSOCIATED ICD 9 C ODE IN 2013 WAS USED TO PROVIDE AN OVERVIEW OF MAIN REASONS INDIVIDUALS SOUGHT CARE RELATE D TO BEHAVIORAL HEALTH BY AGE GROUP A SUMMARY OF THE TRENDS FOUND WERE AS FOLLOWS - OSHP D ED DISCHARGE DATA ANXIETY DISORDERS WERE THE TOP PRIMARY DIAGNOSIS FOR ED DISCHARGE AMO NG THOSE AGED 5 THROUGH 44 AND THOSE 65 AND OLDER FOR THOSE AGED 45-64, THE TOP ED DISCHA RGE FOR BEHAVIORAL HEALTH WAS ALCOHOL-RELATED DISORDER FOLLOWED BY ANXIETY AND MOOD DISORD ERS ALCOHOL RELATED DISORDERS WAS THE NUMBER TWO PRIMARY DIAGNOSIS FOR DISCHARGE FOR THOS E AGED 15 THROUGH 44 AND THOSE 65 YEARS AND OLDER - OSHPD INPATIENT DISCHARGE DATA REVEAL ED THAT WHEN EXAMINING THE ICD 9 CODES RELATED TO BEHAVIORAL HEALTH, 'MOOD DISORDERS' WAS THE TOP PRIMARY DIAGNOSIS FOR INPATIENT DISCHARGE FOR AGES 5 THROUGH 24 AND 45 AND OVER F OR THOSE AGED 25 THROUGH 44, THE TOP BEHAVIORAL HEALTH PRIMARY DIAGNOSIS WAS 'SCHIZOPHRENI A AND OTHER PSYCHOTIC DISORDERS' FOLLOWED BY MOOD DISORDERS - FEEDBACK FROM THE BEHAVIORA L HEALTH DISCUSSIONS IN THE 2016 CHNA FOUND THAT HIGH RATES OF PSYCHOTIC DISCHARGES IN AGE S 25 TO 44 WERE LIKELY LINKED TO UNDERLYING SUBSTANCE ABUSE PROBLEMS ALTHOUGH PARTICIPANT S AGREED WITH THE FINDINGS, IT WAS FOUND THAT HOSPITAL CODING MAY POTENTIALLY UNDERREPRESE NT THE PREVALENCE OF UNDERLYING ISSUES AND MISS CERTAIN CONDITIONS MOST NOTABLY MISSING F ROM OSHPD DATA WAS DEVELOPMENTAL DISORDERS THE GROUPS ALSO POINTED OUT THE IMPORTANCE OF EMERGING DATA TRENDS IN RECENT YEARS, DISCUSSION PARTICIPANTS CITED A SIGNIFICANT INCREAS E IN DRUG-RELATED DISCHARGES, PARTICULARLY METHAMPHETAMINE (~OVER 100%) IN THE 2016 CHNA MENTAL HEALTH ISSUES AND ALCOHOL/DRUG ABUSE ISSUES WERE CONSISTENTLY SELECTED BY THE HIGHE ST NUMBER OF HHSA SURVEY PARTICIPANTS IN ALL REGIONS AS HEALTH PROBLEMS THAT HAVE THE GREA TEST IMPACT ON OVERALL COMMUNITY HEALTH IN ADDITION, AGING CONCERNS INCLUDING ALZHEIMERS DISEASE WAS CITED AMONG THE TOP FIVE MOST IMPORTANT HEALTH NEEDS IN ALL REGIONS IN SDC EXC EPT THE CENTRAL REGION THE FOLLOWING CATEGORIES WERE FOUND TO BE IMPORTANT HEALTH NEEDS W ITH BEHAVIORAL HEALTH IN SDC

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FORM 990, PART III, LINE 4A (CONTINUED)	- ALZHEIMERS DISEASE (SENIORS) - ANXIETY (ALL AGE GROUPS) - DRUG AND ALCOHOL ISSUES (TEENS AND ADULTS) - MOOD DISORDERS (ALL AGE GROUPS) ANXIETY ANXIETY IS A NORMAL REACTION TO ST RESS BUT CAN BECOME EXCESSIVE, DIFFICULT TO CONTROL, AND ULTIMATELY INTERFERE WITH NORMAL DAY-TO-DAY LIVING THERE ARE WIDE VARIETY OF ANXIETY DISORDERS INCLUDING POST-TRAUMATIC ST RESS DISORDER NATIONAL PREVALENCE DATA ESTIMATES THAT 18% OF THE POPULATION HAD AN ANXIET Y DISORDER, WITH PHOBIAS AND GENERALIZED ANXIETY BEING THE MOST COMMON IN SAN DIEGO COUNT Y, THERE HAS BEEN A STEADY INCREASE IN THE RATE OF ED DISCHARGES WITH A PRIMARY DIAGNOSIS OF ANXIETY IN PARTICULAR, THERE HAS BEEN A 64 2% INCREASE IN CHILDREN UP TO AGE 14 FROM 2 5 PER 100,000 IN 2010 TO 41 PER 100,000 IN 2013 SUBSTANCE ABUSE THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) DEFINES SUBSTANCE USE DISORDERS AS THE RECU RRENT USE OF ALCOHOL AND/OR DRUGS WHICH CAUSES CLINICALLY AND FUNCTIONALLY SIGNIFICANT IMP AIRMENT, SUCH AS HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES A T WORK, SCHOOL, OR HOME THE PERCENTAGE OF ADULTS AGED 18 AND OLDER IN SAN DIEGO COUNTY WH O SELF-REPORT HEAVY ALCOHOL CONSUMPTION (DEFINED AS MORE THAN TWO DRINKS PER DAY ON AVERAG E FOR MEN AND ONE DRINK PER DAY ON AVERAGE FOR WOMEN) IS 17 2%, ADDITIONALLY, 12 1% REPORT ED CURRENTLY SMOKING CIGARETTES SOME DAYS OR EVERYDAY ACCORDING TO THE BRFSS ACUTE SUBSTA NCE ABUSE HOSPITALIZATION RATES INCREASED 37 4% FROM 2010 TO 2013 AND INCREASED MOST AMONG 15-24 YEAR OLDS (58%) ACUTE ALCOHOL HOSPITALIZATION RATES GREW MOST AMONG 25-44 YEAR OLD S WITH A 45 9% INCREASE BETWEEN 2010 AND 2013 FINALLY, CHRONIC ALCOHOL ED VISITS AMONG SE NIORS AGED 65 AND OLDER INCREASED 89 7% DURING THE SAME PERIOD ALZHEIMERS DISEASE ALZHEI MERS IS THE MOST COMMON FORM OF DEMENTIA ALTHOUGH ALL DEMENTIAS ARE CHARACTERIZED BY A DEC LINE IN MEMORY, THINKING SKILLS, AND ABILITY TO PERFORM EVERYDAY ACTIVITIES ACCORDING TO THE 2015 SAN DIEGO COUNTY SENIOR HEALTH REPORT, ROUGHLY 60,000 INDIVIDUALS IN SAN DIEGO AR E LIVING WITH ALZHEIMERS DISEASE OR OTHER DEMENTIA (ADOD) IN 2012 IT IS PROJECTED THAT TH E NUMBER OF SAN DIEGO ADULTS AGED 55 AND OLDER WITH ADOD WILL INCREASE BY 55 9% BETWEEN 20 12 AND 2030 THE LARGEST MAJORITY OF INDIVIDUALS LIVE IN THE EAST REGION THOUGH THE LARGES T PERCENTAGE IS PROJECTED IN THE NORTH CENTRAL REGION ADOD ALSO AFFECTS CAREGIVERS PHYSIC ALLY AND EMOTIONALLY SO SIGNIFICANT INCREASES IN THE NUMBER OF PEOPLE LIVING WITH ADOD WIL L HAVE AN IMPACT THAT EXTENDS BEYOND THOSE AFFECTED

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FORM 990, PART III, LINE 4A (CONTINUED)	MOOD DISORDERS MOOD DISORDERS ARE PARTICULARLY PREVALENT IN THE COMMUNITY AND INCREASING DATA FROM THE CENTERS FOR MEDICARE AND MEDICAID SHOW THAT AMONG THE FEE-FOR-SERVICE POPUL ATION, 14 5% SUFFER FROM DEPRESSION COMPARED TO 13 4% IN CALIFORNIA IN 2012 IN ADDITION, AN ANALYSIS OF OSHPD DATA SHOWS THAT THE RATE OF ED DISCHARGES PER 100,000 INDIVIDUALS WIT H A PRIMARY DIAGNOSIS OF MOOD DISORDERS INCREASED BY 38 7% FROM 2010 TO 2013 FOR CHILDREN UP TO AGE 14, HOSPITALIZATIONS ALSO WENT UP BY 26 8% IN THIS AGE GROUP MOOD DISORDERS ARE OFTEN ASSOCIATED WITH COMORBIDITIES INCLUDING DIABETES, OBESITY AND ASTHMA SUICIDE IS AL SO AN INDICATOR OF POOR MENTAL HEALTH AND IS ONE OF THE MAJOR COMPLICATIONS OF DEPRESSION IN SAN DIEGO COUNTY, THE SUICIDE RATE ACCORDING TO THE CALIFORNIA DEPARTMENT OF PUBLIC HE ALTH IS 11 3 PER 100,000 POPULATION WHICH IS ABOVE THE STATE SUICIDE RATE OF 9 8 PER 100,0 00 AND ABOVE THE HP2020 BENCHMARK OF 10 2 PER 100,000 POPULATION IT IS ALSO THE EIGHTH LE ADING CAUSE OF DEATH IN SAN DIEGO COUNTY WHEN ADJUSTING FOR RACE/ETHNICITY, NON-HISPANIC WHITES ARE MORE LIKELY TO COMMIT SUICIDE FOLLOWED BY NATIVE HAWAIIAN/PACIFIC ISLANDERS CO MPARING SUICIDE RATES BY RACE, NON-HISPANIC, BLACK, ASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDE RS, AND THOSE OF MULTIPLE RACES WERE ALL ABOVE STATE LEVELS MENTAL AND BEHAVIOR HEALTH CO VERS A BROAD RANGE OF TOPICS - SUBSTANCE ABUSE AND MISUSE ARE ONE SET OF BEHAVIORAL HEALT H PROBLEMS OTHERS INCLUDE (BUT NOT LIMITED TO) SERIOUS PSYCHOLOGICAL DISTRESS, SUICIDE, A ND MENTAL ILLNESS - BARRIERS CAN EXIST FOR PATIENTS ACROSS THE LIFESPAN THE NATIONAL SUR VEY FOR CHILDRENS HEALTH (HRSA, 2010) SHOWED THAT AMONG CHILDREN WITH EMOTIONAL, DEVELOPME NTAL, OR BEHAVIORAL CONDITIONS, 45 6% WERE RECEIVING NEEDED MENTAL HEALTH SERVICES - IN 2 014, AMONG THE 20 2 MILLION ADULTS WITH A PAST YEAR SUBSTANCE USE DISORDER, 7 9 MILLION (3 9 1%) HAD ANY MENTAL ILLNESS IN THE PAST YEAR DEPRESSION - DEPRESSION IS THE LEADING CAU SE OF DISABILITY WORLDWIDE AND IS A MAJOR CONTRIBUTOR OF GLOBAL BURDEN OF DISEASE - IN 20 14, 11 4% OF ADOLESCENTS AGED 12 TO 17 HAD A MAJOR DEPRESSIVE EPISODE THE PERCENTAGE WHO USED ILLICIT DRUGS IN THE PAST YEAR WAS HIGHER AMONG THOSE WITH A PAST YEAR MAJOR DEPRESSI VE EPISODE (MDE) THAN IT WAS AMONG THOSE WITHOUT A PAST YEAR MDE (33% VS 15 2%) PREVALEN CE - IN 2014, AN ESTIMATED 43 6 MILLION (ROUGHLY 18%) ADULTS AGED 18 OR OLDER HAD ANY MEN TAL ILLNESS IN THE UNITED STATES - ONE-HALF OF ALL CHRONIC MENTAL ILLNESS BEGINS BY THE A GE OF 14, THREE QUARTERS BY THE AGE OF 24 DISPARITIES AND BEHAVIORAL HEALTH BEHAVIORAL H EALTH & RACE - COMPARED WITH WHITES, AFRICAN AMERICANS AND HISPANIC AMERICANS USED MENTAL HEALTH SERVICES AT ABOUT ONE-HALF THE RATE IN 2010 - BLACK ADULTS AND ADOLESCENTS WERE LE SS LIKELY THAN THEIR WHITE COUNTERPARTS TO RECEIVE TREATMENT FOR DEPRESSION - AMERICAN IN DIAN/ALASKAN NATIVE ADULTS AND THOSE OF TWO OR MORE RACES HAD THE HIGHEST PREVALENCE OF ME NTAL ILLNESS WITH 26% AND 28%

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FORM 990, PART III, LINE 4A (CONTINUED)	LIVING WITH A MENTAL HEALTH CONDITION, RESPECTIVELY BEHAVIORAL HEALTH & HOUSING - AN ESTI MATED 26% OF HOMELESS ADULTS STAYING IN SHELTERS LIVE WITH SERIOUS MENTAL ILLNESS AND AN E STIMATED 46% LIVE WITH SEVERE MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDERS BEHAVIORAL HE ALTH & GENDER - MALES COMMIT SUICIDE FOUR TIMES MORE THAN FEMALES - ADULT MALES WERE LESS LIKELY THAN ADULT FEMALES TO RECEIVE TREATMENT FOR DEPRESSION BEHAVIORAL HEALTH & SEXUAL ITY - LGBTQ INDIVIDUALS ARE TWO OR MORE TIMES LIKELY AS STRAIGHT INDIVIDUALS TO HAVE A MEN TAL HEALTH CONDITION BEHAVIORAL HEALTH & CHRONIC DISEASE - MENTAL ILLNESS IS ASSOCIATED W ITH CHRONIC DISEASES SUCH AS CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY SUICIDE AND SU ICIDE ATTEMPTS SUICIDE IS A MAJOR COMPLICATION OF DEPRESSION AND A LEADING CAUSE OF NON-NA TURAL DEATH FOR ALL AGES IN SAN DIEGO COUNTY, SECOND ONLY TO MOTOR VEHICLE ACCIDENTS WHIL E THE U S AND CALIFORNIA STRUGGLE WITH RISING SUICIDE RATES, THE 2015 SAN DIEGO COUNTY (S DC) DATA REVEALED THAT SDC IS HOLDING ITS GROUND ON PROGRESS MADE LAST YEAR COMPARED TO 2 014, WHEN THE SUICIDE RATE DECLINED FOR THE FIRST TIME IN RECENT HISTORY, THE SUICIDE RATE IN 2015 HELD STEADY AT 13 2 PER 100,000 POPULATION GAINS IN HELP-SEEKING AMONG SAN DIEGA NS ARE ALSO STAYING THE COURSE CRISIS CALLS TO THE LOCAL ACCESS & CRISIS HOTLINE ROSE 1% IN 2015 ON TOP OF THE 15% INCREASE IN 2014 FOR MORE INFORMATION ON THE STATUS OF SUICIDE AND SUICIDE PREVENTION IN SAN DIEGO COUNTY SEE 2017 REPORT CARD AT http //www sdchip org/I nitiatives/suicide-prevention-council/reports-resou rces/ IN 2010, THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA) LAUNCHED A SUICIDE PREVENTION PLANNING PROCESS, W HICH WAS FORMED BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION AND THE CALIFORNIA STRATEG IC PLAN ON SUICIDE PREVENTION SCRIPPS IS A MEMBER OF THE COMMUNITY HEALTH IMPROVEMENT PAR TNERS (CHIP), WHICH COLLABORATES WITH THE COUNTY ON THIS INITIATIVE THE BEHAVIORAL HEALTH PROGRAM AT SCRIPPS MERCY ALSO SUPPORTS COMMUNITY PROGRAMS TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY SCRIPPS HEALTH BEHAV IORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SUFFERING FROM ACUTE PSYCHIATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVES OR OTHERS IN SUCH CASES, HOSPITALIZATION MAY BE THE MOST APPROPRIATE ALTERNATIVE THE BEHAVIORAL HE ALTH INPATIENT PROGRAM AT SCRIPPS MERCY HOSPITAL HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNESS AND RESUME THEIR DAILY LIVES CHALLENGES - LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMEN T RATES HAVE NOT KEPT PACE WITH THE COST TO PROVIDE CARE - IN 2017, THE SCRIPPS MERCY BEH AVIORAL HEALTH PROGRAM LOST $1 6 MILLION IN OPERATING EXPENSES - IN 2017, 2 3 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNINSURED BEHAVIORAL HEALTH OUTPATIENT PROGRAMS SCRIP PS BEHAVIORAL HEALTH ENTERED I

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FORM 990, PART III, LINE 4A (CONTINUED)	NTO AN AGREEMENT IN MAY 2016 TO TRANSITION THE INTENSIVE BEHAVIORAL HEALTH OUTPATIENT PROG RAM TO THE FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) AND EXPAND OUTPATIENT BEHAVIORAL HEA LTH OFFERINGS TO THE POPULATION SERVED SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP SCRIPPS MERCY HAS ESTABLISHED AN INITIATIVE WITH FHCSD TO CREATE A MOR E ROBUST BEHAVIORAL HEALTH CARE SYSTEM FOR MEDI-CAL PATIENTS THAT RECEIVE CARE AT SMH THE GOAL IS TO STRENGTHEN THE CONTINUUM OF INTEGRATED PRIMARY AND MENTAL HEALTH SERVICES FOR PATIENTS DISCHARGED FROM VARIOUS HOSPITAL SETTINGS (MEDICAL AND BEHAVIORAL HEALTH INPATIEN T AND EMERGENCY CARE) THROUGH A VARIETY OF TIMELY PATIENT ENGAGEMENT STRATEGIES INCLUDING THE EXPANSION OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES ADJACENT TO THE HOSPITAL THE ULTIMATE GOAL IS TO INVOLVE PATIENTS IN APPROPRIATE OUTPATIENT CARE BEFORE THEIR BEHAVIORA L HEALTH ISSUES BECOME ACUTE SO THEY DO NOT RETURN TO THE EMERGENCY DEPARTMENT MENTAL HEA LTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNERSHIP WITH THE SAN DIEGO CHAPTER OF MENTAL HEALTH OF AME RICA ESTABLISHED THE A-VISIONS VOCATIONAL TRAINING PROGRAM (SOCIAL REHABILITATION AND PREV OCATIONAL SERVICES FOR PEOPLE LIVING WITH MENTAL ILLNESS) TO HELP DECREASE THE STIGMA OF M ENTAL ILLNESS AND OFFER VOLUNTEER AND EMPLOYMENT OPPORTUNITIES TO PERSONS WITH MENTAL ILLN ESS THIS SUPPORTIVE EMPLOYMENT PROGRAM PROVIDES VOCATIONAL TRAINING FOR PEOPLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALLY LEADING TO GREATER INDEPENDENCE THIS YEAR, BEHAVIORA L HEALTH SERVICES CONTINUED PARTICIPATING IN THE A-VISIONS PROGRAM

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FORM 990, PART III, LINE 4A (CONTINUED)	SINCE ITS INCEPTION, 530 CLIENTS HAVE BEEN ENROLLED AND 93 HAVE BEEN SCRIPPS VOLUNTEERS AN D 50 HAVE BEEN EMPLOYED AT SCRIPPS HEALTH CURRENTLY, THERE ARE A TOTAL OF 25 ACTIVE CANDI DATES, 23 EMPLOYEES AND TWO VOLUNTEERS PARTICIPATING IN THIS SUPPORTIVE EMPLOYMENT PROGRAM A-VISIONS PARTICIPANTS HAVE BEEN EMPLOYED ON A CASUAL/PER DIEM BASIS BY SCRIPPS ENVIRONM ENTAL SERVICES, FOOD SERVICES AND CLERICAL SUPPORT FOR HEALTH AND INFORMATION SERVICES, EM ERGENCY SERVICES, NURSING RESEARCH, HUMAN RESOURCES, ACCESS, BEHAVIORAL HEALTH, CREDENTIAL ING, LABOR AND DELIVERY, LABORATORY, MEDICAL STAFFING, PERFORMANCE IMPROVEMENT, SPIRITUAL CARE AND PALLIATIVE CARE SERVICES PAID A-VISIONS CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHICH ALLOWS THEM TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFI TS, MEDICATIONS AND ONGOING BEHAVIORAL HEALTHCARE THAT SUPPORTS THEIR WORK INCREASING AWA RENESS OF MENTAL HEALTH ISSUES IN FISCAL YEAR 2017, SCRIPPS BEHAVIORAL HEALTH SERVICES IMP ROVED AWARENESS OF MENTAL HEALTH ISSUES BY PROVIDING INFORMATION AND SUPPORTIVE SERVICES F OR MORE THAN 1,000 PEOPLE AT COMMUNITY EVENTS MENTAL HEALTH AWARENESS MONTH THE MONTH OF MAY IS MENTAL HEALTH AWARENESS MONTH SCRIPPS HOSPITALS PROVIDED IN THEIR LOBBIES, A MENTA L HEALTH PROFESSIONAL WHO SHARED BROCHURES, COMMUNITY RESOURCES RELATED TO MENTAL ILLNESS, TREATMENT OPTIONS AND ANSWERED QUESTIONS FROM THE PUBLIC AND PATIENTS VISITING THE SCRIPP S FACILITY COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND SUICIDE PREVENTION COUNCIL TH E SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL (SPC) IS A COLLABORATIVE COMMUNITY-WIDE EFFO RT FOCUSED ON REALIZING A VISION OF ZERO SUICIDES IN SAN DIEGO COUNTY ITS GOAL IS TO PREV ENT SUICIDE AND ITS DEVASTATING CONSEQUENCES IN SAN DIEGO COUNTY SINCE 2010, WITH SUPPORT FROM THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES, CHIP PROVIDES DIRECT OVERSIGHT A ND GUIDANCE TOWARD THE IMPLEMENTATION OF THE SUICIDE PREVENTION ACTION PLAN THE CORE STRA TEGIES OF THE SPC ARE - ENHANCING COLLABORATIONS TO PROMOTE A SUICIDE-FREE COMMUNITY - CO NDUCTING NEEDS ASSESSMENTS TO IDENTIFY GAPS IN SUICIDE PREVENTION SERVICES AND SUPPORTS - DISSEMINATING VITAL INFORMATION ON THE SIGNS OF SUICIDE AND EFFECTIVE HELP-SEEKING - PROVI DING RESOURCES TO THOSE AFFECTED BY SUICIDE AND SUICIDAL BEHAVIOR - ADVANCING POLICIES AND PRACTICES THAT CONTRIBUTE TO THE PREVENTION OF SUICIDE PSYCHIATRIC LIAISON TEAM (PLT) THE PSYCHIATRIC LIAISON TEAM IS A MOBILE PSYCHIATRIC ASSESSMENT TEAM CLINICIANS PROVIDE MENT AL HEALTH EVALUATION AND TRIAGE SERVICES TO ACCURATELY ASSESS PATIENTS AND PROVIDE THEM WI TH BEST AND SAFEST COMMUNITY RESOURCES TO PROMOTE ONGOING CARE THE TEAM AIMS TO HELP PEOP LE ADHERE TO TREATMENT PLANS, REDUCE HOSPITAL READMISSION RATES, RELIEVE SYMPTOMS AND ULTI MATELY ENSURE THE LONG-TERM STABILIZATION OF THE PATIENTS MENTAL HEALTH SCRIPPS WILL CONT INUE TO PROVIDE A DEDICATED PSYCHIATRIC LIAISON TEAM AT ALL SCRIPPS HOSPITALS EMERGENCY DE PARTMENTS AND URGENT CARE SETT

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FORM 990, PART III, LINE 4A (CONTINUED)	INGS (RANCHO BERNARDO AND TORREY PINES) SCRIPPS DRUG AND ALCOHOL RESOURCES NURSES SCRIPPS HAS IMPLEMENTED THE ROLE OF A MOBILE GROUP OF SPECIALLY TRAINED DRUG AND ALCOHOL RESOURCE NURSES THAT PROVIDE EDUCATION, INTERVENTIONS AND DISCHARGE PLACEMENT ASSISTANCE TO PATIEN TS IN THE SCRIPPS HOSPITALS THE RESOURCE NURSES WORK DIRECTLY WITH THE NURSING STAFF AT E ACH OF THE HOSPITALS IN SEARCH OF PATIENTS WHO MAY BE AT RISK FOR ALCOHOL/DRUG WITHDRAWAL AND ASSIST WITH IMPLEMENTING A STANDARDIZED PROTOCOL WITHDRAWAL PROCESS THROUGH A CONTRAC T WITH VOLUNTEERS OF AMERICA (VOA), THE SCRIPPS RESOURCE NURSE IN COLLABORATION WITH CASE MANAGEMENT IS ABLE TO OFFER A LIMITED NUMBER PATIENTS IN NEED OF DETOX RESIDENTIAL PLACEME NT AT THE VOA FACILITY IN NATIONAL CITY MI PUENTE/MY BRIDGE-SCRIPPS MERCY HOSPITAL CHULA VISTA SCRIPPS WHITTIER DIABETES INSTITUTE ALSO RECEIVED A $2 4 MILLION STUDY GRANT FROM TH E NIHS NATIONAL INSTITUTE OF NURSING RESEARCH IN 2015 TO EVALUATE MI PUENTE, A PROGRAM AT SCRIPPS MERCY CHULA VISTA HOSPITAL THAT USES A "NURSE + VOLUNTEER" TEAM APPROACH TO HELP H OSPITALIZED HISPANIC PATIENTS WITH MULTIPLE CHRONIC DISEASES REDUCE THEIR HOSPITALIZATIONS AND IMPROVE THEIR DAY-TO-DAY HEALTH AND QUALITY OF LIFE INDIVIDUALS OF LOW SOCIOECONOMIC (SES) AND ETHNIC MINORITY STATUS, INCLUDING HISPANICS, THE LARGEST U S ETHNIC MINORITY G ROUP ARE DISPROPORTIONATELY BURDENED BY CHRONIC CARDIOVASCULAR AND METABOLIC CONDITIONS (" CARDIOMETABOLIC," E G , OBESITY, DIABETES, HYPERTENSION, HEART DISEASE) HIGH LEVELS OF UN MET BEHAVIORAL HEALTH IN THIS POPULATION CONTRIBUTE TO STRIKING DISPARITIES IN DISEASE PRE VALENCE AND OUTCOMES A BEHAVIORAL HEALTH NURSE PROVIDES IN-HOSPITAL COACHING TO PATIENTS, WHO ARE THEN FOLLOWED AFTER DISCHARGE BY A VOLUNTEER COMMUNITY PEER MENTOR TO ASSIST THEM IN OVERCOMING BARRIERS THAT MAY INTERFERE WITH ACHIEVING AND MAINTAINING GOOD HEALTH MI PUENTE AIMS TO IMPROVE CONTINUITY OF CARE AND ADDRESS THE (PHYSICAL AND BEHAVIORAL) HEALTH NEEDS OF THE AT-RISK HISPANIC POPULATION THIS PROGRAM HOLDS PROMISE FOR IMPACTFUL EXPANS ION TO OTHER CONDITIONS AND UNDERSERVED POPULATIONS BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES MANY PEOPLE FIND THAT THE DAY-TO-DAY TASKS ASSOCIATED WITH HAVING DIAB ETES TESTING ONES BLOOD SUGAR, PLANNING MEALS, GETTING ENOUGH PHYSICAL ACTIVITY AND REMEMB ERING TO TAKE MEDICATIONS CAN BE STRESSFUL A COMMON CONDITION KNOWN AS "DIABETES DISTRESS " CAN BE THE RESULT OF FEELING LIKE ITS ALL TOO MUCH SCRIPPS DIABETES CARE AND PREVENTION HAS A DIABETES BEHAVIORAL SPECIALIST ON STAFF TO HELP PEOPLE MANAGE THEIR DIABETES WITHOU T BEING OVERWHELMED OR UNDULY DISTRESSED THE BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES IS AN INTEGRATED, INTERDISCIPLINARY APPROACH TO MANAGING THE EMOTIONAL AND BE HAVIORAL NEEDS OF INDIVIDUALS WITH TYPE 1 AND TYPE 2 DIABETES THE COLLOCATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES IN THE SAME FACILITY ALLOW FOR CONVENIENT, WARM HAND-OFF FR OM PHYSICIAN TO BEHAVIORAL HEA

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FORM 990, PART III, LINE 4A (CONTINUED)	LTH SPECIALIST IT ALSO AFFORDS OPPORTUNITIES FOR PHYSICIANS, DIABETES EDUCATORS AND OTHER S TO RECEIVE CONSULTATION ON BEHAVIORAL HEALTH CONCERNS, AND IN TURN, MORE COMPREHENSIVELY ADDRESS THE MULTI-FACETED NEEDS OF THEIR PATIENTS WITH DIABETES GUIDING VETERANS TO MENT AL HEALTH SERVICES SAN DIEGO IS HOME TO MORE THAN 250,000 VETERANS A SUBSTANTIAL NUMBER O F OUR SERVICE MEMBERS HAVE SUFFERED OR ARE STRUGGLING WITH POST-TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL CONDITIONS RELATED TO MILITARY SERVICE AND REPEATED DEPLOYMENTS PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, SCRIPPS IS ACTIV ELY WORKING TO ASSIST THESE VETERANS THROUGH INFORMATIONAL SESSIONS DESIGNED TO IMPROVE KN OWLEDGE OF VETERANS MENTAL HEALTH ISSUES AND ACCESS TO COMMUNITY-BASED SERVICES SCRIPPS I S WORKING WITH SAN DIEGO STATE UNIVERSITY TO IMPLEMENT A VETERANS MENTAL HEALTH COURSE IN THE SOCIAL WORK DEPARTMENT MENTAL HEALTH SUPPORT SERVICES AT LOCAL SCHOOL-BASED CLINICS S CRIPPS FAMILY MEDICINE RESIDENCY AND SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER HAVE PARTNERED TO OFFER CLINICAL TRAINING OPPORTUNITIES FOR MASTER SOCIAL WORK STUDENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOUTHWEST AND PALOMAR HIGH SCHOOLS THESE STU DENTS WORK WITH LOCAL PROVIDERS THAT ADDRESS THE MENTAL HEALTH NEEDS OF VULNERABLE ADOLESC ENTS A VARIETY OF MENTAL HEALTH ISSUES ARE PRESENT FOR LOCAL HIGH SCHOOL STUDENTS MANY O F THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND SUICIDE RELATED CONCERNS THE PROGRAM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-BASED CLINIC A PPROXIMATELY 240 HOURS WERE SPENT IN THE SCHOOL-BASED CLINICS OFFERING SERVICES FOR ADOLES CENTS TO AN AVERAGE OF 12 STUDENTS PER WEEK

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FORM 990, PART III, LINE 4A (CONTINUED)	SURVIVORS OF SUICIDE LOSS SCRIPPS MERCY HOSPITAL SAN DIEGO DONATES SPACE TO THIS ORGANIZAT ION SURVIVORS OF SUICIDE LOSS REACHES OUT TO AND SUPPORTS PEOPLE WHO HAVE LOST A LOVED ON E TO SUICIDE THEIR GOAL IS TO GIVE SURVIVORS A PLACE WHERE THEY CAN BE COMFORTABLE EXPRES SING THEMSELVES, A PLACE TO FIND SUPPORT, COMFORT, RESOURCES AND HOPE IN A JUDGMENT-FREE E NVIRONMENT WIDOW SUPPORT GROUP THIS SUPPORT GROUP OFFERS BEREAVEMENT/MENTAL HEALTH SUPPOR T AND GUIDANCE TO FAMILIES WHO HAVE LOST A LOVED ONE THE GROUP FACILITATES DISCUSSION AND GUEST LECTURES ABOUT TOPICS RELATED TO THE LOSS OF LOVED ONES THERE ARE APPROXIMATELY 6- 10 PARTICIPANTS MONTHLY THAT ATTEND AND MANY HAVE BEEN A PART OF THE GROUP FOR MORE THAN 1 5-20 YEARS PATIENT COMMUNITY SERVICES PATIENTS ARE REFERRED FROM SCRIPPS MERCY HOSPITAL C HULA VISTA, FOR ASSISTANCE WITH A WIDE VARIETY OF BEHAVIORAL HEALTH NEEDS INCLUDING ADDICT ION, LOSS, ANXIETY AND OTHER MENTAL HEALTH ISSUES THE WELL-BEING CENTER OFFERS WEEKLY COU NSELING AND/OR REFER PATIENTS TO LOCAL MENTAL HEALTH COUNSELING SERVICES SOCIAL DETERMINA NTS OF HEALTH PER THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ADDITION TO THE HEALTH OUTCOME NEEDS THAT WERE IDENTIFIED IN THE CHNA, SOCIAL DETERMINANTS OF HEALTH WERE A KEY T HEME IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES ANALYSIS OF RESULTS FROM THE COMMUNITY PARTNER DISCUSSIONS AND KEY INFORMANT INTERVIEWS REVEALED THE MOST COMMONLY ASSOCIATED SO CIAL DETERMINANTS OF HEALTH FOR EACH OF THE TOP HEALTH NEEDS THE TOP TEN SOCIAL DETERMINA NTS WERE CONSISTENTLY REFERENCED ACROSS THE DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES, FOO D INSECURITY & ACCESS TO HEALTHY FOOD, ACCESS TO CARE OR SERVICES, HOMELESS/HOUSING ISSUES , PHYSICAL ACTIVITY, EDUCATION/KNOWLEDGE, CULTURAL COMPETENCY, TRANSPORTATION, INSURANCE I SSUES, STIGMA AND POVERTY THE IMPORTANCE OF THESE SOCIAL DETERMINANTS WAS ALSO CONFIRMED BY QUANTITATIVE DATA BELOW ARE PROGRAMS AND ORGANIZATIONS THAT SCRIPPS SUPPORTS THAT ARE ADDRESSING SOCIAL DETERMINANTS OF HEALTH APPROXIMATELY 80 PERCENT OF MODIFIABLE RISKS FOR DISEASES ARE ATTRIBUTABLE TO NONMEDICAL (UPSTREAM) DETERMINANTS OF HEALTH, SUCH AS HEALTH BEHAVIORS, SOCIOECONOMIC STATUS, AND ENVIRONMENTAL CONDITIONS TO PREVENT CHRONIC CONDITI ONS AND PROMOTE HEALTH, GREATER EMPHASIS SHOULD BE PLACED ON POPULATION HEALTH, WHICH HAS BEEN DEFINED TO FOCUS ON OUTCOMES AS WELL AS ON THE BROADER FACTORS THAT INFLUENCE HEALTH AT A POPULATION LEVEL, INCLUDING MEDICAL CARE SYSTEMS, THE SOCIAL ENVIRONMENT, AND THE PHY SICAL ENVIRONMENT BELOW ARE PROGRAMS AND ORGANIZATIONS THAT SCRIPPS SUPPORTS THAT ARE ADD RESSING SOCIAL DETERMINANTS OF HEALTH SCRIPPS MERCY HOSPITAL HAS ESTABLISHED A PARTNERSHI P AT THE CITY HEIGHTS WELLNESS CENTER (CHWC) WITH LA MAESTRA FAMILY CLINIC AND RADY CHILDR ENS HOSPITAL TO ADDRESS SOME OF THE ATTRIBUTING FACTORS TO POOR HEALTH STATUS FOR LOCAL RE SIDENTS WITH LA MAESTRA SERVING AS THE LEAD AGENCY, SCRIPPS MERCY AND RADY CHILDRENS ARE CONTRIBUTING RESOURCES TO SUPP

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FORM 990, PART III, LINE 4A (CONTINUED)	ORT OPERATIONAL COSTS OF THE CENTER IN ORDER TO PROVIDE CAPACITY FOR NEED COMMUNITY LINKAG ES SOME OF THESE INCLUDE FOOD INSECURITY FOOD INSECURITY WAS PRIORITIZED AS THE NUMBER O NE SOCIAL DETERMINANTS OF HEALTH IN THE 2016 CHNA FOOD INSECURITY IS THE INABILITY TO AFF ORD ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE ONE IN SIX SAN DIEGANS ARE "FOOD INSECURE " A N ESTIMATED 485,521 SAN DIEGO COUNTY RESIDENTS, OR 15 7 PERCENT OF THE COUNTYS POPULATION, DO NOT HAVE ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE THE PROGRAMS HIGHLIGHTED BELOW ARE W AYS THAT SCRIPPS HEALTH IS ADDRESSING FOOD INSECURITY THE CALFRESH PROGRAM, FEDERALLY KNO WN AS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), ISSUES MONTHLY ELECTRONIC BENE FITS THAT CAN BE USED TO BUY FOODS AT PARTICIPATING MARKETS AND STORES MORE THAN 290,000 SAN DIEGANS RECEIVE CALFRESH STUDIES DEMONSTRATE THAT HUNGER SIGNIFICANTLY IMPACTS HEALTH LACK OF ACCESS TO HEALTHY FOOD, OFTEN DUE TO AVAILABILITY AND COST, ARE STRESSORS THAT C ONTRIBUTE TO DIABETES, HEART DISEASE, OBESITY, AND OTHER BEHAVIORAL HEALTH ISSUES IN A MYR IAD OF WAYS - FOOD INSECURE ADULTS WITH DIABETES HAVE HIGHER AVERAGE BLOOD SUGARS - FOOD INSECURE ADULTS ARE MORE LIKELY TO BE OBESE - FOOD INSECURITY IS SIGNIFICANTLY MORE PREV ALENT IN ADULTS WITH MOOD DISORDERS - FOOD INSECURITY IS ASSOCIATED WITH INCREASED RISK O F SUICIDAL THOUGHTS AND SUBSTANCE ABUSE IN ADOLESCENTS - FOOD INSECURE SENIORS HAVE A SIG NIFICANTLY HIGHER LIKELIHOOD OF HEART DISEASE, DEPRESSION AND LIMITED ACTIVITIES OF DAILY LIVING - FOOD INSECURE ADULTS DELAY BUYING FOOD IN ORDER TO PURCHASE MEDICATIONS THE CIT Y HEIGHTS WELLNESS CENTER (CHWC) HOSTS ELIGIBILITY WORKERS FROM LA MAESTRA FAMILY CLINIC A RE AVAILABLE TO COUNSEL PEOPLE AND ASSIST FILLING OUT APPLICATIONS FOR FOOD STAMP ASSISTAN CE CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THE ACTIVITY, BUT ALSO ACTIVELY PARTICIPAT ES BY DEVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS APPLICATIONS AND ASSISTANCE FOR CALFRESH TO SUPPLEMENT FOOD BUDGET AND ALL OW FAMILIES/INDIVIDUALS TO BUY NUTRITIOUS FOOD SCRIPPS MERCY WIC PROGRAM THE CITY HEIGHTS WELLNESS CENTER IS HOME TO THE SCRIPPS MERCY HOSPITAL-WIC PROGRAM THAT PROVIDES NUTRITION EDUCATION AND COUNSELING, BREASTFEEDING EDUCATION AND SUPPORT AND FOOD VOUCHERS TO PREGNA NT AND PARENTING WOMEN, AND CHILDREN 0-5 YEARS OF AGE IN ADDITION TO THE CHNA AND IMPLEME NTATION PLAN, SCRIPPS HEALTH WILL CONTINUE TO MEET COMMUNITY NEEDS BY PROVIDING CHARITY CA RE AND UNCOMPENSATED CARE, PROFESSIONAL EDUCATION AND COMMUNITY BENEFIT PROGRAMS SCRIPPS OFFERS COMMUNITY BENEFIT SERVICES THROUGH OUR FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEAL TH SERVICES, WELLNESS CENTERS AND CLINICS SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY PO PULATION, CONCENTRATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH RE GIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED UNCOMPENSATED HEALTH CARE SCRIPPS CONTRIBUTES SIGNIFICAN

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FORM 990, PART III, LINE 4A (CONTINUED)	T RESOURCES TO PROVIDE LOW AND NO-COST HEALTH CARE FOR OUR PATIENTS IN NEED DURING FISCAL YEAR 2017, SCRIPPS CONTRIBUTED $361,114,035 IN UNCOMPENSATED HEALTH CARE, INCLUDING $21,1 91,733 IN CHARITY CARE, $334,783,489 IN MEDI- CAL AND MEDICARE SHORTFALL, AND $5,138,813 I N BAD DEBT SCRIPPS PROVIDES HOSPITAL SERVICES FOR ONE-QUARTER OF THE COUNTY'S UNINSURED P ATIENTS SCRIPPS MERCY HOSPITAL, SAN DIEGO AND SCRIPPS MERCY HOSPITAL, CHULA VISTA PROVIDE 59 PERCENT OF SCRIPPS' CHARITY CARE THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HI GHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDIC ALLY UNDERSERVED COMMUNITIES FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SA FETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERV ICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH MEDI- CAL AND MEDICARE FUNDING SHORTFALLS , SCRIPPS AND OTHER LOCAL HOSPITALS ABSORB THE COST OF CARING FOR UNINSURED PATIENTS IN TH EIR OPERATING BUDGETS THIS PLACES A SIGNIFICANT FINANCIAL BURDEN ON HOSPITALS AND PHYSICI ANS DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY CURRENT POPULATION DEMOGRAPHICS AND CHANGES I N DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOC IAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPULATION, RACE AND ETHNIC ITY, AND AGE OF A POPULATION ARE ALL IMPORTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDE NTS POPULATION OVER THREE MILLION PEOPLE (3,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY 2009-13, 5-YEAR ESTIM ATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS G REATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CE NSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RE SOURCES

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FORM 990, PART III, LINE 4A (CONTINUED)	RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTE D SEPARATELY OF THOSE WHO IDENTIFIED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIF IED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIE D THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLA NDER (0 1%) SAN DIEGOS UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS BETWEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3% WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) THE CHANGING LA NDSCAPE UNDER THE AFFORDABLE CARE ACT* THE AFFORDABLE CARE ACT (ACA) HAS PLAYED A SIGNIFIC ANT ROLE IN INCREASING ACCESS TO HEALTHCARE IN 2014, A NUMBER OF CHANGES TOOK EFFECT IN C ALIFORNIA INCLUDING - THE EXPANSION OF MEDI-CAL TO INDIVIDUALS MAKING LESS THAN 138% OF T HE POVERTY LEVEL - THE ESTABLISHMENT OF COVERED CALIFORNIA FOR INDIVIDUALS WHO MAKE UP TO 400% OF THE POVERTY LEVEL TO PURCHASE SUBSIDIZED HEALTH INSURANCE - THE ELIMINATION OF D ISCRIMINATION DUE TO PRE-EXISTING CONDITIONS - THE REQUIREMENT TO OBTAIN HEALTH INSURANCE COVERAGE THESE HEALTHCARE REFORMS HAVE RESULTED IN A LARGE NUMBER OF NEWLY INSURED INDIV IDUALS RECENT DATA FROM THE US CENSUS BUREAU DEMONSTRATES THE FOLLOWING CHANGES IN COVERA GE AS OF 2014 - DECREASE IN THE PERCENTAGE OF UNINSURED OVERALL IN THE US FROM 13 3% IN 2 013 TO 10 4% IN 2014 - DECREASE IN THE PERCENTAGE OF UNINSURED CHILDREN UNDER AGE 19 FROM 7 5% TO 6 2% - DECREASE IN THE PERCENTAGE OF UNINSURED ACROSS ETHNIC GROUPS TO 19 9%, 11 8%, 9 3% AND 7 6% FOR HISPANICS, BLACKS, ASIANS, AND NON-HISPANICS WHITES, RESPECTIVELY STILL, DISCREPANCIES REMAIN WITH THOSE AGED 19-64 LEAST LIKELY TO BE INSURED AND ROUGHLY 1 IN 5 HISPANICS STILL LACKING HEALTH INSURANCE [*SOURCE SMITH, JESSICA C AND CARLA MEDA LIA, U S CENSUS BUREAU, CURRENT POPULATION REPORTS, P60-253, HEALTH INSURANCE COVERAGE IN THE UNITED STATES 2014, U S GOVERNMENT PRINTING OFFICE, WASHINGTON, DC, 2015] THERE AR E THREE INDICATORS DETERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH POV ERTY RATE, PERCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINMENT LOW-INCOME, UNINSU RED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RISK FOR POOR HEALTH STAT US FIVE-YEAR ESTIMATES FROM THE 2009-2013 AMERICAN COMMUNITY SURVEY (ACS) SHOW HOW THESE INDICATORS IMPACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFYING COMMUNITIES WITH T

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FORM 990, PART III, LINE 4A (CONTINUED)	HE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES POVERTY WITHIN SDC, 14 5% OR 441 ,648 INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE FEDERAL POVERTY LE VEL (FPL) FOR CHILDREN 0-17, THE PERCENTAGE LIVING 100% BELOW THE FPL INCREASES TO 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% POVERTY LEVEL IS $20,090 PER YEAR POVERTY CREATES BAR RIERS TO ACCESSING SERVICES THAT PROMOTE WELL-BEING INCLUDING HEALTH SERVICES, HEALTHY FOO D, AND OTHER NECESSITIES THAT CONTRIBUTE TO IMPROVED HEALTH STATUS UNINSURED BETWEEN 201 0 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SD C IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3%, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) LACK OF INSURANCE IS A PRIMARY BARRIER TO HEALTH CARE AC CESS INCLUDING REGULAR PRIMARY CARE, SPECIALTY CARE, AND OTHER HEALTH SERVICES THAT CONTRI BUTES TO POOR HEALTH STATUS EDUCATIONAL ATTAINMENT EDUCATIONAL ATTAINMENT IS LINKED TO P OSITIVE HEALTH OUTCOMES (FREUDENBERG & RUGLIS, 2007) WITHIN THE COUNTY OF SAN DIEGO, ALMOS T 15% OF THE TOTAL POPULATION AGED 25 AND OLDER (297,188) HAVE NO HIGH SCHOOL DIPLOMA (OR EQUIVALENCY) OR HIGHER OF CHILDREN AGED 3-4, THE 2009-2013 ACS FOUND THAT 48 9% WERE ENRO LLED IN SCHOOL AS A PRIMARY SOCIAL DETERMINANT OF HEALTH, INCREASING EDUCATIONAL OPPORTUN ITIES FOR YOUNG CHILDREN IS IMPORTANT IN ORDER TO IMPROVE FUTURE EDUCATIONAL ATTAINMENT AN D INCREASE ECONOMIC OPPORTUNITY ALONG WITH INCOME, EDUCATION, AND INSURANCE STATUS, CULTU RE/LANGUAGE AND EMPLOYMENT STATUS ALSO HAVE PROFOUND IMPLICATIONS FOR POPULATION HEALTH P OPULATION WITH LIMITED ENGLISH PROFICIENCY 16 3% OF SAN DIEGO RESIDENTS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL " THE I NABILITY TO SPEAK ENGLISH WELL CREATES BARRIERS TO HEALTH CARE ACCESS, PROVIDER COMMUNICAT IONS, AND HEALTH LITERACY/EDUCATION LINGUISTICALLY ISOLATED POPULATION GIVEN SDCS LARGE IMMIGRANT AND REFUGEE POPULATION, THE INDICATOR LINGUISTICALLY ISOLATED IS ESPECIALLY IMPO RTANT TO UNDERSTANDING HEALTH IN THE COMMUNITY ACCORDING TO THE ACS, APPROXIMATELY 8 5% O F THE POPULATION AGED 5 AND OLDER LIVE IN A HOME IN WHICH NO PERSON 14 YEARS OLD AND OVER SPEAKS ONLY ENGLISH, OR SPEAKS A NON-ENGLISH LANGUAGE BUT DOES NOT SPEAK ENGLISH "VERY WEL L " SIMILAR TO THOSE WITH LIMITED ENGLISH PROFICIENCY, LINGUISTICALLY ISOLATED POPULATIONS MAY STRUGGLE WITH ACCESSING HEALTH SERVICES, COMMUNICATING WITH HEALTH CARE PROVIDERS, AN D UNDERSTANDING HEALTH INFORMATION UNEMPLOYMENT ACCORDING TO THE BUREAU OF LABOR STATIST ICS, TOTAL UNEMPLOYMENT IN SDC FOR THE MONTH OF JULY 2015 WAS 106,822, OR 6 9%, OF THE CIV ILIAN NON-INSTITUTIONALIZED POPULATION AGE 16 AND OLDER (NON-SEASONALLY ADJUSTED) UNEMPLO YMENT CREATES FINANCIAL INSTABILITY AND BARRIERS TO ACCESSING NECESSITIES SUCH AS HEALTH S ERVICES AND HEALTHY FOOD THAT

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FORM 990, PART III, LINE 4A (CONTINUED)	CONTRIBUTE TO IMPROVED HEALTH STATUS FINANCIAL ASSISTANCE ASSISTING LOW-INCOME, UNINSURED PATIENTS ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS CONSISTENT WITH THE LANGUAGE OF BOTH STATE (AB774) CALIFORNIA HOSPITAL FAIR PRICING PO LICY LEGISLATION AND THE INTERNAL REVENUE CODE (IRC) 501(R) REGULATIONS THESE PRACTICES R EFLECT OUR COMMITMENT TO ASSISTING LOW-INCOME AND UNINSURED PATIENTS WITH DISCOUNTED HOSPI TAL CHARGES, CHARITY CARE AND FLEXIBLE BILLING AND DEBT COLLECTION PRACTICES THESE PROGRA MS ARE AVAILABLE TO EVERYONE IN NEED, REGARDLESS OF THEIR RACE, ETHNICITY, GENDER, RELIGIO N OR NATIONAL ORIGIN SCRIPPS MAKES EVERY EFFORT TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATI ON WHEN NEEDED IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY R ESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS ELIGIBILITY FOR FINANCIAL ASSISTAN CE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LES S THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS FORGIVES THE ENTIRE BILL FOR THOSE PATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, A PORTION OF THE BILL IS FORGIVEN P ATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT CHARGED MORE THAN SCRIPPS DISCOUNTED FINANCIAL ASSISTANCE AMOUNT FOR 2018, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES DEFINED A FAMILY OF FOUR AT 200 PERCENT FEDERAL POVERTY LEVEL AS $50,200 PROFESSIONAL EDUCATION & HEALTH RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AN D MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS, OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSION ALS, THE QUALITY OF HEALTH CARE WILL BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND INNOVATI VE TREATMENTS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THRO UGH CLINICAL RESEARCH, MEDICAL EDUCATION AND HEALTH PROFESSIONAL EDUCATION DURING FISCAL YEAR 2017 (OCTOBER 2016 TO SEPTEMBER 2017), SCRIPPS INVESTED $29,408,514 IN PROFESSIONAL T RAINING PROGRAMS AND CLINICAL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES IN SAN DIEGO COUNTY THIS SECTION HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AND HEALT H RESEARCH ACTIVITIES

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FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH PROFESSIONS TRAINING INTERNSHIPS SCRIPPS' COMMITMENT TO ONGOING LEARNING AND HEALTH CARE EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR INTERNSHIP PROGRAMS HELP PROMOTE HEA LTH CARE CAREERS TO A NEW GENERATION, SHAPE THE FUTURE WORKFORCE AND DEVELOP FUTURE LEADER S IN OUR COMMUNITY INTERACTING WITH HEALTH CARE PROFESSIONALS IN THE FIELD EXPANDS EDUCAT ION OUTSIDE THE CLASSROOM SCRIPPS EMPLOYEES PLAY AN IMPORTANT ROLE AS PRECEPTORS BY INVES TING THEIR TIME TO CREATE A VALUABLE EXPERIENCE FOR THE COMMUNITY IN FISCAL YEAR 2017, SC RIPPS HOSTED 2,401 INTERNS WITHIN OUR SYSTEM AND PROVIDED 358,693 DEVELOPMENT HOURS SPANNI NG NURSING AND ANCILLARY SETTINGS COLLEGE AND UNIVERSITY AFFILIATIONS SCRIPPS COLLABORATE S WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO HELP STUDENTS EXPLORE HEALTH CARE ROLES AND GAIN FIRSTHAND EXPERIENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS SCRIPPS IS AF FILIATED WITH MORE THAN 110 SCHOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PARTN ERSHIPS LOCAL SCHOOLS INCLUDE, BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (PL NU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (CS USM), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE, GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE SCRIPPS IS REGULARLY ACCEPTING NEW PARTNERSHIPS, BASED ON COMMUNITY AND WORKFORCE NEEDS, AND MAINTAIN S AN AFFILIATION AGREEMENT COMMITTEE TO REVIEW ALL REQUESTS AND PROVIDE A SYSTEMWIDE APPRO ACH TO SECURING NEW STUDENTS PLACEMENTS THIS INTERDISCIPLINARY COMMITTEE REPRESENTS EDUCA TION AND DEPARTMENT LEADERSHIP ACROSS THE SCRIPPS SYSTEM ENSURING A PROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT TO ENSURE STUDENTS FROM HEALTH CARE PROFESSIONS PROGRAMS HAVE ACCESS TO APPROPRIATE EDUCATIONAL EXPERIENCES AT SCRIPPS AND FOSTER A SMOOT H, EFFICIENT PROCESS FOR STUDENT PLACEMENT REQUESTS RECEIPT AND MANAGEMENT, SCRIPPS IS A M EMBER OF THE SAN DIEGO NURSING AND ALLIED HEALTH SERVICE EDUCATION CONSORTIUM RESEARCH ST UDENTS SCRIPPS SUPPORTS GRADUATE RESEARCH FOR MASTERS AND DOCTORAL STUDENTS AT UNIVERSITIE S WITH AFFILIATION AGREEMENTS SCRIPPS CENTER FOR LEARNING & INNOVATION OVERSEES THE STUDE NT PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WHO CONDUCT RESEARCH AT SCRIPPS REPRESENT A V ARIETY OF HEALTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY AND NURSING IN FISCAL YEAR 2017, SCRIPPS RESEARCH INCLUDED STUDENTS FROM USD, WESTERN GOVERN ORS, UNIVERSITY, SDSU, PLNU, LOMA LINDA UNIVERSITY AND POSTDOCTORAL PHARMACY RESIDENCY PRO GRAMS, INCLUDING THE PGY1 PHARMACY RESIDENCY PROGRAM HIGH SCHOOL PROGRAMS SCRIPPS IS DEDI CATED TO PROMOTING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH A NUMBER OF HIGH SCHOOLS TO OFFER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAN D EXPERIENCE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS BELOW IS A SUMMARY OF THE HIG H SCHOOL PROGRAMS SCRIPPS MADE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AVAILABLE TO THE COMMUNITY SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM HEALTH AND SCIENCE PI PELINE INITIATIVE (HASPI) THIS PROGRAM REACHES OUT TO SCAN DIEGO HIGH SCHOOL STUDENTS INTE RESTED IN EXPLORING A CAREER IN HEALTH CARE IN FISCAL YEAR 2017, 25 STUDENTS PARTICIPATED IN THE PROGRAM DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS WERE EXPOSED TO DIFFERENT D EPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUABLE LIFE LESSON ABOUT HEALTH AND HE ALING UC HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVIDE A REAL -LIFE CONTEXT TO THE SCHOOLS HEALTH CARE ESSENTIALS COURSE FOR FISCAL YEAR 2017, SIXTEEN STUDENTS WERE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRI NG SEMESTER, TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS UC HIGH STUDENTS VISITED SCRIPPS CLINIC TORREY PINES, CARMEL VALLEY, RANCHO BERNARDO, MERCY SAN DIEGO, SCRIPPS MEMO RIAL HOSPITAL LA JOLLA AND GREEN HOSPITAL THE STUDENTS WERE ABLE TO VIEW SURGERIES AND SH ADOWING HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PEDIATRICS, AMBULATORY SERVICES, REHAB THERAPY, PATIENT LOGISTICS, LAB AND TRAUMA YOUNG LEADER IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HEALTH CARE TARGETS LOCAL HIGH SCHOOLS STUDENTS INTERESTED IN EXPLORING HEALTH CARE CAREERS STUDENTS GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVIDES A FOR UM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNI TIES THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEETING AT LOCAL SCHOOLS FACILITATED BY TEA CHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS AT SCRIPPS HOSPITAL ENCINITAS THE PROGRAM MENTORS STUDENTS ON LEADERSHIP AND PROVIDES TOOLS FOR DAILY CHALLENGES YOUNG LEADERS IN HEALTH CARE ALSO INCLUDES A SERVICE PROJECT TO MEET HIGH SCHOOL REQUIREMENTS AND MAKE A PO SITIVE IMPACT ON THE COMMUNITY THE PROGRAM CLOSES THE YEAR WITH A PRESENTATION ALIGNED WI TH THE YEARLY FOCUS MORE THAN 100 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTA TIONS ON TYPES OF CANCER AND TREATMENTS STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIG IBLE TO APPLY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM SCRIPPS HEALTH GRADUA TE MEDICAL EDUCATION FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATI ON PROGRAMS HAVE HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION SCRIPPS HA S A COMPREHENSIVE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIPPS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL SCRIPPS GRADUATE MED ICAL EDUCATION PROGRAMS ARE WELL-RECOGNIZED FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUSES ON PATIENTCENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCL UDING INTERNAL MEDICINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE SCRIPPS HAS A PHARMACY RESIDENCY PROGR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AM WHICH TRAIN RESIDENTS WITH DOCTOR OF PHARMACY DEGREES IN 2017, SCRIPPS HAD A TOTAL OF 146 RESIDENTS AND 37 FELLOW ENROLLED THROUGHOUT THE SCRIPPS HEALTH SYSTEM MORE DETAILS ON THESE PROGRAMS IS INCLUDED IN THE COMMUNITY BENEFIT REPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM THE UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM IS A ONE-YEAR PROGRAM DESIGNED FOR PHYSICIANS WHO WISH TO BECOME SUB-SPECIALISTS AND HAVE A LONG-TERM CAREER IN HOSPICE AND PALLIATIVE MEDICINE IN 2017, THE HOSPICE PROGRAM TRANSITIONED TO THE ELIZABETH HOSPICE AND IT BECAME THE HOSPICE ROTATION SITE FOR THE FELLOWSHIP THIS IS A UNIQUE PARTNERSHIP IN WHICH UCSD AND SCRIPPS HEALTH SHARE RESPONSIBILITY FOR THE FELLOWS, WITH TRAINEES SPENDING EQUAL TIME IN BOTH INSTITUTIONS WITH ALL THE BENEFITS OF BOTH INSTITUTIONS THE PROGRAM PREPARES TRAINEES TO WORK IN A VARIETY OF ROLES, INCLUDING LEADERSHIP POSITIONS IN THE FIELD GRADUATES HAVE SUCCESSFULLY BECOME HOSPICE MEDICAL DIRECTORS AND PALLIATIVE MEDICINE CONSULTANTS IN OUTPATIENT AND INPATIENT SETTINGS ACROSS THE UNITED STATES FELLOWS WHO COMPLETE THE UCSD/SCRIPPS HEALTH PROGRAM ARE WELL EQUIPPED TO PRACTICE IN DIVERSE SETTINGS, INCLUDING ACUTE PALLIATIVE CARE UNITS, INPATIENT CONSULTATION, OUTPATIENT CONSULTATION, PATIENTS HOMES, AND LONG-TERM CARE FACILITIES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	COMPLIANCE POLICY MONITORING WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISORS AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & COMPLIANCE SERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER EMPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFICIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST COMMITMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSIDE PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISORS AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSON ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT IS REQUIRED TO COMPLETE AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OCCURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURES REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE DISCLOSURES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNIT CHIEF EXECUTIVE AND EMPLOYEE'S SUPERVISOR LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIOR TO THE MEETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN APPROPRIATE COURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEMENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSING THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO THE BOARD MINUTES REGARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETERMINATION IS THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INTERESTED PERSON" UNDER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH APPLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY THE COVERED INDIVIDUAL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISCUSSION AND VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES - FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - THE BOARD SELECTS THE 65TH PERCENTILE FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I E , THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL) - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON JANUARY 25, 2017 AND MARCH 29, 2017 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS JOINT VENTURES DISTRIBUTION 2,242,065 CHANGE IN VALUE IN DEFERRED GIFTS 117,035 TRANSFER TO HORIZON HOSPICE (17,219,577) OTHER (553,550) ---------- TOTAL (15,414,027)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES 360602821

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SVS - NON MED TOTAL FEES 77212405

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 57589112

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 26954919

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER FEES FOR SERVICES TOTAL FEES 29224154

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)MAXWELL H & MURIEL GLUCK CHILD CARE CTR 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 35-0504809	CHILDCARE	CA	501(c)(3)	2	SCRIPPS HLTH	Yes	
(2)MERCY HOSPITAL FOUNDATION 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 94-2958094	FUNDRAISING	CA	501(c)(3)	12A	SCRIPPS HLTH	Yes	
(3)SCRIPPS HEALTH PLAN SERVICES INC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0782099	HLTHCARE SVCS	CA	501(c)(3)	12A	SCRIPPS HLTH	Yes	
(4)HORIZON HOSPICE 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0220777	HOSPICE CARE	CA	501(c)(3)	10	SCRIPPS HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SCRIPPS ENCINITAS SURGERY CENTER 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 20-5942958	AMBUL SURGERY	CA	SCRIPPS HEALTH	Related	1,422,386	304,417		No	0		No	55 500 %
(2) SCRIPPSUSP SURGERY CENTERS 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 20-5942911	AMBUL SURGERY	CA	NA	Related	496,775	1,311,863		No	0		No	50 000 %
(3) SCRIPPS MERCY AMBUL SURG CTR 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-0503246	AMBUL SURGERY	CA	SCRIPPS HEALTH	Related	1,000,539	3,682,068		No	0	Yes		73 500 %
(4) SCRIPPS IDN MANAGEMENT LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-4557426	HEALTHCARE SVCS	CA	NA	Related	0	16,126		No	0	Yes		50 000 %
(5) SCRIPPS MEMORIAL XIMED MED CTR 9850 GENESEE AVE STE 900 LA JOLLA, CA 92037 33-0475481	REAL ESTATE	CA	SCRIPPS HEALTH	Related	700,695	2,997,213		No	0	Yes		15 304 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)SCRIPPSCARE 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-2870638	HEALTHCARE SRVCS	CA	SCRIPPS HEALTH	C Corp	0	0	100 000 %	Yes	
(2)SCRIPPS CLINICAL SCIENCE CENTER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 26-4479543	RESEARCH	CA	SCRIPPS HEALTH	C Corp	0	0	100 000 %	Yes	
(3)CHARITABLE REMAINDER TRUST (47) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-5156965	HOSPITAL SUPPORT	CA	NA	Trust					
(4)CHARITABLE LEAD TRUST (3) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0796247	HOSPITAL SUPPORT	CA	NA	Trust					

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) SCRIPPS MERCY BILLING LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0737748	HLTHCR ADMIN	CA	54,203,199	0	SCRIPPS HLTH
(1) IHS HOLDING COMPANY LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,841,867	SCRIPPS HLTH
(2) IMAGING HEALTHCARE SPECIALISTS LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-3872122	MED IMAGING	CA	38,162,270	30,667,217	IHS HOLDING
(3) SCRIPPS CARDIO&THORACIC SURGERY BILLING 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 27-0620996	HLTHCR ADMIN	CA	5,432,178	0	SCRIPPS HLTH
(4) SCRIPPS HOSPITAL BILLING SERVICES LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 61-1677183	HLTHCR ADMIN	CA	3,773,202	0	SCRIPPS HLTH
(5) SCRIPPS CLINIC BILLING LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0737749	HLTHCR ADMIN	CA	327,876,409	0	SCRIPPS HLTH
(6) SCRIPPS ACCOUNTABLE CARE ORGANIZATION 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 36-4837441	HLTHCR ADMIN	CA	0	153,856	SCRIPPS HLTH

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	m	129,948,787	ACCRUAL
(1)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	q	29,780,355	ACCRUAL
(2)	SCRIPPS ENCINITAS SURGERY CENTER	a(iv)	362,124	ACCRUAL
(3)	SCRIPPS MERCY AMBULATORY SURGERY CENTER	a(iv)	564,803	ACCRUAL
(4)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	b	1,575,000	ACCRUAL
(5)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	j	1,047,878	ACCRUAL
(6)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	l	228,503,563	ACCRUAL
(7)	HORIZON HOSPICE INC	R	17,219,577	ACCRUAL