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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
Grossmont Hospital Foundation

Doing business as

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

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

D Employer identification number
33-0124488

E Telephone number
(858) 499-5150

G Gross receipts $ 12,060,951

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

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

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

H(c) Group exemption number ▶

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

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

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

L Year of formation 1985

M State of legal domicile CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	209
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,725,489	8,121,421
9	Program service revenue (Part VIII, line 2g)	1,179,300	1,400,463
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,127,612	518,490
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,101	93,539
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,086,502	10,133,913
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,917,559	3,446,982
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	984,717	1,125,539
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶871,458		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	167,771	215,347
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,070,047	4,787,868
19	Revenue less expenses Subtract line 18 from line 12	16,455	5,346,045

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,921,973	30,758,410
21	Total liabilities (Part X, line 26)	718,325	779,547
22	Net assets or fund balances Subtract line 21 from line 20	24,203,648	29,978,863

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

****** 2019-08-07
Signature of officer Date

KATE WAYNE DIR OF DEVELOPMENT
Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,486,373 including grants of $ 3,446,982) (Revenue $ 1,400,463)

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 ▶** 3,486,373

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

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

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	48		
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**	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
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**		Yes	
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	16		
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		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lew Silverberg CHAIR	2 0 1 0	X		X				0	0	0
(2) Dee Ammon VICE CHAIR	3 0 0	X		X				0	0	0
(3) Alex Matuk TREASURER	2 0 0	X		X				0	0	0
(4) Kristy Gregg SECRETARY	2 0 0	X		X				0	0	0
(5) Philip Szold MD DIRECTOR	2 0 0	X						0	0	0
(6) Noori Barka PhD DIRECTOR	1 0 0	X						0	0	0
(7) Connie Connard DIRECTOR	2 0 0	X						0	0	0
(8) John Fonseca DIRECTOR	2 0 0	X						0	0	0
(9) Freddy Garmo JD DIRECTOR	2 0 0	X						0	0	0
(10) Ann Goldberg DIRECTOR	2 0 0	X						0	0	0
(11) Al Johnstone DIRECTOR	1 0 0	X						0	0	0
(12) Howard Levenson DIRECTOR	0 5 0	X						0	0	0
(13) Scott Musicant MD DIRECTOR	0 5 0	X						750	0	0
(14) Huda Salem DIRECTOR	2 0 0	X						0	0	0
(15) Peter Shusterman DIRECTOR	2 0 0	X						0	0	0
(16) Sherri Summers DIRECTOR	2 0 0	X						0	0	0
(17) Sue Wing DIRECTOR	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kate Wayne DIR DEVELOPMENT-GHF	40 0 0 0			X				0	67,965	15,415
(19) Elizabeth Morgante VP MAJOR GIFTS	4 0 36 0					X		0	318,387	41,619
(20) Norman Timmins PLANNED GIVING/MAJOR GIFTS OFFICER	25 0 20 0					X		0	154,644	14,268
(21) William Navrides MGR DEVELOPMENT GHF	50 0 3 0					X		0	128,460	20,031
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								750	669,456	91,333

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	8,748			
	b Membership dues	1b				
	c Fundraising events	1c	1,319,304			
	d Related organizations	1d	90,700			
	e Government grants (contributions)	1e	91,003			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,611,666			
	g Noncash contributions included in lines 1a-1f $ 1,156,613					
	h Total. Add lines 1a-1f		8,121,421			
Program Service Revenue		Business Code				
	2a FUNDRAISING ACTIVITIES	900099	1,331,068	1,331,068		
	b HEALTHCARE EDUCATION	900099	69,395	69,395		
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f		1,400,463			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		368,266			368,266
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,581,956	22,100			
	b Less cost or other basis and sales expenses	1,424,832	29,000			
	c Gain or (loss)	157,124	-6,900			
	d Net gain or (loss)			150,224		150,224
	8a Gross income from fundraising events (not including $ 1,319,793 of contributions reported on line 1c) See Part IV, line 18 a	547,545				
	b Less direct expenses b	468,003				
	c Net income or (loss) from fundraising events			79,542		79,542
	9a Gross income from gaming activities See Part IV, line 19 a	15,625				
	b Less direct expenses b	5,203				
	c Net income or (loss) from gaming activities			10,422		10,422
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	3,575			3,575
	b					
	c					
	d All other revenue		0	0	0	0
	e Total. Add lines 11a–11d		3,575			
	12 Total revenue. See Instructions		10,133,913	1,400,463	0	612,029

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,371,763	3,371,763		
2 Grants and other assistance to domestic individuals See Part IV, line 22	75,219	75,219		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,302	6,189	63,954	136,159
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	725,799	21,774	224,998	479,027
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	38,271	1,148	11,864	25,259
9 Other employee benefits	92,410	2,772	28,647	60,991
10 Payroll taxes	62,757	1,883	19,455	41,419
11 Fees for services (non-employees)				
a Management				
b Legal	7,340		2,496	4,844
c Accounting				
d Lobbying	9		3	6
e Professional fundraising services See Part IV, line 17				
f Investment management fees	20,494		20,494	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,060	632	6,529	13,899
12 Advertising and promotion	1,500	45	465	990
13 Office expenses	79,729	2,392	24,716	52,621
14 Information technology	19,866	596	6,158	13,112
15 Royalties				
16 Occupancy				
17 Travel	11,227	337	3,480	7,410
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	880	26	273	581
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD, DUES & MISC	53,242	1,597	16,505	35,140
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	4,787,868	3,486,373	430,037	871,458
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	3,447,521	2	4,789,310
	3	Pledges and grants receivable, net	3,884,430	3	5,806,837
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,615	9	5,286
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 760,000			
	b	Less accumulated depreciation — 10b: 0	0	10c	760,000
	11	Investments—publicly traded securities	14,198,041	11	14,960,543
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,387,366	15	4,436,434
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	24,921,973	16	30,758,410
Liabilities	17	Accounts payable and accrued expenses	75,456	17	95,085
	18	Grants payable		18	
	19	Deferred revenue	587,222	19	630,117
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	55,647	25	54,345
	26	**Total liabilities.** Add lines 17 through 25	718,325	26	779,547
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	6,647,874	27	9,020,739
	28	Temporarily restricted net assets	16,437,371	28	19,838,721
	29	Permanently restricted net assets	1,118,403	29	1,119,403
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	24,203,648	33	29,978,863
	34	Total liabilities and net assets/fund balances	24,921,973	34	30,758,410

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	10,133,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,787,868
3	Revenue less expenses Subtract line 2 from line 1	3	5,346,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,203,648
5	Net unrealized gains (losses) on investments	5	429,507
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-337
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,978,863

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Form 990 (2017)

Form 990, Part III, Line 4a:

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493219000619

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

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

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

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

_____

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

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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,498,084	4,288,336	5,446,433	2,725,489	8,121,421	25,079,763
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	4,498,084	4,288,336	5,446,433	2,725,489	8,121,421	25,079,763
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)						7,167,046
6 **Public support.** Subtract line 5 from line 4						17,912,717

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	4,498,084	4,288,336	5,446,433	2,725,489	8,121,421	25,079,763
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	342,420	385,382	300,739	333,472	368,266	1,730,279
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	13,345	80,571	52,050	54,101	93,539	293,606
11 **Total support.** Add lines 7 through 10						27,103,648

12 Gross receipts from related activities, etc (see instructions)	12	5,732,173

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 2017 (line 6, column (f) divided by line 11, column (f))	14	66 09 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	72 04 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - MISCELLANEOUS, FUNDRAISING EVENTS, GAMING ACTIVITIES, COLUMN A - 13345 0, CO LUMN B - 80571 0, COLUMN C - 52050 0, COLUMN D - 54101 0, COLUMN E - 93539 0, COLUMN F - 2 93606 0,

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

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2017

Open to Public Inspection

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9
j	Total Add lines 1c through 1i			9
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AHP HAS DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AHP HAS DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,321,833	5,144,772	4,759,731	4,948,052	3,952,926
b Contributions	1,000	1,000	21,000	25,917	695,673
c Net investment earnings, gains, and losses	287,576	500,089	367,800	-87,824	307,715
d Grants or scholarships					
e Other expenditures for facilities and programs	231,089	324,028	3,759	126,414	8,262
f Administrative expenses					
g End of year balance	5,379,320	5,321,833	5,144,772	4,759,731	4,948,052

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

- a Board designated or quasi-endowment ▶ 68 %
- b Permanent endowment ▶ 32 %
- c Temporarily restricted endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		760,000		760,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				760,000

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

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

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

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

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

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	3,164,132
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	1,244,709
(3) BENEFICIARY TO LIFE INSURANCE POLICY	4,935
(4) INTERCOMPANY RECEIVABLE	22,658
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	4,436,434

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED PLANNED GIFT LIABILITIES	54,345
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	54,345

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	4,350,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	429,506		
b	Donated services and use of facilities	2b	179,840		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	472,869		
e	Add lines **2a** through **2d**			2e	1,082,215
3	Subtract line **2e** from line **1**			3	3,268,264
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	20,494		
b	Other (Describe in Part XIII)	4b	6,845,155		
c	Add lines **4a** and **4b**			4c	6,865,649
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,133,913

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	1,977,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	179,840		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	473,206		
e	Add lines **2a** through **2d**			2e	653,046
3	Subtract line **2e** from line **1**			3	1,324,568
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	20,494		
b	Other (Describe in Part XIII)	4b	3,442,806		
c	Add lines **4a** and **4b**			4c	3,463,300
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,787,868

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: 17005876
Software Version: 2017v2.2
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Grossmont Hospital Foundation holds 23 board designated and permanent endowments for Gross mont Hospital Corporation that are restricted for a variety of purposes, such as hospice a nd hospice homes, diabetes, nursing education, cancer treatment, hospital equipment and te chnology, and more

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY T HAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION SHARP RECORDS A LIABI LITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENT S IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RE COGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCI AL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATIN G LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2018 AND 2017, NO SUCH ASSETS OR LIABILITIES WERE RECORDED

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Direct expenses on Fundraising Events & Gaming - 473206 Uncollectible Pledges and Return of Contributions - -337

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Temporarily Restricted Revenue - 6851055 Permanently Restricted Revenue - 1000 Loss on Sale of Assets - -6900

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct expenses on Fundraising Events & Gaming - 473206

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Temporarily Restricted Expenses - 3449706 Loss on Sale of Assets - -6900

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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

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	625,084	655,552	586,213	1,866,849
	2 Less Contributions	445,085	468,123	406,096	1,319,304
	3 Gross income (line 1 minus line 2)	179,999	187,429	180,117	547,545
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	81,340	24,140	79,756	185,236
	6 Rent/facility costs	24,503		4,008	28,511
	7 Food and beverages	41,079	100,465	87,517	229,061
	8 Entertainment		14,575	4,450	19,025
	9 Other direct expenses	6,020		150	6,170
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				468,003
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				79,542

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			15,625	15,625
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,203	5,203
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 % ☐ 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 CA

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**	20 %
b An outside facility	**13b**	80 %

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

Name ▶ SUSAN STEWART

Address ▶ 5555 GROSSMONT CENTER DR
LA MESA, CA 919423019

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 ▶ $ 1,200

Description of services provided ▶ RECORD KEEPING, REPORTING, OVERSEEING GAMING EVENT, ETC

☐ 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 ▶ $ 15,625

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 provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part III, Line 17 Distributions required under state law	STATE=CALIFORNIA,MANDATORY DISTRIBUTION AMOUNT=15625,

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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

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DR LA MESA, CA 91942	33-0449527	501(C)(3)	3,367,886	1,177	BOOK	SUPPLIES	PROGRAM SERVICE SUPPORT

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNFUNDED PATIENT CARE	6	75,219			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND IN ALL CASES, THE HOSPITAL AND HOSPICE PROGRAM SUBMIT DOCUMENTATION VERIFYING COMPLETION AND PAYMENT OF THE PROJECT AND ARE SUBSEQUENTLY REIMBURSED BY THE ORGANIZATION ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION GROSSMONT HOSPITAL FOUNDATION PROVIDES ASSISTANCE TO INDIVIDUALS THROUGH THE HOSPICE PROGRAM WITH INADEQUATE COVERAGE SOCIAL WORKERS EVALUATE A PATIENTS NEED FOR FINANCIAL ASSISTANCE, AND AFTER ALL POTENTIAL FUNDING HAS BEEN EXHUASTED, THE SOCIAL WORKER WILL SUBMIT A REQUEST FOR FUNDING FROM THE FOUNDATION ON A PER PATIENT BASIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Elizabeth Morgante	(i)	0	0	0	0	0	0	0
VP MAJOR GIFTS	(ii)	264,528	48,413	5,446	21,783	19,836	360,006	0
2 Norman Timmins	(i)	0	0	0	0	0	0	0
PLANNED GIVING/MAJOR GIFTS OFFICER	(ii)	152,144	0	2,500	93	14,175	168,912	0

Part III Supplemental Information

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	5	4,100	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		48,178	Market value
6 Cars and other vehicles	X	11	29,000	Selling cost
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	760,000	Market value
17 Real estate—Other				
18 Collectibles	X	6	1,959	Market value
19 Food inventory	X	77	11,463	Cost
20 Drugs and medical supplies	X	1	100	Market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FUEL AND OTHER CONSUMABLES)	X	20	38,507	Cost
26 Other ▶ (GIFT CERTIFICATES)	X	42	10,128	Cost
27 Other ▶ (Office Equipment)	X	1	429	Cost
28 Other ▶ (Remainder Interest in Residence)	X	1	252,749	Other - Present Value

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: 3

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I PART I, COL B	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493219000619

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

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PART VI, LINE 15	THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2017

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PLEDGE WRITE OFF/RETURN OF CONTRIBUTION - -337,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2018 Section 1 An Overview of Sharp HealthCare For more than 60 years, Sharp HealthCare has made a difference in the lives of San Diegans As a not-for-profit organization, Sharp places great value on the he alth and wellness of our expanding community In everything we do, we are committed to mak ing health care better for those we serve - Michael Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 29 medical centers , six urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related servi ces Sharp also offers individual and group Health Maintenance Organization coverage throu gh Sharp Health Plan (SHP) Serving a population of approximately 3 3 million in San Diego County (SDC), as of September 30, 2018, Sharp is licensed to operate 2,084 beds and has m ore than 2,700 Sharp-affiliated physicians and 18,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista Medical Center (SCVMC) operat es the region's busiest emergency department (ED) and is the closest hospital to the busie st international border in the world SCVMC is home to the region's most comprehensive hea rt program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and He althcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care, liver care, rehabilitat ion therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care s ervices in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care an d women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care lea der, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthoped ics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also hou ses the county's largest emergency and trauma center THREE SPECIALTY CARE HOSPITALS Shar p Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hosp ital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gynecol ogy, gynecologic oncology and

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hos pital (SMV) provides behavioral health services to treat anxiety, depression, substance ab use, eating disorders, bipolar disorder and more for patients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised sub stance abuse recovery center in SDC Offering the most comprehensive hospital-based treatm ent program in San Diego, SMC provides services such as addiction treatment, medically sup ervised detoxification and rehabilitation, day treatment, outpatient and inpatient program s, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported un der the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Cen ters (SRSMC) are included under the not-for-profit public benefit corporation of Sharp, th e parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported under SGH Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to of fer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sha rp's vision is to become the best health system in the universe Sharp will attain this po sition by transforming the health care experience through a culture of caring, quality, sa fety, service, innovation and excellence Sharp will be recognized by employees, physician s, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trus tworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collabo ration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovati on - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operat ional and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience Fo r more than 19 years, Sharp ha

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	s been on a journey to transform the health care experience for patients and their familie s, physicians and staff Through a sweeping organization-wide performance-and-experience-i mprovement initiative called The Sharp Experience, the entire Sharp team has recommitted t o purposeful, worthwhile work and creating the kind of health care people want and deserve This work has added discipline and focus to every part of the organization, helping to m ake Sharp one of the nation's top-ranked health care systems Sharp is San Diego's health care leader because it remains focused on the most important element of the health care eq uation the people Supported by its extraordinary culture, Sharp is transforming the heal th care experience in San Diego by striving to be * The best place to work Attracting an d retaining highly skilled and passionate staff members who are focused on providing quali ty health care and building a culture of teamwork, recognition, celebration, and professio nal and personal growth This commitment to serving patients and supporting one another wi ll make Sharp "the best health system in the universe " * The best place to practice medic ine Creating an environment in which physicians enjoy positive, collaborative relationshi ps with nurses and other caregivers, experience unsurpassed service as valued customers, h ave access to state-of-the-art equipment and cutting-edge technology, and enjoy the camara derie of the highest-caliber medical staff at San Diego's health care leader * The best p lace to receive care Providing a new standard of service in the health care industry, muc h like that of a five-star hotel, employing service-oriented individuals who see it as the ir privilege to exceed the expectations of every patient-treating them with the utmost car e, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp cont inues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than 60 years Pillars of Excellence In support of Sharp's organizational commitment to transfo rm the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward exc ellence Each year, Sharp incorporates cycles of learning into its strategic planning proc ess In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety fo cus, further driving the organization's emphasis on its culture of safety and incorporatin g the commitment to become a High Reliability Organization (HRO) in all aspects of the org anization At the core of HROs are five key concepts

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Defe rence to expertise * Resilience Applying high-reliability concepts in an organization begi ns when leaders at all levels start thinking about how the care they provide could improve It begins with a culture of safety With this learning, Sharp is a seven-pillar organiza tion - Quality, Safety, Service, People, Finance, Growth and Community The foundational e lements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-e ffective and accessible manner The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving exce llence in these areas Quality Demonstrate and improve clinical excellence and exceed cus tomer expectations Safety Keep patients, employees and physicians safe and free from har m Service Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members People Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission a nd vision Finance Achieve financial results to ensure Sharp's ability to deliver on its mission and vision Growth Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development Community Be an exemplar y public citizen by improving the health of our community and environment Awards Below pl ease find a selection of recognitions Sharp has received in recent years In 2013, 2014, 2 016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies" by the Ethisphere Institute, the leading business ethics think tank WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcin g peers to follow suit or fall behind Sharp was ranked No 45 out of 500 large employers on Forbes' 2017 America's Best Employers listing In 2016, Sharp ranked No 16 and receive d the No 2 spot on the newcomer's list In 2018, Forbes ranked Sharp No 25 on its first- ever list of Best Employers for Women and No 52 on its list of Best Employers for Diversi ty Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Healthc are" in 2017 and 2018 The list recognizes hospitals, health systems and organizations com mitted to fulfilling missions, creating outstanding cultures and offering competitive bene fits to their employees From 2013 to 2018, Sharp ranked in the top 10 of the large employ ers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's Computerworld survey The list is compiled by evaluating a company's benefits, trainin

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	g, retention, career development, average salary increases, employee surveys, workplace mo rale and more In 2015, 2017 and 2018, Sharp ranked first for "San Diego's Best Hospital G roup" in the annual San Diego Union-Tribune Readers Poll In 2017, SMH was ranked "San Die go's Best Hospital" and, in 2018, Sharp's Weight Management Programs ranked first for "Bes t Weight Loss Clinic/Counseling " Sharp Community Medical Group (SCMG) was ranked "San Die go's Best Medical Group" from 2015 to 2018 Sharp Rees-Stealy Medical Group (SRSMG) was ra nked "Best Hearing Aid Store" in 2018 for the second year in a row, as well as first for " Best Audiologist," second for "Best Laser Eye Center" and third for "Best Pharmacy " In 20 16 and 2017, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN received MAGNET recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Recognition Pro gram is the highest level of honor bestowed by the ANCC and is recognized nationally as th e gold standard in nursing excellence SGH first received the designation in 2006, and was most recently re-designated in 2017 SMBHWN received its current designation in 2015 SMH was first designated in 2008, and received its most recent re-designation in 2018 Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2018 by Hospit als & Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired " hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committe d to improving medical care from the patient's perspective SCHHC became a Designated Plan etree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth conse cutive time Additionally, in 2014, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-centered care SMH became a Planetree Person- Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014 In 2015, SMH was re-designated as a Planetree Person-Centered Hospital SCVMC joined SCHHC an d SMH as a Designated Planetree Person-Centered Hospital in 2014, and was re-designated in 2018 In addition, Planetree awarded SGH the Gold Certification for Excellence in Person- Centered Care in 2018 SCHHC and SCVMC received Energy Star (ES) designation from the U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that r eceive ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere SCHHC first earned ES certific ation in 2007, and SCVMC was first certified in 2009 Both entities were most recently re- certified in 2018 San Diego G

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	as & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Show case Awards Sharp was recognized for making tremendous strides in reducing its consumptio n of electricity and natural gas, and in promoting energy-saving techniques to the communi ty Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as par t of BBB's 2017 Torch Awards The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) - California's statew ide recycling association - for its innovative waste-minimization initiatives As the olde st and one of the largest nonprofit recycling organizations in the country, CRRA is dedica ted to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composti ng Sharp was one of nine awardees in San Diego to receive a 2018 EMIES UnWasted Food Awar d by the San Diego Food System Alliance for its collaboration as an innovator and early ad opter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting Sharp was also recognized in 2016, for developing best practi ces in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team In 2016, Sharp ranked third on Sa n Diego Business Journal's list of Healthiest Companies The Healthiest Companies list hon ors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families In 2016, Sharp Best Health received the American Heart Association (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) f or the fourth consecutive year, which recognizes employers that promote a culture of healt h and physical activity in the workplace or community SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Ch ampion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	From 2013 to 2018, the Press Ganey organization recognized multiple Sharp entities with Gu ardian of Excellence Awards Based on one year of data, this designation recognizes recipi ents that reach the 95th percentile for patient satisfaction, employee engagement, physici an engagement surveys or clinical quality Awarded Sharp entities in the employee engageme nt category included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, S harp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SMH, SMH OPP and SMBHWN have be en awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physi cian Engagement Press Ganey also recognized multiple Sharp entities with the Pinnacle of Excellence Award (formerly named the Beacon of Excellence Award) This award recognizes th e top three performing health care organizations that have maintained consistently high le vels of excellence over three years in the categories of Patient Experience, Employee Enga gement, Physician Engagement and Clinical Quality Performance In 2013 as well as 2015 thr ough 2017, Press Ganey recognized SMH for patient experience From 2013 to 2015, Sharp was recognized for Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4 5 out of 5 each year since 2016, making it one of the h ighest-rated health plans in the nation SHP has also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2 018 The NCQA awards accreditation status based on compliance with rigorous requirements a nd performance on Healthcare Effectiveness Data and Information Set and Consumer Assessmen t of Healthcare Providers and Systems measures Covered California is California's officia l health insurance marketplace, offering individuals and small businesses the ability to p urchase health coverage at federally subsidized rates SHP earned a five-star rating - the highest possible - in Covered California's 2018 Coverage Year Quality Ratings in the cate gories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Member s " America's Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems acro ss the nation APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2018 The Women's Choice Award is a symbol of excellence in customer experience awarded by the collective voice of women In 2018, SGH received th e Women's Choice Award as one of America's Best Breast Centers, Best Stroke Centers and Be st Hospitals for Heart Care The Women's Choice Award also recognized SMH and SMBHWN in 20 18 among America's Best Hospitals for Bariatric Surgery, Cancer Care, Obstetrics and Patie nt Experience, as well as amon

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	g America's Best Breast and Stroke Centers SCVMC was also recognized as one of America's Best Breast Centers in 2018 In addition, SCHHC has maintained its ranking as one of Ameri ca's Best 100 Hospitals for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Governments (SANDAG) in cooperation with the 511 transportation informatio n service, iCommute is the Transportation Demand Management program for the San Diego regi on and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp received iCommute Diamond Awards - which recognize employ ers in the San Diego region who have made strides to promote alternative commute choices - in the platinum tier in 2016 and the gold tier in 2017 and 2018 For the fourth year in a row, and the fifth time in six years, Sharp won the top spot in the Mega Employer categor y in SANDAG's 2016 iCommute Rideshare Corporate Challenge The annual monthlong challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk o r transit commutes Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 G HX "Best 50" Supply Chains in North America Organizations receiving this distinction are recognized for their work in improving operational performance and driving down costs thro ugh supply chain automation Patient Access to Care Programs Sharp provides financial assi stance and a variety of support services to improve access to care for uninsured, underins ured and high-risk patients without the ability to pay and insured patients with inadequat e coverage Sharp does not refuse any patient requiring emergency medical care Sharp prov ides services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare - a quick, web-based screening, enrollment and repor ting technology designed by a team of health coverage experts to provide community members with health coverage and financial assistance options At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in t heir account for future reference and accessibility The results of the questionnaire enab le Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options From October 2015 to July 2018, Sharp helpe d nearly 37,300 self-pay patients through PointCare, while maintaining each patient's dign ity throughout the process In 2014, Sharp hospitals implemented an on-site process for re al-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the fi rst hospital system in SDC to provide this service In fiscal year (FY) 2018, Sharp secure d this benefit for more than 5,125 unfunded patients in the ED In support of Covered Cali fornia's annual open enrollment period, 25 members of Sharp's registration staff have beco me Certified Application Couns

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp partners with the Center for Sustainable Energy (CSE) to promote and strengthen its work with the ES From July to August 2017, a CSE benchmarking coach worked with Sharp fac ility managers to identify and correct data quality issues in the measurement of Sharp's e nergy and water consumption As the result of this endeavor, in December 2017, the CSE fea tured Sharp in a case study highlighting the organization's dedication to improving the we lfare of the environment and the communities it serves In addition, Sharp's SRSMG Downtow n medical office building meets Leadership in Energy and Environmental Design (LEED) silve r certification specifications, one of the first medical office buildings of its kind in S an Diego In 2017, Sharp received the Environmental Stewardship Award in the large busines s category from the BBB, serving San Diego, Orange and Imperial counties The award recogn izes businesses that increase efforts toward a more sustainable footprint and green initia tives In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognit ion of its continuous commitment to implementing energy efficiency measures The award spe cifically noted the particular challenges faced by health care organizations trying to con serve energy, given the need to maintain comfortable, clean and safe environments for pati ents, visitors and staff, 24 hours a day, seven days a week Table 4 outlines Sharp's nume rous natural resource conservation initiatives Table 4 Natural Resource Projects by Shar p HealthCare Entity Establish Energy and Water Use Baseline SCHHC, SCVMC, SGH, System Off ices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Energy Star Participation SCHHC, SCVMC, SGH, SMH/S MBHWN, SMV/SMC Air Handler Projects SCHHC, SMH/SMBHWN Cogeneration Plant SGH Drip Irri gation/Landscape Water Reduction Systems SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBH WN, SMV/SMC, SRSMG Drought-Tolerant Landscaping SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electric Vehicle Charging Stations SCVMC, System Offices, SMH /SMBHWN, SRSMG Electronic/Low-flow Faucets SCHHC, SCVMC, SGH, System Offices, SHP, SMH/S MBHWN, SMV/SMC, SRSMG Energy-efficient Kitchen/Cafe Appliances SCHHC, SCVMC, SGH, SMH/SM BHWN Energy-efficient Chillers/ Motors SCHHC, SCVMC, SGH, SMH/SMBHWN Faucets and Toilet Retrofits SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG HVAC proje cts SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Retrofit s to LEDs SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Occupancy S ensors SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Mist Eliminator s SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Moisture-sensitive S prinkler Controls SCHHC,SGH, SMH/SMBHWN Plumbing Projects to Address Water Leaks SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Thermostat Control Software & Temperature Setback Projects

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Stealy Medical Group Recycled Waste Per Year (pounds)- 400,598 Recycled Waste Per Year (p ounds)- 2,070,810 Percent Recycled - 19% System Offices Recycled Waste Per Year (pounds)- 594,826 Total Waste Per Year (pounds)- 1,481,007 Percent Recycled - 40% Total Sharp Healt hCare Recycled Waste Per Year (pounds)- 9,158,808 Total Waste Per Year (pounds)- 24,632,6 44 Percent Recycled - 37% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity S CHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Establish Waste Diversi on Baseline SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-str eam Recycling SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycle d Paper SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Rec ycling SCHHC, SCVMC, SGH, SMH/SMBHWN Composting SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Construction- Debris Recycling SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/S MC, SRSMG Electronic Cafe Menus SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Electronic Patient Bills and Paperless Payroll SCHHC, SCVMC, SGH, System Offices, SHP, SM H/SMBHWN, SMV/SMC, SRSMG Electronic and Pharmaceutical Waste Recycling Events SCHHC, SCV MC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organic Waste Recycling (Green W aste) SCVMC, SGH Recycle Bins Distribution SCHHC, SCVMC, SGH, System Offices, SHP, SMH/ SMBHWN, SMV/SMC, SRSMG Repurposing of Unused Medical Supplies and Equipment SCHHC, SCVMC , SGH, System Offices, SMH/SMBHWN, SRSMG Reusable Sharps Containers SCHHC, SCVMC, SGH, S MH/SMBHWN Single Serve Paper Napkins and Plastic Cutlery Dispensers SCHHC, SCVMC, SGH, S ystem Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing SCHHC, S CVMC, SGH, SMH/SMBHWN, SMV/SMC Replacement of Bottled Water with Spa Water SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Sustainable Food Practices Sharp of fers healthy, nutritious and delicious food options to support the health of patients, emp loyees and the community Sharp's commitment to healthy food and nutrition sustainability practices began over seven years ago with a strategy to increase the selection of organic and sustainable food options to improve engagement In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sust ainable, healthy practices to help educate and motivate consumers and reduce its carbon fo otprint

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who b ike to work up to $20 per month to use toward qualified costs associated with bicycle purc hase, improvement, repair and storage Furthermore, Sharp participates in SANDAG's annual Bike to Work Day event each May In 2018, Sharp employees were once again among almost 10, 000 San Diegans who opted to ride their bike to work Sharp hosted several pit stops, prov iding food and beverages, at various sites throughout SDC Sharp also encourages employees to participate in alternate commuting, including SANDAG's iCommute program that can match commuters in an area based on their work schedule, departure location and destination Em ployees can monitor their cost and carbon savings resulting from their alternate commuting methods - such as using public transit, carpooling, vanpooling, biking, walking, or telec ommuting - and log their miles in an internal tracking tool on Sharp's intranet site, whic h has replaced SANDAG's discontinued TripTracker In addition, Sharp is enrolled in SANDAG 's Guaranteed Ride Home program which provides commuters who carpool, vanpool, take an exp ress bus, ride the Coaster, or bike to work three or more times a week with a taxi or a re ntal car in case of an emergency or being stranded at work Further, Sharp employees can a lso purchase discounted monthly bus passes In recognition of Rideshare Month every Octobe r, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling, and public transit The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region F urthering the commitment to better commuting solutions for its employees, Sharp supplies a nd supports the hardware and software for almost 700 employees who are able to efficiently and effectively telecommute to work These employees work in areas that do not require an on-site presence, such as information technology support, transcription and human resourc es Sharp also provides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less tha n 10 workdays and thus reduces commute costs, lowers parking demand and helps the environm ent Community Education and Outreach Sharp actively educates the community about its sust ainability programs In FY 2018, Sharp participated in the following outreach activities * Sharp published e-newsletters for employees highlighting its recycling efforts and accom plishments, as well as reminders for proper workplace recycling, carpooling and energy and water conservation * Sharp held its sixth annual systemwide All Ways Green Earth Week ce lebration, including Earth Fairs at each Sharp hospital and system office During the fair s, employees learned how to de

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	crease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home Many of Sharp 's key vendors participated in these fairs to help raise awareness of green initiatives an d how Sharp is involved in those programs * Sharp held a community recycling event that i ncluded free e-waste recycling and confidential document destruction The event also inclu ded the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, conv enient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse * Sharp participates in San Diego County's Ha zmat Stakeholder meetings to discuss best practices for medical waste management with othe r hospital leaders in SDC Additional community environmental education and outreach initi atives at Sharp are highlighted in Table 8 Table 8 Environmental Community Education and Outreach America Recycles Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SM C, SRSMG Bike to Work Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, S RSMG Earth Week Activities SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Environmental Policy SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Green Team SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG No Smoking Policy SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organi c Farmer's Market SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Organic Gardens SCHHC, SMH/SMBHWN Recycling Education SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBH WN, SMV/SMC, SRSMG Ride Share Promotion SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBH WN, SMV/SMC, SRSMG Emergency and Disaster Preparedness Sharp contributes to the health an d safety of the San Diego community through essential emergency and disaster planning acti vities and services In FY 2018, Sharp provided disaster preparedness education to staff, community members and community health professionals, as well as collaborated with numerou s state and local organizations to prepare the community for a potential emergency or disa ster Sharp's disaster preparedness team offered several education courses to first respon ders and community health care providers throughout SDC This included a standardized, on- scene federal emergency management training for hospital management titled National Incide nt Management System/Incident Command System/Hospital Incident Command System (HICS) as we ll as a training focused specifically on HICS, an incident management system that can be u sed by hospitals to manage threats, planned events or emergencies In addition, a course w as offered to train participants to use the WebEOC crisis information management system, w hich provides real-time information sharing between health care systems and outside agenci es during a disaster In Septe

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	mber, Sharp hosted its seventh annual Disaster Preparedness Expo to educate San Diego comm unity members about effective disaster preparedness and response in the event of an earthq uake, fire, power outage or other emergency Held at Balboa Park, the free event provided more than 800 community members with a variety of disaster exhibitors, demonstrations and displays, as well as education on personal and family disaster planning In addition, in F Y 2018, the team provided education on personal disaster preparedness to the Rotary Club o f Chula Vista as well as during the County of San Diego's Aging Summit 2018 Age Well in A ction In FY 2018, Sharp's disaster leadership donated their time to state and local organ izations and committees, including County of San Diego Emergency Medical Care Committee, C alifornia Hospital Association Emergency Management Advisory Committee, California Departm ent of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group In addition, Sharp's disaster l eadership participates in the County of San Diego Healthcare Disaster Coalition Healthcar e disaster coalitions are multi-agency groups of representatives who play a critical role in public safety during emergencies and disasters by assisting counties in improving mitig ation, preparedness, response and recovery activities As part of this coalition, in FY 20 18, Sharp's disaster leadership led a subcommittee to review hospital evacuation planning and identify tools and best practices for dissemination to community health care professio nals Sharp's disaster leadership also continued to participate in the Statewide Medical H ealth Exercise Program This work group of representatives from local, regional and State agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide loc al emergency planners in developing, planning and conducting emergency responses

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	enings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use Post -screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management a nd managing the challenges of living with a chronic condition, such as diabetes, high bloo d pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to promote overall health To align with this goal, Sharp Best Health encourages team members to use Fitbit wireless activity monitors to track their steps, distance, calories burned, sleep p atterns and more By syncing statistics to computers or smartphones, these devices inspire team members to achieve their personal fitness goals one step at a time Throughout the y ear, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes During FY 2018, more than 1,500 participants across the Sharp system walked an average of 8,700 steps per day Since the Fitbit program's inception in 2014, participating employees have increased their average total steps by 24 percent In addition, Sharp's acceptable footwear policy permit s employees to wear walking shoes each day of the week at Sharp corporate offices to promo te safety along with increased physical activity Sharp Best Health hosted a variety of we llness programs and events for employees and their family and friends This included syste mwide walking and hiking clubs through which more than 90 participants completed six hikes during FY 2018 Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, American Heart Month , National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Veg etables Month, Stress Management Month and National Walking Month Sharp Best Health also supported the San Diego Heart & Stroke Walk by hosting donation-based indoor cycling class es at Toby Wells YMCA In addition, Sharp Best Health partnered with the AHA to promote wa lking meetings as a heart-healthy alternative to standard meetings At Sharp System Office s, Sharp Best Health partnered with the Humane Society to provide free "Animal-Based Stres s Relief" events where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies Sharp Best Health provided on-site health and fitness classes and workshops for employee s throughout FY 2018 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing craving s, intuitive eating, the truth about counting calories, and the impact of sleep, stress an d aging on health Classes wer

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e also offered on stress management techniques and the importance of taking micro-breaks Fitness offerings included yoga, Zumba, weight training and aquatics classes Sharp Best H ealth also offered recipe demonstrations to encourage healthy meal preparation at home Sh arp Best Health offered employees a new wellness initiative in FY 2018 called the Better B alance Project, which is intended to help attendees achieve a better sense of balance and well-being Instead of making radical, time-consuming changes, participants were encourage d to make small but powerful health adjustments that are frequently overlooked Each week throughout the four-week program, participants were provided tools and tasks to address a specific self-care subject, such as mindfulness, prioritizing sleep, organization and grat itude Sharp Best Health also debuted a new podcast called "Coffee Break with Sharp Best H ealth," which features group discussions and interviews with health and wellness experts o n a variety of topics to help listeners live in good health In FY 2018, Sharp Best Health continued to go beyond nutrition and physical fitness to support the overall health and h appiness of employees by offering a digital mindfulness and yoga training platform from th e vendor Whil Whil's program is designed to help employees manage stress and improve thei r well-being by offering more than 1,200 mindfulness and yoga sessions Whil's sessions ar e of various lengths and skill levels, providing employees the flexibility to move at thei r own pace and set their own goals Whil has also been used throughout the system as a too l during staff meetings, department huddles and shift changes Since Whil's launch, more t han 2,400 employees have become active users Another mindfulness initiative involved a co llaboration between Sharp Best Health and certified mindfulness facilitators to provide on -site mindfulness programming at six Sharp locations, including both series and drop-in cl asses

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Throughout FY 2018, Sharp Best Health continued to provide Wellness on Wheels, a monthly e ducational event offered to Sharp employees to address the challenge of accessing health r esources and programs during work hours Wellness on Wheels involves "rounding" in staff l ounges, hospital units, and nursing stations to promote a new and relevant subject each mo nth Each session includes an educational component, an interactive activity and a call to action Wellness on Wheels brings wellness education to employees where they work, accomm odating their unique schedules and dedication to patient care Keeping the experience rele vant and quick improves access to wellness resources for busy staff with complex schedules During FY 2018, Wellness on Wheels topics included holiday food myths, essential oils, m indful eating, yoga poses for relaxation, heart health and common safety hazards Since 20 15, Sharp has provided a systemwide Mindful healthy food initiative in partnership with So dexo As part of the Mindful program, Sharp's cafeteria menus were redesigned to include s ustainable, nutritious and enticing food options that foster a healthy lifestyle among pat ients, visitors and staff In 2018, Sharp continued its partnership with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by em ployees This CSA service offers a convenient method for employees and their families to i ncorporate more fruits and vegetables into their diet while supporting local farmers Weig ht Watchers offers weight-loss services and products founded on a scientifically-based app roach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors Sharp Best Health continued its partnership with Weigh t Watchers to offer employees a subsidized membership rate to any Weight Watchers program With program availability at work, in the community and online, this partnership has offe red Sharp team members a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules At any given time during FY 2018, appro ximately 530 Sharp employees were actively using Weight Watchers Since the program's ince ption in 2016, participating employees have lost an estimated 4,000 pounds In addition to providing Weight Watchers at work, during FY 2018, Sharp Best Health partnered with the S harp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program New Weigh is an eight-week weig ht loss program that emphasizes nutrition education and healthy lifestyle development Pro gram participants create a semi-structured food plan, and have access to a skilled health coach or RD to ensure continued support and accountability During FY 2018, 240 Sharp empl oyees completed the New Weigh program Nearly one in six community members face the threat of hunger every day in SDC E

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ach month, the Food Bank distributes food to approximately 370,000 children and families, active-duty military, and fixed-income seniors living in poverty For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive Durin g the 2017 holiday season, Sharp Best Health and Sharp Community Benefit continued to part ner with SuperFood Drive - a San Diego-based organization committed to educating the commu nity about the health benefits of eating nutrient-dense superfoods and ensuring the access ibility of healthy food to all - to provide a "superfood drive," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life Thr ough the six-week holiday superfood drive, locations throughout the Sharp system collected more than 2,300 pounds of nutritious food In addition, Sharp team members donated nearly $1,000 through a Sharp Virtual Food Drive specifically benefiting the Food Bank Combined , these donations and funds provided nearly 7,000 healthy meals for San Diegans in need of assistance with putting food on the table during the holidays Section 2 Executive Summar y In addition to providing outstanding patient care, our Sharp community extends all acros s San Diego County We are involved in helping others by offering free blood pressure scre enings and interactive presentations on a wide range of wellness topics and many other eff orts We are proud to support the community - Stacey Hrountas, Chief Executive Officer, S harp Rees-Stealy Medical Centers This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in th is Community Benefit Plan and Report, and a summary of community benefit programs and serv ices provided by Sharp in fiscal year (FY) 2018 (October 1, 2017, through September 30, 20 18) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newbo rns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Shar p Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community ben efit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA pr ocess, please see Section 3 Community Benefit Planning Process Listing of Community Need s Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2018 The followi ng community needs are addressed by one or more Sharp hospitals in this Community Benefit Report * Access to care for individuals without a medical provider and support for high-r isk, underserved and underfund

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ed patients * Education and screening programs on health conditions, such as heart and vas cular disease, stroke, cancer, diabetes, obesity, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones and for the community * Support of community nonprofit health organizati ons * Education and training for community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health c are careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mot hers and their loved ones * Mental health and substance abuse education and support for th e community Highlights of Community Benefit Provided by Sharp in FY 2018 The following are examples of community benefit programs and services provided by Sharp hospitals and entit ies in FY 2018 * Medical Care Services included uncompensated care for patients who are u nable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs (CHAMPVA), and TRICARE - t he regionally managed health care program for active-duty, National Guard and Reserve memb ers, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensa tion programs

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Other Benefits for Vulnerable Populations included van transportation for patients to an d from medical appointments, flu vaccinations, telephone reassurance calls and other servi ces for seniors, financial and other support to community clinics to assist in providing a nd improving access to health services, Project HELP, Meals on Wheels, contribution of tim e to Stand Down for Homeless Veterans, the San Diego Food Bank and Feeding San Diego, fina ncial and other support to the Sharp Humanitarian Service Program, and other assistance fo r vulnerable and high-risk community members * Other Benefits for the Broader Community i ncluded health education and information, and participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local scho ols to promote interest in health care careers and made its facilities available for use b y community groups at no charge Sharp executive leadership and staff also actively partic ipated in numerous community organizations, committees and coalitions to improve the healt h of the community See Appendix A for a listing of Sharp's involvement in community organ izations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration * Health Research , Education and Training Programs included education and training programs for medical, nu rsing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community Economic Value of Community Benefit Provided in FY 2018 In FY 2018, Sharp provided a total of $437,406,616 i n community benefit programs and services that were unreimbursed Table 9 displays a summa ry of unreimbursed costs based on the categories specifically identified in SB 697 These financial figures represent unreimbursed community benefit costs after the impact of the M edi-Cal Hospital Fee Program Table 9 Sharp HealthCare Total Community Benefit by SB 697 Category - Estimated FY 2018 Unreimbursed Costs (see Note 1) Medical Care Services Shortf all in Medi-Cal (see Note 2) - $129,308,822 Shortfall in Medicare (see Note 2) - $248,662, 360 Shortfall in San Diego County Indigent Medical Services (CMS) (see Note 2) - $9,201,55 0 Shortfall in CHAMPVA/TRICARE (see Note 2) - $7,612,667 Shortfall in Workers' Compensatio n - $29,656 Charity Care (see Note 3) - $24,969,673 Bad Debt (see Note 3) - 6,511,004 Othe r Benefits for Vulnerable Populations Patient transportation and other assistance for the needy (see Note 4) - $3,685,141 Other Benefits for the Broader Community Health educatio n and information, support groups, health fairs, meeting room space, donations of time to community organizations and co

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	st of fundraising for community events (see Note 4) - $1,869,835 Health Research, Educatio n and Training Programs Education and training programs for students, interns and health care professionals (see Note 4) - $5,555,908 TOTAL - $437,406,616 Table 9 Notes Note 1 - Economic value is based on unreimbursed costs Note 2 - Methodology for calculating shortf alls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which ar e derived from the cost accounting system, offset by the actual payments received Costs f or patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Note 3 - Charity care and bad debt r eflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Note 4 - Unreimbursed costs may incl ude an hourly rate for labor and benefits plus costs for supplies, materials and other pur chased services Any offsetting revenue (such as fees, grants or external donations) is de ducted from the costs of providing services Unreimbursed costs were estimated by each dep artment responsible for providing the program or service In FY 2018, the State of Califor nia and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Pr ogram for the time period of January 1, 2017, through June 30, 2019 This resulted in reco gnition of supplemental revenues totaling $248 5 million and quality assurance fees and pl edges totaling $161 1 million in FY 2018 The net FY 2018 impact of the program totaling $ 87 4 million reduced the amount of unreimbursed medical care service for the Medi-Cal popu lation This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2018 Ta ble 10 Sharp HealthCare Unreimbursed Medical Care Services Medi-Cal Hospital Fee Program Impact - FY 2018 Medicare & Medicare HMO - $125,364,745 Medicare Capitated - $123,297,615 Medi-Cal, Medi-Cal HMO & CMS Before Provider Fee - $187,303,059 Provider Fee - $(48,792,6 87) Medi-Cal, Medi-Cal HMO & CMS After Provider Fee - $138,510,372 CHAMPVA & Workers' Comp - $7,642,323 Bad Debt - $6,511,004 Charity Care - $24,969,673 Total Before Provider Fee - $475,088,419 Provider Fee - $(48,792,687) Total Before Provider Fee - $426,295,732 Table 11 lists community benefit costs provided by each Sharp entity Table 11 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - Estimated FY 2018 Unrei mbursed Costs Sharp Chula Vista Medical Center - $90,298,683 Sharp Coronado Hospital and H ealthcare Center - $21,258,431 Sharp Grossmont Hospital - $128,924,916 Sharp Mary Birch Ho spital for Women & Newborn - $

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	9,761,499 Sharp Memorial Hospital - $167,314,062 Sharp Mesa Vista Hospital and Sharp McDon ald Center - $19,779,122 Sharp Health Plan - $69,903 TOTAL FOR ALL ENTITIES - $437,406,616 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2018, see tables presented in individual entity sections Table 12 Detailed Economic Value of SB 697 Categories - Es timated FY 2018 Unreimbursed Costs Sharp Chula Vista Medical Center Medical Care Services - $87,878,861 Other Benefits for Vulnerable Populations - $571,854 Other Benefits for the Broader Community - $364,393 Health Research, Education and Training Programs - $1,483,57 5 Total - $90,298,683 Sharp Coronado Hospital and Healthcare Center Medical Care Services - $20,564,090 Other Benefits for Vulnerable Populations - $84,351 Other Benefits for the Broader Community - $89,574 Health Research, Education and Training Programs - $520,416 To tal - 21,258,431 Sharp Grossmont Hospital Medical Care Services - $125,643,033 Other Bene fits for Vulnerable Populations - $1,157,648 Other Benefits for the Broader Community - $5 59,470 Health Research, Education and Training Programs - $1,564,765 Total - $128,924,916 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - $9,316,725 Other B enefits for Vulnerable Populations - $87,059 Other Benefits for the Broader Community - $1 19,237 Health Research, Education and Training Programs - $238,478 Total - $9,761,499

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp Memorial Hospital Medical Care Services - $163,867,752 Other Benefits for Vulnerabl e Populations - $1,323,591 Other Benefits for the Broader Community - $561,771 Health Rese arch, Education and Training Programs - $1,560,948 Total - $167,314,062 Sharp Mesa Vista H ospital and Sharp McDonald Center Medical Care Services - $19,025,271 Other Benefits for Vulnerable Populations - $448,871 Other Benefits for the Broader Community - $127,420 Heal th Research, Education and Training Programs - $177,560 Total - $19,779,122 Sharp Health P lan Medical Care Services - $0 Other Benefits for Vulnerable Populations - $11,767 Other Benefits for the Broader Community - $47,970 Health Research, Education and Training Progr ams - $10,166 Total - $69,903 ALL ENTITIES Medical Care Services - $426,295,732 Other Ben efits for Vulnerable Populations - $3,685,141 Other Benefits for the Broader Community - $ 1,869,835 Health Research, Education and Training Programs - $5,555,908 Total - $437,406,6 16 Section 3 Community Benefit Planning Process Navigating the maze of health care can be daunting to say the least, and Sharp is committed to assisting community members in this p rocess Because it involves a loved one, the appreciation expressed is extremely meaningfu l - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare For more t han 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on finding s from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are u sed in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation Methodology to Co nduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longti me partner in the process of identifying and responding to the health needs of the San Die go community Since 1995, Sharp has participated in a countywide collaborative that includ es a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient P rotection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the per spectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through p rograms, services and collaboration For the 2016 CHNA process, Sharp actively participate d in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in con

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Food Stamps/SNAP Benefits Households - 11 0% Families with Children - 10 5% Eligibility b y Federal Poverty Level Population below or at 130% FPL - 20 1% Population below or at 13 8% FPL - 21 7% Population 139% to 350% FPL - 34 1% Source County of San Diego HHSA, Publi c Health Services, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 In SDC's east region in 2016, 93 5 percent of children ages zero to 17, 81 6 percent of young adults ages 18 to 24, 82 2 p ercent of adults ages 25 to 44, 88 5 percent of adults ages 45 to 64, and 98 7 percent of seniors ages 65 and older had health insurance In SDC's east region in 2016, health insur ance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65 See Tabl e 28 for details Table 28 Health Insurance Coverage in SDC's East Region, 2016 Children 0 to 17 years Current Rate - 93 5% HP2020 Target - 100% Young adults 18 to 24 years Curr ent Rate - 81 6% HP2020 Target - 100% Adults 25 to 44 years Current Rate - 82 2% HP2020 T arget - 100% Adults 45 to 64 years Current Rate - 88 5% HP2020 Target - 100% Seniors 65+ years Current Rate - 98 7% HP2020 Target - 100% Source County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 According to the California Health Interview Survey (CHIS), 34 4 percent of the east region population was covered by Medi-C al See Table 29 for details Table 29 Medi-Cal (Medicaid) Coverage in SDC's East Region, 2016-2017 Covered by Medi-Cal - 34 4% Not covered by Medi-Cal - 65 6% Source 2016-2017 C HIS CHIS data also revealed that 15 3 percent of individuals in the east region did not ha ve a usual place to go when sick or in need of health advice (see Table 30) 9 Table 30 Re gular Source of Medical Care in SDC's East Region, 2016-2017 Has a usual source of care C urrent Rate - 84 7% HP2020 Target - 100% Has no usual source of care Current Rate - 15 3% HP2020 Target - 0% Source 2016-2017 CHIS Cancer and diseases of the heart were the top tw o leading causes of death in SDC's east region in 2016 See Table 31 for a summary of lead ing causes of death in the east region For additional demographic and health data for com munities served by SGH, please refer to the SGH 2016 CHNA at http //www sharp com/about/co mmunity/community-health-needs-assessments cfm Table 31 Leading Causes of Death in SDC's East Region, 2016 Malignant Neoplasms (Overall Cancer) Number of Deaths - 977 Percent of Total Deaths - 24 1% Diseases of the Heart Number of Deaths - 929 Percent of Total Death s - 22 9% Cerebrovascular Diseases Number of Deaths - 254 Percent of Total Deaths - 6 3% Chronic Lower Respiratory Diseases Number of Deaths - 230 Percent of Total Deaths - 5 7% Accidents/Unintentional Injuri

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	es Number of Deaths - 220 Percent of Total Deaths - 5 4% Alzheimer's Disease Number of D eaths - 207 Percent of Total Deaths - 5 1% Diabetes Mellitus Number of Deaths - 143 Perce nt of Total Deaths - 3 5% Chronic Liver Disease and Cirrhosis Number of Deaths - 95 Perce nt of Total Deaths - 2 3% Essential Hypertension and Hypertensive Renal Disease Number of Deaths - 83 Percent of Total Deaths - 2 0% Intentional Self-Harm (Suicide) Number of Dea ths - 74 Percent of Total Deaths - 1 8% All Other Causes Number of Deaths - 842 Percent o f Total Deaths - 20 9% Total Deaths Number of Deaths - 4,054 Percent of Total Deaths - 100 0% Source County of San Diego Health and Human Services Agency (HHSA), Public Health Ser vices, Community Health Statistics Unit, 2018 Community Benefit Planning Process In additi on to the steps outlined in Section 3 Community Benefit Planning Process regarding commun ity benefit planning, SGH * Incorporates community priorities and community input into it s strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as educat ion, screenings and flu vaccinations * Prepares and distributes information on community b enefit programs and services through its foundation and community newsletters * Consults w ith representatives from a variety of departments to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefit Report - SGH 2016 CHNA SGH completed its most recent CHNA in September 2016 SGH's 2016 CHNA was significantly i nfluenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on thos e processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year SGH completed its most current implementation strategy - a descrip tion of SGH programs designed to address the priority health needs identified in the 2016 CHNA The most recent CHNA and implementation strategy for SGH are available at http //www sharp com/about/community/health-needs-assessments cfm Through the SGH 2016 CHNA, the fo llowing priority health needs were identified for the communities served by SGH * Behavio ral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health In alignment with these identified needs, the following pages detail progr ams that specifically address cardiovascular disease, diabetes and senior health SGH prov ides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessmen t team in the emergency depart

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	on adults, women and seniors * Share expertise in cardiovascular care with community heal th care professionals through participation in professional conferences and collaboratives * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease FY 2018 Report of Activities In FY 2018, SGH's Cardiac Rehabilitation Dep artment provided education and support to patients and community members impacted by conge stive heart failure (CHF) A free, monthly CHF class and support group provided nearly 90 individuals with a supportive environment to discuss various topics about living well with CHF A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart condition s, reaching more than 270 individuals SGH's Cardiac Training Center and Cardiac Rehabilit ation Departments participated in a variety of community events throughout San Diego in FY 2018 Together, they offered community members free blood pressure screenings, cardiopulm onary resuscitation (CPR) demonstrations, and cardiac health education and resources, incl uding prevention, symptom recognition, evaluation and treatment Events included the Sharp Disaster Preparedness Expo, Celebrando Latinas, Live Well San Diego's (LWSD's) Love Your Heart event, SGH's Burr Heart & Vascular Community Open House, AHA Heart & Stroke Walk and annual Sharp Women's Health Conference In addition, the Cardiac Rehabilitation team coll aborated with the SGH Senior Resource Center in February to educate more than 30 seniors a t the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart Further, the Cardiac Rehabilitation team provided free flu s hots to more than 15 community seniors during a flu clinic held at the hospital in October

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	onal speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options * Provide a conf erence on heart and vascular disease for community physicians and other health care profes sionals * Continue to provide student learning opportunities, including a new internship m odule for exercise physiology and kinesiology students * Continue to provide data on STEMI to the County of San Diego EMS * Continue to provide the Peripheral Vascular Disease Reha bilitation Program Identified Community Need Diabetes Education, Prevention and Support R ationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recen t SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHN A continued to identify Type 2 diabetes as one of six priority health issues affecting mem bers of the communities served by SGH * The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SD C * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jac umba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc , 2015) * Sharp diabetes educator di scussions conducted as part of the SGH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including accessing a physician, findin g support programs, meeting outpatient needs (i e , appointments with psychologists or end ocrinologists), and a lack of diabetes education coverage under Medi-Cal * The Sharp diab etes educator discussions also identified the following barriers to adopting healthy behav iors among diabetes patients affordability of glucose testing strips, unmet behavioral he alth needs, food insecurity, and knowledge of benefits * According to data presented in t he SGH 2016 CHNA, diabetes is a major cause of heart disease and stroke * The Centers for Disease Control and Prevention (CDC) identify diabetes as the leading cause of kidney fai lure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2 017) * According to SGH diabetes discharge data, among SDC patients with a primary diagno sis of a diabetes-related ICD-10 code in 2017, 'Gestational Diabetes Mellitus in Childbirt h Controlled by Oral Hypoglycemic Drugs' was the top inpatient primary diagnosis related t o Type 2 diabetes for individuals ages 15 to 24 Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Type 2 Diabetes Mellitus With Hyperglycemia,' and among t hose ages 45 and older, the top inpatient primary diagnosis was 'Type 2 Diabetes Without C omplications ' * In 2016, diabetes was the seventh leading cause of death in SDC's east re gion * According to the CDC, diabetes is the seventh leading cause of death in the U S I n addition, the number of adul

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ts diagnosed with diabetes in the U S has more than tripled in the last 20 years (CDC, 20 17) * In 2016, there were 143 deaths due to diabetes in SDC's east region The region's a ge-adjusted death rate due to diabetes was 24 7 per 100,000 population, higher than the ov erall SDC age-adjusted rate (20 7 deaths per 100,000 population) * In 2016, there were 92 1 hospitalizations due to diabetes in SDC's east region The age-adjusted rate of hospital izations for diabetes was 176 1 per 100,000 population This rate was the second highest a mong all SDC regions and higher than the age-adjusted rate of hospitalization for SDC over all (120 9 per 100,000 population) * In 2016, there were 887 diabetes-related ED discharg es in SDC's east region The age-adjusted rate of diabetes-related ED discharges was 171 5 per 100,000 population This was the third highest rate among all SDC regions and was hig her than the age-adjusted rate for SDC overall (151 9 per 100,000 population) * According to 2015-2017 CHIS data, 10 7 percent of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (9 1 percent) and the state of California (9 8 percent) Diabetes rates among seniors were p articularly high, with 18 percent of east region adults over 65 reporting that they had ev er been diagnosed with diabetes * According to 2016-2017 CHIS data, 13 4 percent of resid ents in the east region had been told by their doctor that they have pre- or borderline di abetes, compared to 12 3 percent of residents in SDC overall * According to the CDC's 201 7 National Diabetes Statistics Report, 87 5 percent of adults diagnosed with diabetes were overweight or obese To prevent or delay the onset of diabetes, the CDC recommends lifest yle changes such as losing weight, eating healthier, and getting regular physical activity * The CDC estimates that 30 3 million people in the U S have diabetes Of those individ uals, 1 in 4 is not aware they have the disease (CDC National Diabetes Statistics Report, 2017) * A study by the University of California, Los Angeles (UCLA) Center for Health Pol icy Research estimated that 13 million adults in California (46 percent) have prediabetes or undiagnosed diabetes, while another 2 5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* The CDC-approved Diabetes Prevention Program (DPP) is an evidence-based, cost-effective intervention to help people decrease their risk of developing diabetes by making healthy l ifestyle changes According to the California Department of Public Health (CDPH), in 2018, California mandated the DPP be covered under Medi-Cal for all beneficiaries who have pred iabetes or a high risk of developing Type 2 diabetes By funding the DPP, California will help create partnerships between community-based organizations, private insurers, health c are providers, employers, academia and government agencies with the goal to reduce the inc idence of prediabetes and Type 2 diabetes statewide (CDPH, 2018) Objectives * Provide dia betes education, prevention and support in the east region of SDC * Collaborate with commu nity organizations and projects to provide diabetes education to SDC's vulnerable populati ons * Participate in local and national professional conferences to share best practices i n diabetes treatment and control with the broader health care community FY 2018 Report of Activities The SGH Diabetes Education Program is recognized by the American Diabetes Assoc iation (ADA) for meeting national standards for excellence and quality in diabetes educati on covering blood sugar monitoring, medication and nutritional counseling as well as insul in pump and other device training The program provides individuals and their support syst ems with the skills needed to successfully self-manage various conditions, including predi abetes, gestational diabetes, and Type 1 and Type 2 diabetes Small group and one-on-one e ducation options are offered in English and Spanish In FY 2018, the Sharp Diabetes Educat ion Program provided diabetes education and support to approximately 1,000 attendees at th e Sharp Women's Health Conference This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on prediabetes, navigating the road to prevention, the signs, symptoms and complications of diabetes, and diabetes self-manag ement In addition, two diabetes educators presented on controlling blood sugar levels, pr ediabetes, and diabetes risk factors, symptoms and complications Attendees were also educ ated about metabolic syndrome - a group of conditions including increased blood pressure, high blood sugar, abnormal cholesterol levels, and excess body fat around the waist that o ccur together, increasing an individual's risk of heart disease, stroke and diabetes The Sharp Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October The Sharp Diabetes Education Program provided education to various community groups throu ghout the year In collaboration with the SGH Senior Resource Center, the program provided a lecture on diabetes and the power of lifestyle change to nearly 20 senior community mem bers at the Dr William C Her

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In FY 2018, the Sharp Diabetes Education Program supported the professional health care co mmunity through participation in various conferences and meetings At the Liberty Station Conference Center in May, the Sharp Diabetes Education Program presented to more than 150 health professionals during Sharp's Obesity Crisis Conference titled Practical Approaches to the Care of the Obese Patient The team's presentation covered insulin use in the obese patient, including the origin and purpose of insulin, the effects of different kinds of i nsulin, the significance of accurate timing of insulin administration, and treatment optio ns In June, the Sharp Diabetes Education Program attended the ADA's 78th Scientific Sessi ons conference in Orlando, Florida The conference theme was Diabetes Breakthroughs Happen Here, which taught more than 14,000 international attendees about the most significant ad vances in diabetes care and research Also in June, the Sharp Diabetes Education Program p rovided a poster presentation to approximately 75 attendees at Sharp's fourth annual Inter professional Research & Innovation Conference The presentation, titled Designing and Impl ementing a Competency-Based Skills Fair to Improve Home Health Nurses' Knowledge, highligh ted a project aimed at improving patient care and diabetes knowledge among nurses In addi tion, in August, the Sharp Diabetes Education Program presented on The Diabetes Injectable Pen Laboratory - A Novel Approach to Improve Home Health Nurses' Diabetes Knowledge to ap proximately 60 health professionals at the American Association of Diabetes Educators' 201 8 Annual Conference in Baltimore, Maryland The presentation described a study that demons trated statistically significant improvements in knowledge and confidence levels among reg istered nurses (RNs) and licensed vocational nurses using diabetes medication pens In Nov ember, the Sharp Diabetes Education Program hosted a diabetes conference designed for phys icians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other comm unity health professionals interested in optimizing inpatient diabetes care The conferenc e provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting Topics included the advantages and disadvantages of pump therapy, pump therapy as a method of insulin delivery, differences in the treatment of Type 1 and Type 2 diabetes, diabetes risk factors, causes of diabetes patients not taking their medications, and the interventions required to improve patient handover from hospital to primary care Further, in FY 2018, the Sharp Diabetes Education program provided diabetes education to 20 nurse practitioner students at SDSU, while the SGH Diabetes Education Program mentored a dieteti c intern from the San Diego Women, Infants and Children (WIC) program FY 2019 Plan The SG H Diabetes Education Program w

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ill do the following * Provide community members with prediabetes and diabetes informatio n at various community venues in SDC's east region * Explore additional collaborations to assist and educate food insecure community members * Participate in Sharp's partnership wi th the City of San Diego to provide diabetes education and resources to employees and resi dents in the city's nine districts * Continue to foster relationships and collaborate with FHCSD to provide education and resources to their diabetic patients * Continue to provide gestational services and resources to underserved pregnant women, both at the hospital an d in collaboration with community clinics * Participate in Tour de Cure - the ADA's signat ure fundraising event to fight diabetes and its burdens * Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign la nguage and culturally appropriate resources for diverse populations * Continue to particip ate in local and national professional conferences - including those held by the ADA, Amer ican Association of Diabetes Educators and the San Diego Association of Diabetes Educators - to share best practices in diabetes treatment and control with the broader health care community * Conduct educational outpatient and inpatient symposiums for health care profes sionals * Continue to host a diabetes conference for health care professionals Identified Community Need Health Education, Screening and Support for Seniors Rationale references t he findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community healt h statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identi fy senior health as one of six top priority health issues for community members served by SGH * The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals * As part of the SGH 2016 CHN A, discussions held with nurses and social workers from Sharp's Senior Health Centers iden tified the following challenges to improving the health of seniors in SDC access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing me dications due to financial issues, lack of transportation or lack of motivation, difficult y understanding medical instructions, inability to recognize a health problem exists, memo ry issues, and the perception that health issues and loneliness are a normal part of aging * Sharp senior health discussions held as part of the SGH 2016 CHNA process identified t he most common health-related issues or needs for seniors as anxiety, cardiac disease, co gnitive impairment and dementia, depression, diabetes, psychosis and chronic mental illnes s (specific to the population served by the Downtown Sharp Senior Health Center), hyperten sion, increased need for caregivers, isolation, contributing to poor diet, bad habits and depression, loss of purpose, a

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nd substance abuse, particularly with prescription drugs * Seniors participating in the S GH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to acc essing health care understanding health insurance, including confusing terms, knowing whe re to go for care, especially understanding when to use the ED, urgent care and primary ca re, using health insurance, including understanding health care costs/bills and knowing wh at services are covered, getting health insurance, and follow-up care, including understan ding next steps and finding available appointments * In 2016, Alzheimer's disease was the sixth leading cause of death in SDC's east region * In 2016, the top 10 leading causes o f death among adults ages 65 and older in SDC's east region were (in rank order) overall cancer, CHD, Alzheimer's disease and other dementias (ADOD), chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, stroke, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls * In 2016, seniors in SD C's east region experienced higher rates of hospitalization for all major causes, includin g cancer, hypertensive diseases, diseases of the heart, asthma, arthritis, unintentional i njuries, falls, stroke, diabetes and flu/pneumonia, when compared to the east region popul ation overall * The top three causes of ED utilization among SDC's east region residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions * Seniors in SDC use the 911 emergency medical system at higher rates than an y other age group The most common complaints include general medical, altered neurologica l state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 201 5) * A 2016 HHSA report titled Identifying Health Disparities to Achieve Health Equity in San Diego County Age found that seniors in SDC's east region have disproportionately hig h death rates for cancer, COPD, CHD and stroke when compared to other seniors in the count y overall * According to the CDC, 2 8 million older adults, or more than 1 in 4, are trea ted in the ED for falls every year One in five falls causes a serious injury, such as bro ken bones or a head injury, and with each fall, the chance of falling again doubles These injuries may result in serious mobility issues and difficulty with everyday tasks or livi ng independently The direct medical costs for fall injuries are estimated at $31 billion annually (CDC, 2018)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* In 2013, an estimated 62,000 San Diegans ages 55 and over were living with ADOD One qua rter of these residents lived in the east region Between 2013 and 2030, the number of eas t region residents living with ADOD is projected to increase by 39 7 percent (Alzheimer's Disease and Other Dementias in San Diego County, HHSA, 2016) * In 2016, an estimated 54 9 percent of SDC's east region residents ages 65 and older reported that they were vaccinat ed for influenza in the past 12 months (CHIS, 2016) In 2016, 17 percent of the influenza hospitalizations and 6 of the 11 influenza deaths in the east region occurred among reside nts ages 65 and older The age-adjusted rate of influenza death among this group was 8 5 p er 100,000, higher than the rate for SDC overall (6 per 100,000) (HHSA, 2016) * Research shows that caregiving can have serious physical and mental health consequences According to findings from the Stress in America survey described in a report titled Valuing the Inv aluable, caregivers to older relatives report poorer health and higher stress levels than the general population Fifty-five percent of surveyed caregivers reported feeling overwhe lmed by the amount of care their family member needs (AARP Public Policy Institute, update d July 2015) * According to AARP, more than 40 million people in the U S act as unpaid c aregivers to people ages 65 and older More than 10 million of these caregivers are Millen nials with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers ear ns less than $30,000 per year (AARP, 2018) * According to a report from the National Alli ance for Caregiving (NAC) and AARP titled Caregiving in the U S 2015, 60 percent of unpai d caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015) * The UCLA Center for Health Policy Research conducted a study highlighting the pl ight of California's "hidden poor," finding 772,000 seniors who live in the gap between th e FPL and the Elder Economic Security Standard The highest proportion of seniors living i n this gap includes renters, Latinos, women and grandparents raising grandchildren (Padill a-Frausto & Wallace, 2015) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * Provide daily telephone reassurance/safety check calls to ensure the safety of homebound s eniors and disabled adults in SDC's east region * In collaboration with community partners , offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community * Serve as a referral resource to additional support services in the community for senior residents in SDC's east region * Provide education and community resources to caregivers * Maintain and grow partnerships with community organizations to e xpand community outreach and provide seniors and caregivers with updated information on av ailable services and resources

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	FY 2018 Report of Activities Sharp Senior Resource Centers meet the unique needs of senio rs and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations The Sharp Senior Resource Cente rs' compassionate staff and volunteers provide personalized support and clear, accurate in formation regarding health education and screenings, community referrals and caregiver res ources In FY 2018, the SGH Senior Resource Center developed and mailed quarterly calendar s of its programs and services to more than 6,600 households in SDC's east region In addi tion, the SGH Senior Resource Center distributed approximately 4,000 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emerg ency personnel with critical medical information for seniors and disabled people The SGH Senior Resource Center provides a telephone reassurance and safety check program for isola ted or homebound seniors and disabled community members living in SDC's east region Throu gh the program, SGH Senior Resource Center staff and volunteers place computerized phone c alls to participants daily at regularly scheduled times In the event that staff members d o not connect with participants, a phone call is placed to family members or friends to en sure the individual's safety In FY 2018, staff placed more than 4,900 phone calls to appr oximately 15 seniors and disabled community members, as well as nearly 20 follow-up phone calls to family and friends In FY 2018, the SGH Senior Resource Center reached more than 600 community members through approximately 30 free health education programs provided at locations in SDC's east region including the SGH campus, the La Mesa Adult Enrichment Cent er and the Grossmont Healthcare District Conference Center Programs were presented by exp erts from community organizations as well as Sharp professionals with expertise in physica l therapy and rehabilitation, diabetes, bereavement, finance, health insurance, nutrition, nursing, advance care planning (ACP) and rehabilitation Educational topics included ACP, tools and resources for caregivers, managing the physical aspects of caregiving, diabetes , Medicare, memory loss, difficult family conversations, brain health, bereavement and cop ing with grief, tax planning, heart health and fitness, osteoporosis and preventing fractu res, fall prevention, how to talk to a doctor, healthy eating in the new year, wills and t rusts, maintaining a healthy voice, reverse mortgages and gift annuities, understanding ho spice, and finding reliable health information Also in FY 2018, nearly 300 seniors and th eir caregivers were reached through a series of clinical lectures provided by an audiologi st, psychologist, interventional neuroradiologist, hematologist-oncologist, pulmonologist, neurologist and vascular surgeon Topics included mental health, pain and neuropathy, rec ent advances in stroke treatme

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nt, restful sleep, vascular conditions, digital hearing aids, and advances in cancer preve ntion and treatment The lectures were held at SGH, the Dr William C Herrick Community H ealth Care Library and San Diego Oasis - an organization that promotes healthy aging throu gh lifelong learning, active lifestyles and volunteer engagement In addition, the SGH Sen ior Resource Center collaborated with San Diego Oasis to provide education on topics inclu ding mindful eating, preventing fractures and ACP to more than 100 seniors Further, the S GH Senior Resource Center presented to more than 400 community members on senior services, Vials of Life, fitness and exercise, experiencing aging, balance and fall prevention, mak ing the most of and improving the health care experience, resources and tools for caregive rs, seniors and socialization, stroke, and talking to a health care provider Presentation s were held at various locations throughout SDC, including but not limited to El Cajon, La Mesa and the City of San Diego Throughout the year, the SGH Senior Resource Center provi ded 11 health screening events at various sites in SDC's east region, reaching nearly 200 members of the senior community Screenings included balance and fall prevention, hand, ca rotid artery, peripheral artery disease, stroke, and behavioral health In addition, the S GH Senior Resource Center reached nearly 800 community members through more than 50 free b lood pressure screenings As a result of these screenings, two seniors were referred to ph ysicians for follow-up care Screenings were provided at the SGH campus, Dr William C He rrick Community Health Care Library, La Mesa Adult Enrichment Center, JFS College Avenue C enter and McGrath Family YMCA, as well as at community health fairs, special events and to the Grossmont Mall Walkers The SGH Senior Resource Center continued to sponsor the Gross mont Mall Walkers, a free fitness program to increase physical activity, improve balance a nd strength, and encourage a healthy lifestyle among community adults and seniors Every S aturday, participants gathered at Grossmont Center to walk around the mall and perform gen tle exercises led by an instructor from the SGH Senior Resource Center On average, more t han 130 community members participated in the Grossmont Mall Walkers program each month in FY 2018

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	At The San Diego Union-Tribune's CaregiverSD community expo in June, the SGH Senior Resour ce Center provided Vials of Life, senior resources and information about its services to a pproximately 300 community members The SGH Senior Resource Center also offered Vials of L ife, caregiver and community resources, and information about its services to more than 70 0 seniors at the AIS Aging Summit 2018 and the Burr Heart & Vascular Center community open house In April, the SGH Senior Resource Center partnered with Sharp HospiceCare and the City of La Mesa to provide a conference titled Healthy and Safe Aging for community senior s and their families Held at the La Mesa Community Center, the free conference provided a pproximately 100 attendees with educational presentations from a marriage and family thera pist, attorney, nurse practitioner, ACP specialist, and other experts on how to plan for a healthy, safe and mindful future In September, the Sharp Senior Resource Centers collabo rated with the Caregiver Coalition of San Diego to provide the Caregiving for Someone With Dementia Caregiver Conference at the La Mesa Community Center Nearly 100 community memb ers attended the free conference, which included a resource fair and presentations from ex perts on a variety of topics to help care for loved ones Throughout the year, the SGH Sen ior Resource Center both hosted and participated in health fairs and events throughout SDC 's east region This included the provision of blood pressure screenings and educational r esources to more than 2,400 community seniors and caregivers at the Lakeside Community Cen ter, Meadowbrook Mobile Home Estates in Santee, El Cajon Fire Department, George L Steven s Senior Center, La Mesa Community Center, San Diego LGBT (Lesbian, Gay, Bisexual and Tran sgender) Community Center, JFS College Avenue Center, La Vida Real senior community, Gross mont Center, Cameron Family YMCA in Santee, Balboa Park, Liberty Station in Point Loma, To wn and Country San Diego and SGH The SGH Senior Resource Center continued to provide seas onal flu vaccines in selected community settings In FY 2018, the SGH Senior Resource Cent er provided more than 440 seasonal flu vaccinations at nine community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Salvation Army of El Cajon, Journey Community Church, food banks in Sant ee and Spring Valley, and SGH In addition to providing flu vaccinations at these sites, t he SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vial s of Life and information regarding telephone reassurance calls Further, seniors, caregiv ers, individuals who are homeless or at risk of homelessness, individuals with chronic ill nesses, and high-risk adults with limited access to care, including those without transpor tation, were notified about fl

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ntified Community Need Cancer Education and Support, and Participation in Clinical Trials Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most rec ent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 C HNA identified cancer as one of six top priority health issues for community members serve d by SGH * The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals * Sharp cancer navigator discussions conducted as part of the SGH 2016 CHNA process identified the following chief concerns fo r cancer patients in SDC (including patients in the east region) cultural differences and language barriers between patient and provider, health literacy, financial issues, knowin g where to go for care, availability of reliable transportation, difficulty with end-of-li fe conversations, and lack of advance care directives * The cancer key informant intervie w conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care and language barriers for non-English speakers as major difficulties fac ing oncology patients Additional challenges include financial, legal and survivorship iss ues, emotional, sexual and body image issues, lack of a social network leading to increase d need for transportation, in-home support and other treatment-related resources, and end- of-life or palliative care issues * The cancer key informant interview recommended the fo llowing strategies to address barriers of care for those with cancer the provision of lay navigators, including integration of navigators into the care process, community coordina tors with knowledge of hospital needs and community resources, greater hospital and commun ity partnerships, resources to educate providers on end-of-life and palliative care issues , personnel within the health care system to identify resources and answer questions, fina ncial assistance for co-pays, prescriptions, child care and other bills, and survivorship clinics * As part of the SGH 2016 CHNA process, cancer support group patients participati ng in the Health Access and Navigation Survey suggested the following areas for improvemen t in cancer care more time with doctors, more comprehensive educational groups, a navigat or staff member or case manager for all oncology patients, not just newly diagnosed, help navigating health insurance options to identify the best coverage for individual needs, an d tours specifically for patients who have a serious illness requiring multiple treatments

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* According to 2017 Sharp oncology data, 14 percent of the 274 SGH cancer patients who rec eived the cancer psychosocial distress screening scored at a range of moderate to severe d istress and were referred to internal or external resources, such as social workers or com munity cancer resources * The most frequently observed cancers at SGH in 2017 were (in ra nk order) breast, lung, colorectal, prostate, gynecological and lymphoma In total, there were 1,231 new cases of cancer at SGH in 2017 * In 2016, cancer was the leading cause of death in SDC's east region and was responsible for 24 1 percent of all deaths * There we re 977 deaths due to cancer (all types) in SDC's east region in 2016 The region's age-adj usted death rate due to cancer was 173 1 deaths per 100,000 population, which is higher th an the overall SDC age-adjusted rate of 146 6 per 100,000 population and the HP2020 target of 161 4 deaths per 100,000 population * In 2016, the east region's age-adjusted death r ates were higher than the rates for SDC overall in 12 of the 15 most common cancers bladd er, brain, colorectal, female breast and reproductive, kidney, leukemia, liver, lung, mela noma of the skin, non-melanoma skin cancer, and prostate * In 2016, 20 8 percent of all c ancer deaths in SDC's east region were due to lung cancer, 9 8 percent to colorectal cance r, 8 6 percent to female breast cancer, 7 3 percent to prostate cancer, 6 1 percent to pan creatic cancer, and 5 4 percent to female reproductive cancer * In 2016, the age-adjusted mortality rate of female breast cancer in the east region was 26 6 per 100,000 women, whi ch exceeds the rate for SDC overall (20 per 100,000 women), and the HP2020 target of 20 7 breast cancer deaths per 100,000 women * According to the American Cancer Society (ACS) C ancer Statistics Center, in 2018 there will be an estimated 29,360 new cases of breast can cer and 4,500 breast cancer deaths for females in California * According to the 2015 Susa n G Komen for the Cure San Diego Affiliate Community Profile, in SDC there were 46 1 late -stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42 4 cases per 100,000 women The report projects that SDC will meet the HP2020 target within five y ears * The 2015 Susan G Komen for the Cure San Diego Affiliate Community Profile also re ported that, in 2013, breast cancer mortality rates in SDC were highest among African Amer ican women, at 27 7 deaths per 100,000 This exceeded the mortality rate for Caucasian (23 9), Latina (17 3) and Asian/Pacific Islander (13 2) * According to the ACS 2017 Californ ia Cancer Facts & Figures report, 72 4 percent of breast cancer cases among non-Hispanic w hite women in SDC were diagnosed at an early stage, compared to 69 3 percent of African Am erican cases, 68 1 percent of Hispanic cases and 70 4 percent of Asian/Pacific Islander ca ses Data suggests that early breast cancer detection resources are needed in minority com munities * According to 2015-

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	2016 CHIS data, 85 7 percent of women ın SDC's east regıon ages 50 to 74 reported havıng a mammogram ın the past two years Thıs exceeds the HP2020 target of 81 1 percent for breas t cancer screenıngs Approxımately 4 9 percent of SDC east regıon women ın thıs age range reported that they have never had a mammogram * Accordıng to fındıngs from the ACS 2018 C ancer Facts & Fıgures report, screenıng offers the abılity for secondary prevention by det ectıng cancer early For example, the 39 percent decrease ın the female breast cancer deat h rate between 1989 and 2015 ıs attrıbuted to ımprovements ın early detectıon, namely scre enıng and ıncreased awareness In addıtion, over the past three decades, fıve-year relatıv e survıval rates for all cancers combıned ıncreased by 20 percent among whıtes and 24 perc ent among blacks, reflectıng earlıer dıagnosıs for some cancers as well as ımprovements ın treatment (ACS, 2018) * Study fındıngs from the 2015 Susan G Komen for the Cure San Dıe go Affılıate Communıty Profile ındıcate a crıtıcal need for culturally competent outreach, especıally for Hıspanıc, Mıddle Eastern and Afrıcan Amerıcan women (Susan G Komen, 2015) * A recent study by the ACS found that 42 percent of newly dıagnosed cancer cases ın the U S are potentıally avoıdable Many of the known causes of cancer - and other noncommunı cable dıseases - are attrıbutable to behavıoral factors ıncludıng tobacco use as well as e xcess body weıght due to poor dıetary habıts and lack of physıcal actıvıty (ACS, 2018) * The Amerıcan Socıety of Clınıcal Oncology (ASCO) emphasızes the ımportance of patıent navı gators as part of a multıdıscıplınary oncology team wıth the goal of reducıng mortalıty am ong underserved patıents A patıent navıgator may assıst wıth varıous tasks, ıncludıng ps ychosocıal support, assıstance wıth treatment decısıons, assıstance wıth ınsurance ıssues, arrangement of transportatıon, coordınatıon of addıtıonal servıces (ı e , fertılity prese rvatıon), and trackıng of ınterventıons and outcomes The navıgator works wıth the patıent across the care contınuum, ensurıng coordınatıon and efficıency of care, and removal of b arrıers to care (ASCO, 2016) * Accordıng to the Natıonal Instıtutes of Health, clınıcal t rıals, a part of clınıcal research, are at the heart of all medical advances Clınıcal trı als look at new ways to prevent, detect or treat dısease by determınıng the safety and eff ıcacy of a new test or treatment Greater clınıcal trıal enrollment benefıts medical resea rch and ıncreases the health of future generatıons as well as ımproves dısease outcomes, q uality of lıfe and health of trıal partıcıpants Objectıves * Provıde cancer educatıon and support to patıents and communıty members * Provıde cancer resources and educatıon at com munıty events * Provıde cancer patıent navıgatıon and support servıces to the communıty * Partıcıpate ın cancer clınıcal trıals, ıncludıng screenıng and enrollıng patıents FY 2018 Report of Actıvıtıes Note SGH

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ıs accredıted by the Natıonal Accredıtatıon Program for Breast Centers, ındıcatıng the hı ghest standard of care for patıents wıth dıseases of the breast Sharp (ıncludıng Sharp Me morıal Hospıtal (SMH), SGH, and Sharp Chula Vıstа Medıcal Center (SCVMC)) ıs also accredıt ed by the Amerıcan College of Surgeons Commıssıon on Cancer as an Integrated Network Cance r Program, demonstratıng ıts commıtment to meet rıgorous standards and ımprove the qualıty of care for patıents wıth cancer In FY 2018, the SGH Cancer Center provıded educatıon on cancer, breast self-examınatıon demonstratıons, breast cancer awareness, and resources fr om the ACS and Natıonal Cancer Instıtute to approxımately 400 ındıvıduals at communıty eve nts, ıncludıng ECAN's annual Sprıng Into Healthy Lıvıng senıor health and wellness faır an d San Dıego East County Chamber of Commerce's Health Faır Saturday at Grossmont Center At Sharp's annual Women's Health Conference ın Aprıl, the SGH Cancer Center offered cancer e ducatıon, health screenıng recommendatıons for varıous age groups, breast self-exam demons tratıons and cards, ınformatıon about skın checks and melanoma, and lıterature on cancer c are and preventıon ıncludıng rısk reductıon through lıfestyle changes to approxımately 1,0 00 communıty members In honor of Lung Cancer Awareness Month ın November, the SGH Cancer Center offered a free communıty event tıtled What Doctors Want You to Know About Lung Canc er to more than 20 communıty members Experts and Sharp-affılıated physıcıans presented on early detectıon, new treatments and the personal rısk factors for lung cancer Additional ly, SGH Cancer Center staff walked alongsıde cancer patıents and famılıes ın the ACS Makın g Strıdes Agaınst Breast Cancer Walk ın October

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In FY 2018, the SGH Cancer Center provided a variety of free support groups for approximat ely 90 community members impacted by cancer Offered twice monthly, the breast cancer supp ort group allowed women in all stages of breast cancer - from recent diagnosis, to treatme nt and survivorship - to share experiences and discover coping strategies A general cance r support group was offered monthly to meet the educational and emotional needs of people living with any kind of cancer This group provided encouragement and hope in a safe envir onment as well as an opportunity to share experiences and coping strategies during any pha se of treatment The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increas e focus, creativity, self-confidence and personal well-being The SGH Cancer Center also o ffered a monthly Man Cave support group for men with cancer, which provided a safe and com fortable setting to explore important issues that can arise when coping with any type of c ancer, including work, relationships, family and regaining control over life Furthering i ts support for those with cancer, the SGH Cancer Center continued to provide the Wall of H ope and Inspiration - a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer In addition, in FY 2018, SGH Cancer patients participated in the Swallows project in which more than 30 pa tients and loved ones painted unique aluminum birds that represent what healing looks like to them The birds were assembled into a flight of swallows over the entrance of the medi cal oncology and radiation oncology areas as a symbol of hope and a successful journey Th e SGH Cancer Center continued to host educational classes at no cost for patients and comm unity members facing cancer Through the monthly Lunch and Learn Cancer Education series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing anxiety, leaving a legacy, making healthy habits stick, mindful eating, importance of exercise, cancer prevention lifestyle , and strategies for successful survivorship Attendees were also invited to participate i n a question-and-answer session while enjoying a complimentary lunch The series reached a n average of eight to 12 individuals per session in FY 2018 The SGH Cancer Center also pr ovided meeting space for the ACS' Look Good Feel Better classes, which teach women techniq ues to manage the appearance-related side effects of cancer treatment (e g , hair loss, et c) and boost self-confidence Classes included a complimentary makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs an d headwear Four classes were offered at the SGH Cancer Center in FY 2018, reaching more t han 30 women Throughout the y

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ear, the SGH Cancer Center offered free workshops for patients and community members This included free monthly ACP workshops provided in collaboration with Sharp's ACP program L ed by a trained ACP facilitator, the workshops provided nearly 15 community members with a n overview of the ACP process, basic tools to help define their personal health care choic es, communication tips to begin the conversation with loved ones, and guidance on completi ng an advance health care directive The SGH Cancer Center also offered three rotational m onthly workshops including a Relaxation and Quieting the Mind workshop to help cancer pat ients and their loved ones manage the stress, anxiety and difficult emotions that may acco mpany a cancer diagnosis, a Chemo Brain Workshop Improving Memory and Concentration for p atients experiencing memory problems related to chemotherapy and other cancer treatments, and a Scanxiety Managing the Fear of Cancer Recurrence workshop to assist patients in und erstanding and managing anxiety related to tests and scans The workshops assisted more th an 50 community members in FY 2018 To help guide and support patients and their families before, during and after the course of treatment, the SGH Cancer Center team offered a lic ensed clinical social worker (LCSW), a certified dietitian, genetics counselors and cancer patient navigators for breast and various other cancers The LCSW offers psychosocial ser vices (assessments, crisis intervention, counseling, bereavement, cognitive behavioral the rapy and stress management), support group leadership, and advocacy and resources for tran sportation, palliative care and hospice, food and financial assistance In FY 2018, this i ncluded improving patient and family connections to community services, such as the ACS, S an Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama 's Kitchen, 2-1-1 San Diego (2-1-1), JFS and the Food Bank's Breast Cancer Case Management program, as well as other food and financial assistance programs The LCSW served more th an 350 patients and family members in FY 2018, while approximately 100 community members c ontacted the LCSW for consultation regarding support groups and other SGH Cancer Center se rvices and community resources The breast health navigator is an RN certified in breast h ealth who personally assists breast cancer patients and their families with navigating the health care system The breast health navigator offers support, guidance, education, fina ncial assistance referrals and recommendations for community resources Through collaborat ion with community clinics - including FHCSD, Neighborhood Healthcare and Borrego Health - the breast health navigator identifies patients who may financially benefit from the Brea st and Cervical Cancer Treatment Program Offered through the California Department of Hea lth Care Services, the program provides urgently needed cancer treatment coverage for unfu nded or underfunded low-income

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	patients, while local clinics help facilitate the enrollment process Patients needing ps ychosocial support are referred to the SGH Cancer Center Radiation Oncology Department's L CSW or various local or national resources including JFS's Breast Cancer Case Management p rogram The breast health navigator also plays an active role in community education at he alth fairs, providing educational literature about early detection of breast cancer and ma mmography guidelines, at no charge to the community In FY 2018, the breast health navigat or provided navigation assistance to nearly 200 breast cancer patients in need, including many with late-stage cancer diagnoses Since 2014, a cancer patient navigator has been des ignated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, anal and esophageal cancers as well as any cancer patient with comp lex care needs The cancer patient navigator supports patients and their family members th rough care coordination and connection to needed resources, including transportation, tran slation needs, financial assistance, speech therapy, nutritional support, feeding tube sup port, social work services and more In addition, the cancer patient navigator offers psyc hosocial support and education about the side effects of radiation therapy Since the ince ption of SGH's navigator program, the cancer patient navigator has assisted more than 500 patients and their families Three genetic counselors assist patients and family members a t SGH and SMH through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients The SGH Cancer Center's certifie d dietitian assists patients receiving radiation therapy or combined radiation and chemoth erapy who are at high risk for malnutrition This most often includes patients with head a nd neck, esophageal, lung, pancreatic and pelvic cancers - including some cervical and rec tal The dietitian provided one-on-one nutrition assessments, education and follow-up to 3 00 patients in FY 2018

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Throughout FY 2018, SGH helped raise community awareness of cancer through television inte rviews on KPBS, FOX 5 San Diego, CBS 8/CW San Diego and KUSI News as well as through KPBS Public Radio 89 5 and live stream Through these outlets, information was shared by a medi cal social worker, SGH Cancer Center staff and hospital physicians from a variety of speci alties, including oncology and gastroenterology Topics included lung cancer in individual s who have never smoked, coffee and its possible cancer risk link to acrylamide, a chemica l byproduct created when coffee beans are roasted, a groundbreaking new study that found t hat women with early-stage breast cancer may be able to avoid chemotherapy, and scanxiety During a Facebook Live question-and-answer session in March, a gastroenterologist shared simple ways people can reduce their risk of colon cancer, including engaging in moderate a mounts of exercise and getting screened, as well as the preventive benefits of aspirin the rapy Another Facebook Live question and answer session focused on reducing the risk of br east cancer and was held during breast cancer awareness month in October The Sharp Cancer Centers (SCVMC, SGH, and SMH) conduct oncology clinical trials to support the discovery o f new and improved treatments to help individuals overcome cancer and to enhance scientifi c knowledge for the larger health and research communities In FY 2018, the Sharp Cancer C enters approached and evaluated 3,680 patients for participation in oncology clinical tria ls As a result, 207 patients were enrolled in cancer research studies In FY 2018, clinic al trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian and prostate FY 2019 Plan The SG H Cancer Center will do the following * Provide cancer education, resources and breast se lf-exam demonstrations at community health fairs and events, as well as through social med ia * Continue to provide a free biweekly breast cancer support group * Provide free commun ity support groups, including an art-themed group as well as groups for men with cancer an d those with advanced cancer and their caregivers * Provide monthly workshops on managing scanxiety, relaxation and chemo brain as well as a multi-session couples communication wor kshop for newly diagnosed cancer patients * Continue to host a free monthly Lunch and Lear n educational series for cancer patients, survivors and their loved ones * Provide free me eting space for four Look Good Feel Better classes to help female cancer patients manage a ppearance-related side effects of cancer treatment * Continue to provide ongoing personali zed education, information, support and guidance to cancer patients and their loved ones * Provide education and resources to the community by patient navigators for breast, colon, brain and gynecologic cancers, and cancer patients with complex care needs * Connect indi viduals to community resources

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	to help them manage their illness * In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved ones * Provide legacy planning workshops on various topics, including creating memory box es, scrapbooks, writing a life story and ethical wills * Screen and enroll cancer patients in clinical trials for research studies * Provide education on cancer and available treat ments through community residents and community physician lectures * Provide internships t o National University radiation therapy students * Provide a free seminar to educate commu nity members about lifestyle choices for reducing breast cancer risk * Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services Identified Community Need Women's, Prenatal and Post partum Health Services and Education Rationale references the findings of the SGH 2016 CHN A, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise i ndicated Rationale * The HASD&IC 2016 CHNA continued to identify high-risk pregnancy as o ne of the top 15 priority health conditions seen in SDC hospitals * In 2016, SDC's east r egion had 430 low birth weight (LBW) births, which accounted for 6 6 percent of total birt hs for the region When compared to all other racial groups, the proportion of LBW births in the east region was highest among African American/Black infants (9 2 percent) Additio nally, a significantly higher proportion of LBW births in the region occurred among female infants (8 35 percent) compared to male infants (4 86 percent) * In 2016, 24 infants in SDC's east region died before their first birthday The infant mortality rate was 3 7 infa nt deaths per 1,000 live births, the same as the rate for SDC overall * There were 1,210 hospitalizations due to maternal complications in SDC's east region in 2016, a 35 8 percen t increase from 2015 The region's age-adjusted rate was 515 5 per 100,000 population, whi ch was higher than the age-adjusted rate for SDC overall (494 2 per 100,000 population) * In 2016, 5,301 live births received early prenatal care in SDC's east region, which trans lates to 81 5 percent of all live births in the region This was lower than the percentage of live births receiving early prenatal care in SDC overall (84 2 percent), and the lowes t among all SDC regions * Proven strategies to increase the use of prenatal care include affordable health coverage, expedited health coverage for uninsured pregnant women, insur ance coverage that includes health education and risk counseling, outreach and assistance with enrolling in health coverage and accessing affordable prenatal services, use of safet y net health providers, culturally and linguistically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support from trained and certified doula s and community health workers

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	, group care approaches to reduce costs and enhance care, and transportation assistance (C hildren's Initiative, 2017) * According to the 2017 San Diego County Report Card on Child ren and Families, breastfeeding enhances immunity to disease and decreases the rate and se verity of infections in children, is associated with improved development and decreased ri sk of childhood obesity, and reduces lifelong risks for chronic health problems Mothers w ho breastfeed may reduce their risk of breast, ovarian, and uterine cancers, experience qu icker postpartum recovery time, and miss less work due to child illness (Children's Initia tive, 2017) * Breastfeeding initiation rates vary by race/ethnicity, and are lowest among Native American, Pacific Islander and African American mothers (Children's Initiative, 20 17) * In 2016, SDC ranked 18th out of 50 California counties for in-hospital exclusive br eastfeeding at 80 9 percent (California WIC Association and UC Davis Human Lactation Cente r, A Policy Update on California Breastfeeding and Hospital Performance, 2017) * While mo st women plan to breastfeed, only half of working mothers receive the support they need in the workplace to continue doing so Mothers with workplace support for breastfeeding are twice as likely to be exclusively breastfeeding at three months postpartum Lower income m others are less likely to have workplace support for breastfeeding compared to mothers wit h higher incomes (CDPH, 2018) * According to 2015-2017 CHIS data, 31 2 percent of women a ges 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), which is higher than SDC overall (22 6 percent) * According to the CDC, being overweight increases the risk of complications during pregnancy, and may lead to negative health outcomes for both mother and child after birth Nearly half of women are overweight or obese when they become pregnant Additionally, nearly half of women gain more weight than is recommended d uring pregnancy, which can lead to future obesity for both mother and child (CDC, 2017)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Findings from the CDPH's 2018 Maternal and Infant Health Assessment indicated that in 20 15, 20 5 percent of California mothers experienced depressive symptoms during pregnancy or postpartum Black and Latina women, women with low socioeconomic status, and Medi-Cal ins ured women are all at higher risk for depressive symptoms during pregnancy and the postpar tum period (California Task Force on the Status of Maternal Mental Health Care, 2018) * M aternal depression is the most common pregnancy complication, occurring more frequently th an gestational diabetes and preeclampsia combined Untreated maternal mental health disord ers have serious consequences, including adverse birth outcomes, impaired bonding between mother and infant, childhood behavioral problems, and increased stress on families (Califo rnia Task Force on Status of Maternal Mental Health Care, 2017) * Screening for maternal mental health disorders is currently not routine, and treatment for identified cases occur s less than 15 percent of the time Untreated maternal depression costs California an esti mated $2 25 billion each year in lost income and productivity and negative health outcomes for children (California Task Force on Status of Maternal Mental Health Care, 2017) * Th e American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including a change in hormone levels after birth, prior experience with or family history of depression, anxiety or mental illness, stress related to caring for a newborn, having a baby who is difficult to comfort, or who has challenging sleep an d hunger needs, having a baby with special needs, first-time, very young or older motherho od, emotional stressors such as the death of a loved one or family problems, financial or employment issues, and isolation or lack of social support (APA, 2016) * According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to compl ications for the mother and the infant Several health-related factors known to cause adve rse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesit y, smoking during pregnancy and high blood pressure (CDC, 2017) * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than on e baby, infection and late prenatal care (CDC, 2017) * Preterm birth results in $26 billi on in avoidable medical and societal costs each year (March of Dimes, 2017) * According t o the National Center on Substance Abuse and Child Welfare, an estimated 15 percent of inf ants are affected by prenatal alcohol or illicit drug exposure each year Substance use du ring pregnancy increases the risk of negative health outcomes, such as stillbirth, miscarr iage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrom e (Substance Abuse and Mental

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Health Services Administration, 2017) Objectives * Conduct outreach and education activit ies for women on a variety of health topics, including prenatal care and parenting skills * Demonstrate best practices in breastfeeding and maternity care, and provide education an d support to new mothers on the importance of breastfeeding * Collaborate with community o rganizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services * Participate in professional associations related to women's services and prena tal health and disseminate research FY 2018 Report of Activities In FY 2018, the SGH Women 's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout the community Free support groups assisted women and families with the challenges and adaptations of having a newborn Offered twice per we ek, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home Facilitated by RN lactation consultants, the group served nearly 20 attendees per session in FY 2018, including fathers who were welcome to attend The weekly postpartum support g roup, led by social workers, supported more than 30 mothers per session in FY 2018 Throug h the support group, mothers with babies up to 12 months of age who are experiencing sympt oms of the "baby blues," depression and/or anxiety can share their experiences, learn copi ng strategies and receive professional referrals Educational classes covered a variety of parenting and newborn care topics Through the breastfeeding class, moms-to-be learned ab out the advantages of breastfeeding and basic breastfeeding tips, such as positioning and the use of breast pumps Designed for first-time parents, the Baby Care Basics class provi ded education on infant care, including car-seat safety, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling Other offerings by the S GH Women's Health Center in FY 2018 included classes on caesarean delivery preparation, ch ildbirth preparation, infant and child CPR, and preparing new siblings and grandparents T he SGH Women's Health Center also supported the community through participation in the Sha rp Women's Health Conference in April Team members offered information on women's health including labor and delivery, prenatal care, obstetrics/gynecology care, neonatal intensiv e care options and more to 1,000 attendees In addition, SGH continued to host an annual n eonatal intensive care unit (NICU) reunion event to offer a unique experience for patients and families whose babies have spent time in the NICU, and celebrate their care long afte r they leave the hospital The event reached approximately 250 former NICU patients and th eir families and included a va

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	riety of activities such as face painting, a photo booth (including framed pictures for th e families), games, and arts and crafts The SGH Women's Health Center has implemented sev eral critical process improvements to increase breastfeeding rates among new mothers and c ontinues to explore and participate in opportunities to share these best practices with th e broader health care community Following the implementation of the 10 Steps to Successfu l Breastfeeding initiative in 2012, the SGH Women's Health Center has pursued various qual ity strategies to promote exclusive breastfeeding and exclusive breast milk in the NICU I n addition, educational resources provided at community clinics and in the hospital's chil dbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes Early int ervention strategies were incorporated to promote the establishment of breastmilk in the f irst couple of weeks The SGH Women's Health Center also continued to track mothers of pre mature infants 28 to 34 weeks who had established breastmilk supply at two weeks As a res ult of these comprehensive efforts, the SGH Women's Health Center increased the exclusive newborn breastfeeding rate at discharge from 49 percent in 2011 to 59 percent in 2018 In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Hea lth Centers project (BFCHC) - an initiative of LWSD and funded through a grant from the Fi rst 5 Commission of San Diego Through the BFCHC collaboration, the SGH Prenatal Clinic wa s selected out of six participating clinics as the pilot clinic to help establish Baby-Fri endly USA guidelines around breastfeeding during the prenatal period and after discharge, and support other prenatal clinics in achieving Baby-Friendly USA standards Though the pi lot program ended in 2016, SGH continues its collaboration in the BFCHC to ensure sustaina bility of the model

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC Throughout FY 2018, SGH Prenatal Clinic midwives provided in-kind help at N eighborhood Health Centers in El Cajon to support the underserved population in SDC's east region This included nearly 1,000 hours of care for pregnant women, with midwife coverag e five days per week The SGH Prenatal Clinic also continued to participate in the CDPH Co mprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits Services included heal th education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women Nutrition classes were offered to hel p reduce the number of women who meet the criteria for gestational diabetes Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while thos e with nutrition issues were referred to an SGH registered dietitian (RD) or the SGH Diabe tes Education Program as appropriate At-risk women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gesta tional diabetes In addition, education on gestational diabetes was provided to pregnant m embers of the community The SGH Women's Health Center continued its partnership with Vist a Hill ParentCare to assist chemically dependent (addicted) women with psychological and s ocial issues during pregnancy These approaches have been shown to reduce both LBW rates a nd health care costs for women and infants The SGH Women's Health Center also provided wo men with referrals to a variety of community resources, including, but not limited to Cali fornia Teratogen Information Service (CTIS), WIC, and the County of San Diego Public Healt h Nursing In FY 2018, the SGH Women's Health Center participated in and partnered with se veral community organizations and advisory boards for maternal and child health, including WIC, CTIS, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, Beacon Council's Patient Safety Collaborative, ACNL, the regional Perinata l Care Network, the local chapter of AWHONN, California Maternal Quality Care Collaborativ e, California Perinatal Quality Care Collaborative, American Association of Critical-Care Nurses - Clinical Scene Investigator Academy, and the County of San Diego Public Health Nu rsing Advisory Board FY 2019 Plan SGH will do the following * Provide free breastfeeding , postpartum and new parent support groups * Provide parenting education classes * Partici pate in wellness events for women with a focus on lifestyle tips to enhance overall health * Share evidence-based maternity care practices through presentations at professional con ferences * Provide prenatal clinical and social services as well as education to vulnerabl e community clinic patients th

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	rough the SGH Prenatal Clinic * Provide a NICU graduate reunion for former NICU patients a nd their family members Identified Community Need Health Education and Wellness Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC co mmunity health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA identi fied behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senio r health as six priority health issues affecting members of the communities served by SGH * The HASD&IC 2016 CHNA process continued to identify the following among the top priorit y health conditions in SDC hospitals diabetes, obesity, cardiovascular disease and stroke , mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, c ancer, back pain, infectious disease and respiratory diseases * The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease , Type 2 diabetes, behavioral health and obesity) These 10 social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues , physical activity, education/knowledge, cultural competency, transportation, insurance i ssues, stigma, and poverty * Key informant interviews conducted as part of the HASD&IC 20 16 CHNA suggested several health improvement strategies to address the four priority healt h issues identified for SDC These strategies include behavioral health prevention and st igma reduction, education on disease management and food insecurity, integrating physical and mental health care, better coordination of care, greater cultural competence and diver sity, and engagement of patient navigators and case managers in the community * Data anal ysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and Type 2 diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc , 2015) * Accord ing to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smok ing are all risk factors that could lead to cardiovascular disease and stroke According t o the CDC, about half of Americans (47 percent) have at least one of these three risk fact ors Additional risk factors include alcohol use, obesity, diabetes and genetic factors (C DC, 2015) * HHSA's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart dis ease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide In 2015, 54 percent of all deaths in SDC's east region were attribut ed to 3-4-50 conditions, which was equal to the rate for SDC overall (54 percent) * In 20 16, cancer was the leading cau

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	se of death and diseases of the heart were the second leading cause of death for SDC's eas t region * According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 30 8 percent, which is a 15 8 percent decrease from 20 16, but still higher than the self-reported obesity rate for SDC overall (22 5 percent) * In 2016, 17 9 percent of adults ages 18 and older in SDC's east region self-reported eati ng at fast-food restaurants four or more times each week, which was higher than the rate f or SDC overall of 16 3 percent (CHIS, 2016) * According to the CDC, some of the leading c auses of preventable death include obesity-related conditions, such as heart disease, stro ke, Type 2 diabetes and certain types of cancer In 2016, 39 8 percent of Americans were o bese (CDC, 2017) * Obesity has been linked to environmental factors, such as accessibilit y and affordability of fresh foods, park availability, social cohesion and neighborhood sa fety (UCLA Center for Health Policy Research, 2015) Objectives * Provide a variety of hea lth and wellness education and services at events and sites throughout the community * Off er health and wellness education to the community through various media outlets FY 2018 Re port of Activities Throughout FY 2018, SGH participated in community events, offered prese ntations at neighborhood sites, and partnered with local media sources to educate communit y members about a variety of health and wellness topics In April, staff from a range of h ospital departments participated in Sharp's annual Women's Health Conference, where they o ffered wellness education and services to approximately 1,000 attendees This included the provision of nutrition education, handouts, recipes and healthy food samples as well as a nswering nutrition-related questions At the conference, SGH also provided nearly 210 comm unity members with osteoporosis heel screenings, education on calcium and vitamin D requir ements, and exercise tips for osteoporosis treatment and prevention In addition, hand scr eenings were provided at the conference, which included evaluations and recommendations fo r hand pain and discomfort (arthritis, carpal tunnel, trigger finger, etc) Furthermore, SGH conducted five blood drives where nearly 170 SGH team members donated more than 140 pi nts of blood

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In FY 2018, SGH RDs offered more than 100 community members nutrition handouts and healthy food samples, as well as answered nutrition-related questions at multiple community event s, including Sempra/San Diego Gas & Electric's employee health fair, SGH's Burr Heart & Va scular Center Community Open House and a National Nutrition Month table located at the SGH cafeteria In January, an SGH RD presented on eating well in the new year to nearly 20 se niors at the Dr William C Herrick Community Health Care Library In addition, an SGH RD presented on mindful eating to nearly 50 community members at the SGH Cancer Center and Sa n Diego Oasis SGH helped increase awareness about current news and trends impacting the h ealth and safety of community members through television interviews on KUSI News, KPBS, FO X 5 San Diego and CBS 8/CW San Diego, printed articles in The San Diego Union-Tribune, The East County Californian and El Latino San Diego, websites including RT For Decision Make rs in Respiratory Care, MyFitnessPal online blog, Bustle digital magazine and Everyday Hea lth - a consumer health website, and various radio stations Information was shared throug h these outlets by a bereavement counselor, RD and medical social worker, as well as hospi tal physicians from a variety of specialties, including emergency medicine, sleep medicine , neurology, psychiatry, general surgery, bariatric surgery, cardiology, gastroenterology and oncology Topics included, but were not limited to aspirin and heart health, cannabis and heart health, sex after a heart attack, the Awake Video-Assisted Thoracic Surgery opt ion for patients deemed inoperable, skin cancer and the Hispanic community, lung cancer in nonsmokers, symptoms and prevention of heat-related illnesses, sleep patterns and mood ch anges during warm San Diego nights, strategies to cope with lack of sleep, first aid tips after encountering a wild animal, the health benefits of eating fish as a child, fecal tra nsplants, unexpected differences between grieving and depression, tips to prepare for surg ery, minimally-invasive weight loss options, and the mental and physical health benefits o f owning and caring for a dog Throughout FY 2018, staff at SGH regularly led or attended various health boards, committees, and advisory and work groups Community and professiona l groups included CAHHS Committee on Volunteer Services and Directors' Coordinating Counci l, Cameron Family YMCA, County of San Diego EMCC, Grossmont Healthcare District's Independ ent Citizens' Bond Oversight Committee, San Diego East County Chamber of Commerce, Califor nia Hospital Association (CHA) Workforce Committee, CHA San Diego Association of Directors of Volunteer Services, San Diego-Imperial County Council of Hospital Volunteers, Santee-L akeside Rotary Club, Lantern Crest Senior Living Advisory Board, AHA, Health Sciences High and Middle College (HSHMC) Board, California Academy of Nutrition and Dietetics - San Die go District, Association of Fu

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ndraising Professionals - San Diego Chapter, California Society for Clinical Social Work P rofessionals, National Association of Orthopedic Nurses, Emergency Nurses Association - Sa n Diego Chapter, County Service Area - 69 Advisory Board, Grossmont Healthcare District Co mmunity Grants and Sponsorships Committee, HASD&IC, Grossmont College Occupational Therapy Assistant Advisory Board, Angels Foster Family Network, La Mesa Parks and Recreation, and San Diego Freedom Ranch FY 2019 Plan SGH will do the following * Continue to provide he alth and wellness offerings to community members at a variety of community events and othe r sites * Continue to provide health and wellness education through local news sources Ide ntified Community Need Prevention of Unintentional Injuries Rationale references the find ings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health stati stics unless otherwise indicated Rationale * The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top priority health conditions seen in SDC hospitals * In 2016, accidents (unintentional injuries) were the fifth leading cause of death for SDC 's east region Unintentional injuries (i e , motor vehicle accidents, falls, pedestrian-r elated, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol , gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to elec trical current/radiation/fire/smoke, natural disasters and workplace injuries) are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or r egion * In 2016, there were 220 deaths due to unintentional injury in SDC's east region The region's age-adjusted death rate due to unintentional injury was 41 7 deaths per 100,0 00 population, the highest of all regions in SDC * In 2016, there were 4,065 hospitalizat ions related to unintentional injury in SDC's east region The age-adjusted rate of hospit alizations was 762 4 per 100,000 population, which was above the county age-adjusted rate of 589 4 per 100,000 population * In 2016, there were 28,985 ED discharges related to uni ntentional injury in SDC's east region The age-adjusted rate for the east region was 6,08 1 3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,160 3 ED visits per 100,000 population * CDPH injury data reports that in 2016, unintentional injuries caused over 13,000 deaths, 200,000 nonfatal hospitali zations, and 2 3 million non-fatal ED visits (CDPH, Safe and Active Communities Branch, 20 16) * In 2015, the CDC recorded approximately 30 8 million ED visits in the U S for unin tentional injuries (CDC, 2015) * In 2016, unintentional injury was the third leading caus e of death across all age groups in the U S , accounting for over 160,000 deaths Unintent ional injury was the leading cause of death in the U S for people ages one to 44, and the seventh leading cause of deat

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	h for those over age 65 (CDC, 2018) * According to data from NCHS, in 2016, over 130,000 deaths in the U S were attributed to three causes poisoning (26 percent), motor vehicle traffic accidents (16 9 percent), and falls (16 5 percent) * Unintentional injuries are t he leading cause of death among children in the U S , while non-fatal unintentional injuri es can result in children having long-term disabilities (LiveWell San Diego Report Card on Children, Families, and Community, 2017) * SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children Successful interventions include safety c ampaigns, educational strategies and changes in parenting practices (LWSD Report Card on C hildren, Families, and Community, 2017) * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord inj uries The physical, emotional, psychological and learning problems that affect injured ch ildren, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation Educational programs like ThinkFirs t increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury (SCI), injury prevention measures, and the use of safety habits at an early age (w ww thinkfirst org/kids, 2015) * According to HP2020, most events resulting in injury, dis ability or death are predictable and preventable There are many risk factors for unintent ional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, physical environment both at home and in the community, access to health services and systems for injury-related care, and social environment, including individual social experiences (e g , social norms, education and victimization history), social rela tionships (e g , parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e g , cohesion in schools, neighborhoods and communities) and societal factors (e g , cultural beliefs, attitudes, incentives and disi ncentives, laws and regulations)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Objectives * Offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region * Offer talks and opportunities to Health and Science P ipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness FY 2018 Report of Activities Sharp's ThinkFirst/Sharp on Surv ival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonpr ofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy In FY 2018, ThinkFirst/Sharp on Survival provid ed injury prevention education in a variety of settings to approximately 3,000 East County residents More than 1,400 of these residents were students in grades nine through 12 who are part of the HASPI program HASPI is a collaborative network of educators, community o rganizations and health care industry representatives all working together to increase hea lth and medical career awareness, improve science proficiency in schools and prepare stude nts for future health care careers Through the partnership and financial support from HAS PI, the ThinkFirst/Sharp on Survival program offered schools in SDC's east region a variet y of services including classroom presentations, small assemblies and offsite learning exp os HASPI school-site programs consisted of one- to two-hour classes on topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and sp inal cord These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs) In FY 2018, ThinkFirst/Sharp on Survival expanded its delivery of HASPI education within Eas t County through presentations to 65 students at Mountain Empire High School, located in t he rural backcountry of southeastern SDC Also through the HASPI program, in FY 2018, a do zen students from West Hills High School interested in pursuing careers in physical rehabi litation participated in a half-day, interactive tour of the SMH Rehabilitation Center St udents rotated through five stations that provided hands-on experiences in adapted dressin g techniques, wheelchair mobility and various memory and problem-solving activities used i n therapy The experience allowed them to gain a better understanding of physical rehabili tation, as well as the challenges that patients face following a life-changing event With grant funding from the Grossmont Healthcare District (GHD), ThinkFirst/Sharp on Survival provided further outreach to East County schools through presentations reaching more than 70 students at Avocado Elementary School Presentations were provided to students during t hree assemblies that focused on conveying the permanence of injuries, TBI, SCI and disabil ities In addition, a group of fourth graders received education on booster seat safety F ollowing the presentations, st

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	udents engaged ın hands-on learnıng and dısabılıty educatıon through exploratıon of wheelc haır accessıble vans Thıs actıvıty aımed to show students that ındıvıduals are more alıke than dıfferent, regardless of physıcal abılıty ThınkFırst/Sharp on Survıval also present ed on ınjury prevention, TBI, SCI and dısabılıty awareness to approxımately 900 college st udents ın SDSU's Dısabılıty ın Socıety course The class ıs open to a varıety of majors, e nablıng ThınkFırst/Sharp on Survıval to reach a broad audıence of young adults After the presentatıon, students had the opportunıty to ask questıons related to the challenges nonp rofit organızatıons face when conductıng publıc health educatıon and outreach In July, Th ınkFırst/Sharp on Survıval presented to 20 members of the Casa De Oro, El Cajon and Sunrıs e Optımıst Clubs As longtıme resıdents of these communıtıes and ongoıng supporters of Thı nkFırst San Dıego, these members request a specıal guest presentatıon every few years to l earn about the organızatıon's current projects -especıally those related to helpıng chıldr en ın East County - and to ask questıons regardıng current chıld passenger safety ınformat ıon In October, ThınkFırst/Sharp on Survıval provıded ınjury preventıon educatıon to appr oxımately 550 youth and theır parents at the annual GHD-sponsored Kıds Care Fest at the La keside Rodeo Grounds Educatıon ıncluded proper helmet fıttıng and booster and car seat us e, TBI and SCI, and state safety laws FY 2018 Plan ThınkFırst/Sharp on Survıval wıll do t he followıng * Wıth grant fundıng, provıde educatıonal programmıng and presentatıons for local schools and organızatıons * Wıth grant fundıng, ıncrease communıty awareness of Thın kFırst/Sharp on Survıval through attendance and partıcıpatıon ın communıty events and heal th faırs * As part of the HASPI partnershıp, contınue to evolve program currıcula to meet the needs of health career pathway classes * Grow partnershıp wıth HASPI through partıcıpa tıon ın conferences, round table events and collaboratıon on letters of support for varıou s fundıng opportunıtıes * Contınue to provıde booster seat educatıon to elementary school chıldren and theır parents wıth fundıng support from grants * Contınue to provıde college students wıth ınjury preventıon educatıon through SDSU's Dısabılıty ın Socıety course and publıc health classes * Explore further opportunıtıes to provıde educatıon to health care professıonals and college students ınterested ın health care careers, ıncludıng publıc hea lth students at SDSU * Wıth grant fundıng, contınue to expand program to reach new populat ıons, ıncludıng throughout SDC's east regıon and Imperıal County * Wıth grant fundıng, con tınue lınkıng ınjury preventıon wıth career readıness and career paths * Assıst wıth plann ıng and providıng guest speakers for the 2019 ThınkFırst Natıonal Injury Prevention Founda tıon Conference Identified Communıty Need Health Professıons Educatıon and Traınıng, and Collaboratıon wıth Local Schoo

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Is to Promote Interest ın Health Care Careers Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless ot herwise ındicated Rationale * According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care ındustry ın SDC experienced a 44 per cent ıncrease ın employment growth between 2006 and 2016, higher than the 38 percent growt h rate seen by the state of Calıfornıa (SDWP, 2017) * The same report ındicated that the sıx fastest growıng health care occupations ın SDC between 2013 and 2016 were physıcian's assıstants (22 percent), medical assıstants (18 percent), health care socıal workers (15 p ercent), home health aıdes (13 percent), lıcensed vocational nurses (12 percent), and medı cal and clınical lab technıcıans (11 percent) RNs accounted for 1,366 added jobs durıng t hıs perıod, whıch was the largest ıncrease ın total jobs among all health care occupations (SDWP, 2017) * The Health Care Prıorıty Sector report also found that health care employ ers ıdentıfıed RNs, physıcıans and surgeons, and health technıcıans as the most difficult posıtıons to fill The most frequently cıted reason for hırıng difficulties were lack of e xperıence, small applıcant pools, and ınsufficıent non-technıcal skılls (SDWP, 2017) * Ac cordıng to SDWP, a major challenge faced by educatıon and traınıng programs ın the health care sector ıs accommodatıng the number of clınıcal traınıng hours requıred for students ı n Calıfornıa to become certıfıed In addıtıon, traınıng sıtes are lımıted, and those lıcen sed ın other states often cannot work ın Calıfornıa due to strıcter requırements (SDWP, 20 17) * The 2017 SDWP Nonprofit Sector Employment Trends and Career Opportunities report re commends that nonprofit sector health care traınıng and educatıon programs ın SDC emphasız e soft skılls such as teamwork, ınterpersonal and communıcatıon skılls, problem solvıng, a daptabılıty, and bıg-pıcture thınkıng wıth the abılıty to plan and forecast It also recom mends enhancıng curriculum wıth more traınıng on data management and technology to help gr aduates meet the needs of thıs ıncreasıngly data-drıven sector * In ıts Employment Projec tıons - 2016-2026 report, the U S Bureau of Labor Statıstıcs (BLS) projects that health c are support occupatıons and health care practıtıoners/ technıcal occupatıons wıll contrıbu te about one-fıfth of all new jobs and account for almost half of the 30 fastest growıng o ccupatıons Several factors leadıng to the ıncreased demand for these professıons ınclude projected populatıon growth ın the next decade, an agıng U S populatıon, more people lıv ıng wıth chronıc condıtıons, such as dıabetes and obesıty, ımprovements ın medıcıne and te chnology, and federal health ınsurance reform, whıch has ıncreased the total number of Ame rıcans wıth health ınsurance coverage (BLS, 2016)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Total employment in California is projected to increase by 6 5 percent between 2014 and 2024, adding an additional 9 8 million people The health care and social assistance secto r is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13 6 percent in 2024 Occupations and industries related to hea lth care are projected to add the most new jobs, with an increase of 2 3 million jobs (BLS , 2015) * Half of the occupations projected to grow fastest in the U S from 2016 to 2026 are in the health care sector Among the top 10 fastest growing occupations in all sector s, BLS projects a 37 3 percent increase in physician assistants, a 36 1 percent increase i n nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47 3 percent increase in home health aides The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily ac tivities (BLS, 2018) * As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Healthcare Atlas, 2017) * The U S Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-ti me nurses by 2030 if current levels of health care are maintained ? the most severe shorta ge among all states (BHW, 2017) * The California Health Care Almanac reported that in 201 5, 44 percent of the employed RN workforce was over the age of 50 As this age group appro aches retirement, it will be critical to train younger RNs to handle the turnover (Califor nia Health Care Foundation (CHCF), 2017) * The BLS projects employment of more than 400,0 00 RNs in California in 2026, which would be an increase of 15 percent from 2016 Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018) * According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF) , the demand for primary care clinicians in California will increase 12 to 17 percent by 2 030 These forecasts predict that the southern border region will experience some of the h ighest levels of clinician shortages in the state UCSF recommends a comprehensive and hol istic targeted strategy to enhance the education pipeline, improve recruitment and retenti on, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018) * An i ncreased demand for a diverse and culturally and linguistically competent workforce is pro jected for the health care industry Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educati onal sectors, as well as policy makers, educators, health care leaders and the local commu nity Long-term investment in

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In FY 2018, SGH sponsored Ethics in Business, a program of the San Diego East County Chamb er of Commerce and the GUHSD Career Technical Education Department The program is designe d to train high school students to become principled leaders through curriculum and case s tudies focusing on good ethical behavior and is the result of a cooperative effort by a gr oup of business, education and community leaders SGH staff were on-site to assist during the event, which was attended by approximately 200 high school students With health care workforce shortages on the rise, SGH created the I Inspire program, a weeklong program tha t encourages high school students from underrepresented backgrounds to consider careers in health care and learn about nursing directly from those in the field To qualify for the program, students must be in good academic standing and enter their senior year within SDC 's east region Applicants must also have permanent resident status or U S citizenship, a nd speak fluent English in addition to either Arabic, Farsi, Kurdish, Turkish or Dari SGH partnered with License to Freedom, a local nonprofit that advocates for and empowers immi grants and refugees in SDC, to recruit participants Students shadowed nurses in outpatien t, acute and critical care, women's health and surgical services, and administrative setti ngs In addition, daily meet-and-greet luncheons with representatives from local colleges and universities including PLNU, National University, USD and others exposed students to a wide variety of nursing programs and degrees, as well as the processes for pursuing each educational track Lastly, students created community-based education projects on topics c hosen from the CHNA In small groups, the students performed research and created poster p resentations and handouts on obesity, mental health, diabetes and heart health and shared these projects at both SGH and a community health fair in El Cajon SGH and SMH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC To gether, the hospitals offered extensive six-week training programs for San Diego base stat ion MICN emergency nurses Participants received certification through the County of San D iego EMS upon successful completion of a 48-hour classroom component, a passing score of 8 5 percent or higher on the County of San Diego EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit In addition, as a radio bas e station, the Sharp Prehospital/EMS department provided two continuing education Joint Ba se Regional Care Conferences for local EMS personnel and MICN trained RNs throughout SDC FY 2019 Plan SGH will do the following * In collaboration with GUHSD, participate in the HESI * Continue to participate in the HSHMC program * Continue to provide internship and p rofessional development opportunities to college and university students throughout San Di ego * Continue to collaborate

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	with local universities to provide professional development lectures for students * Contin ue to offer HealthCare Towne to middle and junior high school students Identified Communit y Need Support During the Transition of Care Process for High-Risk, Underserved and Under funded Patients Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * As part of the SGH 2016 CHNA process, discussions with Sharp's Community-based Care Trans itions Program (CCTP)/CTI staff identified the following strategies for improving the heal th of SDC's vulnerable, high-risk, or medically underserved patients coaching, educating patients about their disease and the health care system, providing education tailored to s pecific cultural and linguistic groups, providing transportation, support, hope and love, and providing a personal health record with resources and information about their medicati ons * A key informant interview conducted as part of the SGH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerab le patients Recommendations included connecting patients to community resources as part o f their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for ex pedited services * The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabet es) These social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultura l competency, transportation, insurance issues, stigma, and poverty * Key informant inter views conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for im proving health and removing barriers to care behavioral health prevention and stigma redu ction, education on disease management and food insecurity, improving diversity and cultur al competency, coordinating services across the continuum, integrating physical and mental health, and engaging case managers and patient navigators in the community and incorporat ing them as a routine part of the continuum of care * Participants in the HASD&IC 2016 CH NA community partner discussions recommended strengths-based case management, greater avai lability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC * Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care understanding health insurance, getting hea lth insurance, using health insurance, knowing where to go for care, and follow-up care or appointments * As of Septemb

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	er 2018, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lak eside, Lemon Grove, Santee and Spring Valley was 3 4 percent This is slightly higher than the rate for SDC overall (3 2 percent), but lower than the state average (3 9 percent) (L abor Market Information, State of California Employment Development Department, 2018) * T he Regional Taskforce on the Homeless' January 2018 WeAllCount campaign estimated that the re were 8,576 homeless individuals in SDC, roughly 58 percent of whom were unsheltered Th e most commonly cited cause of homelessness among the unsheltered population was loss of a job (23 4 percent), followed by money issues (16 2 percent), "other" (12 7 percent), cost of housing (11 7 percent) and disability (8 percent) * In 2018, 12 7 percent of SDC's ho meless population resided in the east region * The same report found that 31 percent of c urrent SDC homeless are accessing health services, while 18 percent are not * A 2016 repo rt by the HHSA titled Identifying Health Disparities to Achieve Health Equity in San Diego County Socioeconomic Status found that low-income communities in the county are dispropo rtionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes Four su ch low-income communities - El Cajon, La Mesa, Lemon Grove and Mountain Empire - are locat ed in SDC's east region * According to results from the Kaiser Family Foundation's Employ er Health Benefits Survey, the average annual premium for employer-sponsored health insura nce in 2018 was $6,896 for a single adult and $19,616 for a family On average, workers co ntributed 18 percent to single coverage premiums and 29 percent for family coverage premiu ms - an increase of 3 percent for singles and 5 percent for families compared to 2017 The survey also found that the average dollar amount workers contribute to single and family premiums has risen 65 percent since 2008 * According to a report from the CHCF titled Men tal Health in California For Too Many, Care Not There, the prevalence of serious mental i llness varies by income level, with lower-income individuals experiencing higher rates of mental illness Although the number of adults with mental health coverage in California in creased nearly 50 percent between 2012 and 2015 because of Medi-Cal expansion, in 2015, ap proximately two-thirds of Californian adults with mental illness and adolescents who exper ienced major depressive episodes did not receive treatment (CHCF, 2018)

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	n, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefit s prior to hospital discharge, which dramatically increased the likelihood that patients c ompleted CalFresh applications and received benefits In FY 2018, more than 80 SGH patient s were granted CalFresh benefits Further, the CTI program provides medically-tailored eme rgency food bags for CTI patients without sufficient food in their homes The food bags ar e supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditio ns and nutritional needs of CTI patients, in order to sustain their health until they are connected to food assistance The food bags provide CTI patients with nonperishable, nutri tionally dense foods during the first few days of discharge, when proper nutrition is crit ical The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management Since inception , the CTI program has provided hundreds of food bags to CTI patients in SDC's east region In addition, a significant number of CTI patients are diabetic and are challenged with ad herence to their care plan because they cannot afford diabetes equipment To address this barrier, the CTI program works with Sharp Diabetes Educators who assemble and provide "dia betes kits" - including a three-month supply of strips, lancets, glucose monitors, etc Th ese kits help to keep CTI patients safe and managed until their insurance is activated In addition, blood pressure cuffs and batteries, pill boxes and can openers were provided fo r CTI patients The CTI pilot has demonstrated a powerful impact over the past few years To date, the CTI team has approached more than 2,700 patients and succeeded in enrolling m ore than 2,100 individuals in the program Since its inception in May 2014, the average re admission rate for CTI-enrolled patients is below 13 percent, compared to an average readm ission of nearly 30 percent for individuals who refused CTI coaching services In FY 2018, the average readmission rate for CTI patients from any status was 12 4 percent It is the focus on care management as well as SDOH that contributes to the success of the CTI progr am

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nit * Sleep Disorders Center * Spiritual care services * Stroke Center - recognized by the AHA * Surgical Intensive Care Unit * Surgical services, including robotic surgery * Thera py Pet program * Care Clinic (opening 2018) * Van transportation services * Women's Health Center, offering a full range of pregnancy, delivery, gynecologic and women's reproductiv e services * Wound Healing Center, including hyperbaric medicine Section 5 Sharp HospiceCa re We can impact the community by providing the information, tools and resources that help people take charge of their own health You can change your community by being involved i n groups and activities that truly make a difference in the lives of others - Suzi Johnso n, Vice President of Hospice, Sharp HospiceCare Sharp HospiceCare provides programs and se rvices to all of Sharp HealthCare's (Sharp's) hospital entities However, Sharp HospiceCar e is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 6 of this report The fol lowing description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in fiscal year (FY) 2018 in the following Senate Bill 697 commun ity benefit categories * Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Mama's Kitchen, Feeding San Di ego and the San Diego Food Bank * Other Benefits for the Broader Community included a var iety of end-of-life support for seniors, families, caregivers and veterans in the San Dieg o community, such as education, support groups and outreach at community health fairs and other events Sharp HospiceCare staff actively participated in community boards, committee s and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partne rship (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), San Diego Regional Home Care Council (SDRHCC), South Bay Senior Providers, South County Action Network (SoCAN), East County Senior Servic e Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (H PNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for Compassionate Care (SDCCC), San Diego Health Connect POLST e-registry workg roup and San Diego County Medical Society Bioethics Commission See Appendix A for a listi ng of Sharp's involvement in community organizations in FY 2018 The category also incorpo rated costs associated with community benefit planning and administration, including commu nity health needs assessment (CHNA) development and participation

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Health Research, Education and Training Programs included time devoted to education and training for health care professionals and student and intern supervision Definition of C ommunity Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942 Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC For Sharp's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of heal th disparity for every ZIP code in the United States of America (U S) based on specific b arriers to health care access, including education, income, culture/language, insurance an d housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by Sharp Hospic eCare with especially high need include, but are not limited to, East San Diego, City Heig hts, North Park, the College Area, and Downtown San Diego Description of Community Health In 2018, there were 485,911 residents ages 65 and older in SDC, representing 14 6 percent of the population Between 2018 and 2023, it is anticipated that SDC's senior population will grow by 22 6 percent In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL) The county's unemployment rate was 7 5 pe rcent and 5 percent of households received Supplemental Security Income According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population ex perienced food insecurity An additional one in five San Diegans were food secure but reli ed on supplemental nutrition assistance to support their food budget In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) bene fits, while 23 3 percent of those below 138 percent of the FPL were eligible for such bene fits 2 Please refer to Table 32 for SNAP participation and eligibility in SDC Table 32 F ood Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016 Food Stamps/ SNAP Benefits Households - 7 0% Families with Children - 7 1% Eligibility by Federal Pove rty Level Population below or at 130% FPL - 19 5% Population below or at 138% FPL - 21 0% Population 139% to 350% FPL - 32 7% Source County of San Diego HHSA, Public Health Servi ces, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census B ureau, American Community Survey 2012-2016 In SDC in 2016, 93 8 percent of children ages zero to 17, 80 3 percent of young adults ages 18 to 24, 81 1 percent of adults ages 25 to 44, 87 4 percent of adults ages 45 to 64, and 98 5 percent of seniors ages 65 and older ha d health insurance Health insurance coverage for each age group was lower than the Health y People 2020 (HP2020) nationa

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	I target of 100 percent health insurance coverage for all individuals under age 65 See Ta ble 33 for health insurance coverage in SDC in 2016 Table 33 Health Insurance Coverage i n SDC, 2016 Children 0 to 17 years Current Rate - 93 8% HP2020 Target - 100% Young adults 18 to 24 years Current Rate - 80 3% HP2020 Target - 100% Adults 25 to 44 years Current Rate - 81 1% HP2020 Target - 100% Adults 45 to 64 years Current Rate - 87 4% HP2020 Targe t - 100% Seniors 65+ years Current Rate - 98 5% HP2020 Target - 100% Source County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018 Demographic P rofiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 According to t he California Health Interview Survey (CHIS), 25 8 percent of SDC's population was covered by Medi-Cal See Table 34 for details Table 34 Medi-Cal (Medicaid) Coverage in SDC, 201 6-2017 Covered by Medi-Cal - 25 8% Not covered by Medi-Cal - 74 2% Source 2016-2017 CHIS CHIS data also revealed that 11 7 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (see Table 35) 6 Table 35 Regular Source of Medical Care in SDC, 2016-2017 Has a usual source of care Current Rate - 88 3% HP2020 Tar get - 100% Has no usual source of care Current Rate - 11 7% HP2020 Target - 0% Source 20 16-2017 CHIS Cancer and diseases of the heart were the top two leading causes of death in SDC in 2016 See Table 36 for a summary of leading causes of death in SDC For additional demographic and health data for communities served by Sharp HospiceCare, please refer to t he Sharp Memorial Hospital (SMH) 2016 CHNA at http //www sharp com/about/community/communi ty-health-needs-assessments cfm, which includes data for the primary communities served by Sharp HospiceCare Table 36 Leading Causes of Death in SDC, 2016 Malignant Neoplasms (Ov erall Cancer) Number of Deaths - 5,096 Percent of Total Deaths - 24 1% Diseases of the He art Number of Deaths - 4,808 Percent of Total Deaths - 22 7% Alzheimer's Disease Number of Deaths - 1,403 Percent of Total Deaths - 6 6% Cerebrovascular Diseases Number of Death s - 1,363 Percent of Total Deaths - 6 4% Accidents/Unintentional Injuries Number of Death s - 1,071 Percent of Total Deaths - 5 1% Chronic Lower Respiratory Diseases Number of Dea ths - 1,027 Percent of Total Deaths - 4 8% Diabetes Mellitus Number of Deaths - 734 Perce nt of Total Deaths - 3 5% Chronic Liver Disease and Cirrhosis Number of Deaths - 412 Perc ent of Total Deaths - 1 9% Intentional Self-Harm (Suicide) Number of Deaths - 407 Percent of Total Deaths - 1 9% Essential Hypertension and Hypertensive Renal Disease Number of D eaths - 400 Percent of Total Deaths - 1 9% All Other Causes Number of Deaths - 4,463 Perc ent of Total Deaths - 21 1% Total Deaths Number of Deaths - 21,184 Percent of Total Death s - 100 0% Source County of San Diego Health and Human Services Agency (HHSA), Public Hea lth Services, Community Health

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Statistics Unit, 2018 Community Benefit Planning Process In addition to the steps outline d in Section 3 Community Benefit Planning Process regarding community benefit planning, S harp HospiceCare * Consults with representatives from a variety of internal departments a nd other community organizations to discuss, plan and implement community activities * Par ticipates in programs and workgroups to review and implement services that improve palliat ive and end-of-life care for the San Diego community * Incorporates end-of-life community needs into its goal development Priority Community Needs Addressed by Sharp HospiceCare Sh arp HospiceCare provides hospice and palliative care services across the Sharp care contin uum Each Sharp acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), S harp Coronado Hospital and Healthcare Center (SCHHC), SGH and SMH, completed their most re cent CHNA in September 2016 Sharp's 2016 CHNAs were significantly influenced by the colla borative HASD&IC 2016 CHNA process and findings, and details on those processes are availa ble in Section 3 Community Benefit Planning Process of this report In addition, this yea r, each hospital completed its most current implementation strategy - a description of pro grams designed to address the priority health needs identified in the 2016 CHNAs The most recent CHNA and implementation strategies are available at http //www sharp com/about/com munity/health-needs-assessments cfm Sharp's 2016 CHNAs continued to identify senior healt h as a priority health need for the community Sharp HospiceCare helps to address senior h ealth issues through the following community programs and services * End-of-life and adva nced illness management (AIM) education for community members * Advance care planning (ACP) education and outreach for community members, students and health care professionals * H ospice and palliative care education and training programs for students and health care pr ofessionals * Bereavement counseling and support For each priority community need identifi ed above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and F Y 2019 Plan

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Identified Community Need End-of-Life and Advanced Illness Management Education for Commu nity Members Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * I n Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues fo r community members served by Sharp * As part of Sharp's 2016 CHNAs, discussions with nur ses and social workers from Sharp's Senior Health Centers identified the following challen ges to improving the health of seniors in SDC access to care issues due to aging, decreas ed driving or loss of support system, difficulty purchasing medications due to financial i ssues, lack of transportation or lack of motivation, difficulty understanding medical inst ructions, inability to recognize a health problem exists, memory issues, and the perceptio n that health issues and loneliness are a normal part of aging * In 2016, the top 10 lead ing causes of death among adults ages 65 and older in SDC were (in rank order) overall ca ncer, Alzheimer's disease and other dementias, coronary heart disease (CHD), stroke, chron ic obstructive pulmonary disease/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls * In 2016, hosp italization rates among seniors were higher than the general population due to CHD, stroke , chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), o verall cancer and arthritis * According to 2017 CHIS data, 37 2 percent of SDC adults age s 18 to 64 living at 200 percent of the FPL reported that they were not able to afford eno ugh food * According to the World Health Organization, chronic diseases are responsible f or 71 percent of all deaths globally Risk factors for chronic diseases include socioecono mic status, diet, tobacco use and physical activity level (World Health Organization, 2018) Nearly 60 percent of Americans now live with at least one chronic condition, while 42 p ercent have more than one (RAND Corporation, 2017) * Nearly two-thirds of California seni ors on Medicare had two or more chronic conditions in 2012, and more than one-third had fo ur or more These seniors have an increased need for care and higher risk for mortality as well as poorer day-to-day functioning (California Health Care Almanac Beds for Boomers Re port, 2015) * While chronic diseases place significant burdens on individuals and health care systems, community-taught self-management of symptoms is possible Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Cou ncil on Aging, 2018) * According to a 2018 report from the California Task Force on Famil y Caregiving, there are 4 5 million Californians providing unpaid care to individuals ages 18 and older Informal caregivers face many challenges in this role, including balancing employment with caregiving, ac

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through participation in a variety of local organizations including SDCCEO LC, SDRHCC, San Diego County HVP, San Diego Chapter of the HPNA, San Diego POLST Coalition /SDCCC, Caregiver Coalition of San Diego, SoCAN, South Bay Senior Providers and ECSSP In partnership with these and other community organizations, in FY 2018, Sharp HospiceCare re ached nearly 3,000 community members through free education and outreach on a variety of e nd-of-life and AIM topics, including hospice, palliative care and caregiving, at community health fairs, conferences and other events Locations included churches, senior living ce nters, and community health agencies and organizations throughout SDC In October, Sharp H ospiceCare helped plan and facilitate the San Diego Community Action Network (SanDi-CAN) 1 1th annual community conference at the Balboa Park Club titled Planning Ahead Ensuring Yo ur Decisions Will Be Honored The free event helped approximately 100 seniors and family m embers identify their end-of-life values and goals of care, and learn the communication sk ills necessary to make informed health care planning decisions In April, Sharp HospiceCar e partnered with the Sharp Senior Resource Centers to provide two aging conferences for co mmunity seniors, family members and caregivers, titled Healthy and Safe Aging Held at the Point Loma Community Presbyterian Church and the La Mesa Community Center, the free confe rences educated more than 200 attendees about planning for a healthy, safe and mindful fut ure In August, Sharp HospiceCare and SCVMC hosted a similar conference at Fredericka Mano r Retirement Community in Chula Vista that reached approximately 100 community members Sh arp HospiceCare partnered with the Caregiver Coalition of San Diego to offer free conferen ces to approximately 200 community members who provide care for a friend or family member Conferences included What Every Caregiver Should Know A Guided Tour, held at the Solana Beach Presbyterian Church in July, Three P's of Caregiving Purpose, Preparedness and Prov iders, held at St Paul's Plaza in August, and Caring for Someone With Dementia Caregiver Conference, held at the La Mesa Community Center in September The conferences included r esource fairs as well as presentations on various caregiving topics, including but not lim ited to brain health and dementia, avoiding caregiver burnout, communication and denial, l etting go of self-expectations, emotional aspects of caregiving, fall prevention and safet y, understanding care options, essential documents, and paying for care Sharp HospiceCare provided end-of-life and AIM education and resources to more than 2,000 community members at a variety of health fairs and events throughout the year Senior and caregiver-oriente d events included Spring Into Healthy Living at the McGrath Family YMCA, Lakeside Senior H ealth Fair, ECSSP's 19th annua

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	I Senior Health Fair, SanDi-CAN and So-CAN Interactive Technology & Health Fair, Summer Se nior Resource Event at the Mira Mesa Senior Center, a health fair at Paradise Village reti rement community, County of San Diego Aging & Independence Services Aging Summit 2018, Bey ond the Sky Solutions' annual Female Care Providers Conference, and The San Diego Union Tr ibune's Successful Aging Expo and Caregiver SD Community Expo Outreach at additional comm unity events took place at the Sharp Women's Health Conference, La Maestra Community Healt h Centers' City Heights Health Fair, San Diego Gas & Electric's bi-annual employee health fair, SCVMC's Changing Minds, Minds Matter South County mental health fair, Parkinson's As sociation of San Diego 2018 Step by Step Walk, University of California, San Diego Women's Conference, and the open house at the SGH Burr Heart and Vascular Center In addition, th roughout the year, Sharp HospiceCare provided end-of-life and AIM presentations and resour ces to nearly 300 community members at St Luke Catholic Church, Our Lady of Perpetual Hel p Church, St Spyridon Greek Orthodox Church, Oakmont of Escondido Hills retirement commun ity, Jewish Family Service of San Diego, Point Loma/Hervey Branch Library and SGH's Club 6 5 Sharp HospiceCare supports the needs of military veterans and their families through co llaboration with local and national organizations that advocate for quality end-of-life ca re for veterans as well as through participation in veteran-oriented community events As a partner in We Honor Veterans (WHV) - a national program developed by the NHPCO in collab oration with the U S Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families - hospice organizatio ns can achieve up to five levels of commitment Sharp HospiceCare has achieved WHV Partner Levels I, II and III Through Level I, Sharp HospiceCare is equipped to provide veteran-c entric education to staff, volunteers and community professionals, including training them to identify patients with military experience Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and thei r families With Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations Sharp HospiceCare is currently w orking towards becoming a WHV Level IV Partner, which focuses on improving access to and q uality of care for community veterans In FY 2018, Sharp HospiceCare conducted a variety o f veteran recognition activities as part of its WHV commitment In honor of Veterans Day, Sharp HospiceCare celebrated patients who served in the U S military by holding 21 flag c eremonies throughout the month of November During the ceremonies, fellow veterans present ed patients with a U S flag that had previously flown on the USS Midway aircraft carrier In addition, Sharp HospiceCar

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e held special pinning ceremonies during which volunteers presented veterans with a WHV pi n and a certificate of appreciation for their service More than 90 Sharp HospiceCare vete ran patients as well as nearly 80 veteran community members were pinned during FY 2018 In December, Sharp HospiceCare honored veterans through the annual Wreaths Across America wr eath-laying ceremony at Fort Rosecrans National Cemetery, Greenwood Memorial Park and Mira mar National Cemetery Sharp HospiceCare furthered its WHV commitment through the provisio n of veteran-specific community education and outreach This included a presentation on th e WHV program to approximately 150 attendees of the CSU Institute for Palliative Care at C alifornia State University San Marcos (CSUSM) and SDCCC's High Tech High Touch palliative care conference in June The annual conference strives to educate community members as wel l as current and future health care professionals about palliative care options and ACP S harp HospiceCare has been a member of the San Diego County HVP since 2010 Through the par tnership, the VA San Diego Healthcare System (VASDHS) and San Diego's community hospice or ganizations collaborate to promote quality care for veterans with a life-limiting illness as well as serve as a voice and resource for veterans and their families Sharp HospiceCar e continued to provide a wig donation program in FY 2018 Through the program, Sharp Hospi ceCare receives new, unused wigs from manufacturers, which are cleaned and styled for dona tion to individuals experiencing hair loss as a result of cancer treatment or other illnes ses Team members provide private appointments for community members to select their wig a nd receive personalized fitting, styling and maintenance instructions In FY 2018, Sharp H ospiceCare donated approximately 30 wigs to community members, as well as approximately 20 surplus wigs to other departments throughout Sharp, including cancer patients at the Laur el Amtower Cancer Institute at SMH and the Douglas & Nancy Barnhart Cancer Center at SCVMC FY 2019 Plan Sharp HospiceCare will do the following * Continue to collaborate with a v ariety of local community organizations to provide end-of-life and AIM education and resou rces to community members * Collaborate with the Sharp Senior Resource Centers and SCVMC t o host a free aging conference at locations in La Mesa, Point Loma and Chula Vista, reachi ng 100 community members per conference * Continue to support the needs of military vetera ns and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for q uality end-of-life care for veterans

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* Achieve WHV Partner Level IV to improve access to and quality of care for community vete rans * Continue to provide a wig donation program Identified Community Need Advance Care Planning Education and Outreach to Community Members and Health Care Professionals Rationa le references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The Sharp 2016 CHNAs identify care at the end of life as a critical issue for the senior population * Discussi ons held with Sharp cancer patient navigators as part of Sharp's 2016 CHNAs indicated the following major challenges to helping oncology patients difficulty having end-of-life con versations, which may be due to cultural variation, or lack of physician experience with p alliative care, and few individuals having an advance directive * According to the CDC, A mericans have gained an average of 30 additional years in lifespan over the last century Americans now experience mortality at a much later age and largely due to chronic disease Planning for end-of-life care increases individual autonomy, ensures individuals feel the ir voice is heard, and relieves stress for those surrounding elderly individuals In 2017, only 30 percent of Americans had advance care plans With the largest generation of Ameri cans now aging, education on end-of-life care is a public health issue (CDC, 2017) * A 20 17 systematic review published in Health Affairs found that 36 7 percent of Americans had completed an advance directive, and 29 3 percent had living wills Factors contributing to low ACP completion include tedious legal formalities in executing an advance directive, initial lack of clinician support for advance care directives, which is perpetuated in pro vider culture today, and the lack of depth and tailoring of advance directives to fully re present patients' preferences (Kuldeep et al , 2017) * According to research published in the Public Library of Science's peer-reviewed journal PLOS One, barriers to ACP include competing work demands among clinicians, the emotional and interactional nature of patient -clinician and patient-family conversations around ACP, cultural views on death, language differences, socioeconomic status and social isolation of the patient, and structural diff iculties in implementing an ACP-focused framework of care within health care organizations Proper training and support for clinicians is essential to facilitate increased ACP with in health care organizations (Lund, Richardson, & May, 2015) * Despite evidence that ACP can improve the quality of the end of life, it is most likely to be completed by white, so cially integrated, higher income adults compared to other demographic groups Advance dire ctive completion rates are two to three times higher among whites when compared to blacks and Latinos, underscoring a need to expand public awareness and access to ACP Community-b ased initiatives to increase c

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions The document is publicly available on Sharp's webs ite in both English and Spanish and uses easy-to-read language to describe what an advance directive is and how and why to complete one The form allows individuals to put their he alth care wishes into writing and appropriately sign the advance directive With this witn essed signature, the advance directive becomes a legal document that identifies the approp riate informed substitute decision maker and serves as a tool for health care decision-mak ing Additional contact information is provided for community members who are interested i n speaking with a Sharp ACP facilitator Throughout FY 2018, the Sharp ACP team provided a pproximately 80 phone and in-person consultations to community members seeking guidance wi th identifying their personal goals of care and health care preferences, appointing an app ropriate health care agent, and completing an advance directive In FY 2018, the Sharp ACP team engaged more than 1,100 community members in education on ACP and POLST Education w as provided for a variety of senior and caregiver audiences, including SGH's Club 65, Silv ercrest Senior Residence, La Costa Glen retirement community, senior community members in collaboration with the SGH Senior Resource Center, East County Senior Health & Information Fair at the La Mesa Community Center, County of San Diego Aging & Independence Services 2 018 Aging Summit, Sharp Senior Resource Centers' Senior Health & Information Fair, Caregiv er Coalition's Caregiving Conference at St Paul's Plaza, and Sharp Aging Conferences at t he La Mesa Community Center, Fredericka Manor Retirement Community and Point Loma Communit y Presbyterian Church Education for additional community groups and sites included City o f Chula Vista employees, including the public works and police departments, U S Customs a nd Border Protection employees and their family members, Rotary Club of El Cajon, ACP Comm unity Education Forum at Scripps Mercy Hospital, SDCCEOLC's Practical Planning for End of Life Care event, Salvation Army Escondido Corps, SGH Congestive Heart Failure Class and Su pport Group, SGH Better Breather's Club, SCVMC Heart Health Expos, annual ACP seminar at S CVMC, and the Sharp Disaster Preparedness Expo Sharp HospiceCare honored National Healthc are Decisions Day (NHDD) in FY 2018, which is a nationwide initiative celebrated every Apr il to educate adults of all ages about the importance of ACP Team members provided NHDD p resentations at a variety of community events and sites throughout the month, including th e Oasis adult learning center in La Mesa, Oasis San Diego Woman's Club, San Diego LGBT Les bian, Gay, Bisexual and Transgender) Community Center, La Mesa Adult Enrichment Center, Sa nta Sophia Catholic Church, Golden Age Garden Apartments, SCHHC Community Wellness Fair, N orman Park Senior Center, Shar

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	p Aging Conference at the La Mesa Community Center and Point Loma Community Presbyterian C hurch, Wellness Wednesdays at the Dr William C Herrick Community Health Care Library, Sh arp Women's Health Conference, and the San Diego Post-Acute Care Collaborative Sharp Hosp iceCare reached more than 600 community members through these NHDD presentations Sharp's ACP team reached an additional 30 community members through free ACP workshops in FY 2018, including a monthly workshop at the David and Donna Long Center for Cancer Treatment at S GH as well as workshops at the Laurel Amtower Cancer Institute at SMH in February and June During the workshops, individuals impacted by cancer received guidance on identifying th eir personal health care choices, communicating their wishes to loved ones and developing their advance directive Gaps in ACP exist among underserved populations In FY 2018, Shar p HospiceCare was one of 50 sites across the country selected to receive grant funding fro m the Hospice Foundation of America (HFA) to provide community outreach aimed at understan ding the ACP needs of underserved populations Using an interactive, end-of-life game call ed Hello, Sharp HospiceCare engaged individuals who face barriers to health care due to so cioeconomic, geographic, linguistic, cultural or educational circumstances This included 12 transgender and heterosexual women at Christie's Place - a nonprofit organization dedic ated to providing education, support and advocacy for women, children, families and indivi duals affected by human immunodeficiency virus or acquired immunodeficiency syndrome - as well as five community members at the Valencia Park/Malcolm X Library As a Hello game com munity outreach site, Sharp HospiceCare helped the HFA assess the game's effectiveness and the readiness of underserved groups to engage in further ACP In addition, in FY 2018, Sh arp's ACP team partnered with the CSU Institute for Palliative Care at CSUSM to discuss po tential outreach strategies for bringing information about advance health care directives to the county's homeless community In FY 2018, Sharp HospiceCare provided film screenings and post-film panel discussions of Being Mortal - a documentary that addresses the nation al dialogue around death and what matters most to patients and families In partnership wi th the Sharp Senior Health Center Downtown, events were provided to senior community membe rs at San Diego Square affordable senior housing development and Serving Seniors' Gary and Mary West Senior Wellness Center Being Mortal film screenings and discussions were also provided to senior community members at St Paul's Senior Services as well as to health pr oviders at Gateway Gardens independent living community Throughout the year, Sharp's ACP team educated nearly 600 local, state and national health care professionals on ACP and PO LST including, but not limited to, skilled nursing facility administrators through the San Diego Health Care Association

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	, a community health care chaplain, staff at Villa Rancho Bernardo skilled nursing and mem ory care facility, palliative care leaders from John Muir Health, SDRHCC, Coalition for Co mpassionate Care of California (CCCC) Annual Palliative Care Summit, CSU Institute for Pal liative Care at CSUSM and SDCCC's High Tech High Touch palliative care conference, Tri-Cit y Medical Center professionals, San Diego County Medical Society, SDCCEOLC, and the Caregi ver Coalition In addition, in January, the ACP team served as a speaker and facilitator o f a workshop titled The Road Ahead for Serious Illness Care, which engaged more than 50 co mmunity providers from nonprofit organizations and health care agencies in planning for be tter community engagement in ACP and palliative care Further, in September, education on bioethics at the end of life was provided to 15 members of the Stephen Ministry at St Pau l's Cathedral Since FY 2016, Sharp's ACP team has partnered with San Diego Health Connect , County of San Diego Aging and Independence Services, Health Services Advisory Group, Cou nty of San Diego Emergency Medical Services, and various health care providers in SDC to e nsure that community providers have access to POLST forms through the San Diego Healthcare Information Exchange, a countywide program that securely connects health care providers a nd patients to private health information exchanges The Sharp HospiceCare ACP team partic ipates in this initiative - funded by the CHCF and supported by the CCCC and California Em ergency Medical Services Authority (EMSA) - to create an electronic POLST registry (POLST eRegistry) When a paper POLST form is not readily available during an emergency, the pati ent's care may be hindered or conflict with their wishes The POLST eRegistry will improve access to critical information through a cloud-based registry for completed POLST forms t o be securely submitted and retrieved Sharp demonstrates community leadership in the effo rt to establish quick and safe provider access to patient medical orders In March 2018, S harp became the first health care system in SDC to begin electronic uploads of patient POL ST forms to the POLST eRegistry As of November 2018, nearly 23,000 POLST forms faxed by S harp hospitals, Sharp Rees-Stealy Medical Group, Sharp HospiceCare and other patient care departments have been uploaded to the POLST eRegistry

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	* According to a study published in the Journal of Pain and Symptom Management, caregivers who receive support and resources from health professionals prior to the death of their l oved one may report a more positive death experience for the care recipient, as well as gr eater satisfaction with the clinical care team Pre-bereavement interventions may also aff ect caregivers' level of grief as well as physical and mental health following their loved one's death (Aoun et al, 2018) Objectives * Provide bereavement education, resources, co unseling and support to community members who have lost loved ones * Provide individuals a nd their families with referrals to community services FY 2018 Report of Activities Sharp HospiceCare offers a variety of bereavement services to help grieving community members co pe with the loss of a loved one Services include professional bereavement counseling for individuals and families as well as free community education, support groups and monthly n ewsletter mailings In FY 2018, Sharp HospiceCare's licensed clinical therapists with spec ific training in grief and loss devoted more than 2,600 hours to home, office and phone be reavement counseling with people who have lost loved ones Referrals to community counselo rs, mental health services, bereavement support services and other community resources wer e also provided as needed Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, which reached nearly 400 community members in FY 2018 Offered quarterly, the groups consisted of eight-week sessions facilit ated by skilled mental health care professionals with a specialization in the needs of the bereaved The Healing After Loss support group focused on addressing the concerns of adul ts who were grieving the loss of a loved one Weekly themes included Introduction to the G rief Process, Strategies for Coping with Grief, Communicating with Family and Friends, Exp eriencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Natural Grief and Depression, Use of Ceremony and Ritual to Promote Healing, and Who Am I Now?/What Does He aling Look Like? The Widow's and Widower's support group addressed concerns of men and wo men who lost their spouse or partner Participants had the opportunity to share their emot ional challenges and learn coping skills from group members facing similar life situations In recognition of Mother's Day and Father's Day, in May, Sharp HospiceCare hosted classe s and support groups for adults who have lost a parent Held at the Peninsula Family YMCA and the Grossmont Healthcare District, two Remembering Our Parents classes highlighted the unique aspects of parent loss, coping strategies and how to discover a sense of hope Des igned for adults who lost a parent within the past three to 18 months, a three-session Par ent Loss support group offered coping strategies and the opportunity for participants to d iscuss the impact their parent

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	OFFICES OF PHYSICIANS	CA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	NA	C Corporation					No
(2)CHARITABLE REMAINDER TRUST (3)	PROGRAM SUPPORT	CA	NA	Trust					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GROSSMONT HOSPITAL CORPORATION	P	1,058,705	ACCRUAL
(2)GROSSMONT HOSPITAL CORPORATION	B	4,021,032	ACCRUAL
(3)GROSSMONT HOSPITAL CORPORATION	C	1,471,670	ACCRUAL
(4)GROSSMONT HOSPITAL CORPORATION	N	70,085	ACCRUAL

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0124488
Name: Grossmont Hospital Foundation

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

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