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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
SCRIPPS HEALTH
% Richard Rothberger
Doing business as

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

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

D Employer identification number
95-1684089

E Telephone number
(858) 678-7901

G Gross receipts $ 3,646,272,814

F Name and address of principal officer
Christopher Van Gorder
Same as above
San Diego, CA 92121

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SCRIPPS ORG

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

L Year of formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CA (SEE SCH O)

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	17,443
6	Total number of volunteers (estimate if necessary)	**6**	2,101
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,143,684
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	192,874

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	50,694,014	50,586,862
9	Program service revenue (Part VIII, line 2g)	2,634,688,367	2,955,048,501
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,577,904	104,412,796
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,712,048	83,483,093
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,824,672,333	3,193,531,252

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	468,506	2,897,900
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,218,359,741	1,282,650,238
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,615,529		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,466,079,709	1,697,236,521
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,684,907,956	2,982,784,659
19	Revenue less expenses Subtract line 18 from line 12	139,764,377	210,746,593

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,265,457,446	5,528,192,508
21	Total liabilities (Part X, line 26)	1,518,445,750	1,527,867,365
22	Net assets or fund balances Subtract line 21 from line 20	3,747,011,696	4,000,325,143

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2019-08-05

▶ RICHARD SHERIDAN SEC/CORP SR VP-HR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
INAS RAOUF	INAS RAOUF			P01254678

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

Firm's address ▶ 18101 VON KARMAN AVE STE 1700
IRVINE, CA 92612

Phone no (949) 794-2300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,644,658,647 including grants of $ 2,897,900) (Revenue $ 3,031,229,250)
See Additional Data

4b (Code) (Expenses $ 762,192 including grants of $ 0) (Revenue $ 1,278,641)
See Additional Data

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,645,420,839

Part IV Checklist of Required Schedules

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

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

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	908		
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**	17,443		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		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	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Richard Rothberger 10140 Campus Point Drive San Diego, CA 92121 (858) 678-6828

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								34,307,171	0	4,284,625

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 ▶ 3,111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCRIPPS CLINIC MEDICAL GROUP INC, 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PHYSICIAN SERVICES	287,891,979
SCRIPPS COASTAL MEDICAL GROUP, 501 WASHINGTON AVENUE SAN DIEGO, CA 92103	PHYSICIAN SERVICES	46,992,729
MEDIMPACT HEALTHCARE SYSTEMS, 10181 SCRIPPS GATEWAY COURT SAN DIEGO, CA 92131	PHARMACEUTICAL SVCS	27,285,099
SCRIPPS HOSPITAL INPATIENT PROVIDER, 10010 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	PHYSICIAN SERVICES	20,025,677
EMERGENCY ACUTE CARE MED CORP, 440 STEVENS AVE STE 150 SAN DIEGO, CA 92075	PHYSICIAN SERVICES	14,983,561

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 ▶ 140

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 2,321,160			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 48,265,702			
	g Noncash contributions included in lines 1a-1f $ 4,881,211				
	h **Total.** Add lines 1a-1f . . . . . ▶	50,586,862			
Program Service Revenue		Business Code			
	2a HEALTHCARE DELIVERY REV	622110	2,509,652,904	2,508,576,955	1,075,949	0
	b ~~CAPITATION PREMIUM~~	622110	159,307,860	159,307,860	0	0
	c ~~PROVIDER FEE REVENUE~~	622110	241,538,337	241,538,337	0	0
	d ~~JOINT VENTURE REVENUE~~	900099	11,854,426	11,854,426	0	0
	e ~~RENTAL INCOME - MOB~~	531120	13,221,919	13,221,919	0	0
	f All other program service revenue		19,473,055	19,357,427	115,628	0
	g **Total.** Add lines 2a–2f . . . . ▶	2,955,048,501				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		49,519,374	268,784	20,688	49,229,902
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) . . . . . ▶		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	506,632,166	0			
	b Less cost or other basis and sales expenses	451,738,744	0			
	c Gain or (loss)	54,893,422	0			
	d Net gain or (loss) . . . . . ▶		54,893,422			54,893,422
	8a Gross income from fundraising events (not including $ 2,321,160 of contributions reported on line 1c) See Part IV, line 18 . . . . a	262,313				
	b Less direct expenses . . . b	1,002,818				
	c Net income or (loss) from fundraising events . . ▶		-740,505			-740,505
	9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
	b Less direct expenses . . . b	0				
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . a	0				
	b Less cost of goods sold . . b	0				
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a Cafeteria	722310	7,666,360	7,666,360	0	0
	b Pharmaceutical Revenue	446110	13,493,769	13,493,769	0	0
	c Management Services	561110	37,285,830	34,672,602	2,190,518	422,710
	d All other revenue		25,777,639	21,357,875	740,901	3,678,863
	e **Total.** Add lines 11a–11d . . . . . ▶		84,223,598			
	12 Total revenue. See Instructions . . . . . ▶		3,193,531,252	3,031,316,314	4,143,684	107,484,392

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	2,897,900	2,897,900		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	37,759,860		37,759,860	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	385,301	0	385,301	0
7 Other salaries and wages	1,024,213,094	906,628,865	112,445,457	5,138,772
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,646,121	32,723,114	7,756,796	166,211
9 Other employee benefits	100,747,823	100,214,432	0	533,391
10 Payroll taxes	78,898,039	66,636,059	11,956,069	305,911
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	5,986,766	777,010	5,209,756	0
c Accounting	1,015,042	94,064	920,978	0
d Lobbying	298,645	0	298,645	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	5,067,940	0	5,067,940	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	581,709,100	541,355,740	39,918,818	434,542
12 Advertising and promotion	2,833,614	341,340	2,490,402	1,872
13 Office expenses	65,628,091	51,573,753	13,099,446	954,892
14 Information technology	56,240,527	39,380,067	16,860,460	0
15 Royalties . .	0	0	0	0
16 Occupancy	75,509,823	69,395,765	5,950,339	163,719
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	26,395,260	22,284,460	4,110,800	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	169,560,604	120,566,506	48,994,098	0
23 Insurance . . .	8,209,501	8,162,334	47,167	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	474,292,907	474,292,776	0	131
b Repairs and Maintenance	28,036,387	12,518,000	15,475,959	42,428
c Hospital Fee Program	186,284,807	186,284,807	0	0
d ALL OTHER EXPENSES	10,167,507	9,293,847	0	873,660
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,982,784,659	2,645,420,839	328,748,291	8,615,529
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	414,047,110	2	424,914,438
	3	Pledges and grants receivable, net	16,915,196	3	12,504,759
	4	Accounts receivable, net	471,092,320	4	526,273,677
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	19,161,401	5	20,941,313
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	168,071	7	78,018
	8	Inventories for sale or use	44,073,896	8	46,286,623
	9	Prepaid expenses and deferred charges	36,361,957	9	23,711,540
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 3,612,979,978			
	b	Less accumulated depreciation — 10b: 1,796,520,075	1,774,613,035	10c	1,816,459,903
	11	Investments—publicly traded securities	1,881,002,655	11	1,938,880,165
	12	Investments—other securities See Part IV, line 11	440,320,000	12	428,896,000
	13	Investments—program-related See Part IV, line 11	64,637,570	13	66,494,850
	14	Intangible assets	46,004,678	14	45,167,870
	15	Other assets See Part IV, line 11	57,059,557	15	177,583,352
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	5,265,457,446	16	5,528,192,508
Liabilities	17	Accounts payable and accrued expenses	372,241,581	17	406,674,339
	18	Grants payable	0	18	0
	19	Deferred revenue	13,828,654	19	13,004,279
	20	Tax-exempt bond liabilities	933,879,690	20	904,472,043
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	95,502,060	23	92,191,054
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	102,993,765	25	111,525,650
	26	**Total liabilities.** Add lines 17 through 25	1,518,445,750	26	1,527,867,365
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,544,828,258	27	3,800,959,850
	28	Temporarily restricted net assets	115,358,760	28	117,099,466
	29	Permanently restricted net assets	86,824,678	29	82,265,827
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,747,011,696	33	4,000,325,143
	34	Total liabilities and net assets/fund balances	5,265,457,446	34	5,528,192,508

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	3,193,531,252
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,982,784,659
3	Revenue less expenses Subtract line 2 from line 1	3	210,746,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,747,011,696
5	Net unrealized gains (losses) on investments	5	46,209,712
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,642,858
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,000,325,143

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

THE MAXWELL H AND MURIEL GLUCK CHILD CARE CENTER PROVIDES CHILD CARE AND PRE-SCHOOL EDUCATION FOR THE BENEFIT OF INDIVIDUALS IN THE COMMUNITY OF SAN DIEGO, INCLUDING EMPLOYEES AND PATIENTS OF THE NONPROFIT 501(C)(3) ENTITIES OF SCRIPPS HEALTH AND SCRIPPS RESEARCH INSTITUTE SPECIAL EMPHASIS IS PLACED ON A VARIETY OF LEARNING AND PLAY ACTIVITIES IN THE MUSICAL AND VISUAL ARTS FIELD

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY JO ANDERSON CHS CHAIR/TRUSTEE	12 0 3 0	X		X				0	0	0
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	57 0 3 0	X		X				8,696,338	0	1,144,618
GORDON R CLARK TRUSTEE	12 0 3 0	X						0	0	0
GENE H BARDUSON TRUSTEE	12 0 3 0	X						0	0	0
RICHARD C BIGELOW TRUSTEE	12 0 3 0	X						0	0	0
DOUGLAS A BINGHAM ESQ TRUSTEE	12 0 3 0	X						0	0	0
JEFF BOWMAN TRUSTEE	12 0 3 0	X						0	0	0
JAN CALDWELL VICE CHAIR/TRUSTEE	12 0 3 0	X		X				0	0	0
JUDY CHURCHILL PHD TRUSTEE	12 0 3 0	X						0	0	0
NICOLE A CLAY TRUSTEE	12 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON GOLDMAN TRUSTEE	12 0 3 0	X						0	0	0
ADOLFO GONZALES TRUSTEE	12 0 3 0	X						0	0	0
KATHERINE A LAUER TRUSTEE	12 0 3 0	X						0	0	0
MARTY J LEVIN TRUSTEE	12 0 3 0	X						0	0	0
RICHARD VORTMANN TRUSTEE	12 0 3 0	X						0	0	0
ABBY SILVERMAN WEISS TRUSTEE	12 0 3 0	X						0	0	0
GALE D KEEL ASSISTANT SECRETARY	39 0 1 0			X				71,321	0	16,792
RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	53 0 2 0			X				1,855,884	0	102,287
RICHARD R SHERIDAN SEC/CORP SR VP-HR/GEN COUNSL	53 0 2 0			X				2,399,485	0	477,845
ROBIN BROWN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			3,395,257	0	288,940

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ELLEN DOYLE CORP VP, NURSING OPS	50 0 0 0				X			583,715	0	43,274
JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	50 0 0 0				X			672,310	0	125,804
CARL ETTER CHIEF EXECUTIVE, SR VP	50 0 0 0				X			823,859	0	134,833
SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			968,097	0	180,203
GARY FYBEL CHIEF EXECUTIVE, SR VP	50 0 0 0				X			1,179,195	0	70,001
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50 0 0 0				X			950,534	0	188,625
JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	50 0 0 0				X			959,555	0	183,990
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50 0 0 0				X			5,366,811	0	346,217
RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	50 0 0 0				X			708,260	0	119,751
BARBARA PRICE CORP SRVP, BUS & SERV LINE DEV	50 0 0 0				X			814,869	0	164,782

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	30 0 20 0				X			723,248	0	62,597
JAMES CROWDER CORP SR VP, CIO	50 0 0 0				X			582,651	0	127,719
DAVID COHN CORP VP, REVENUE CYCLE	50 0 0 0					X		515,274	0	102,705
BRADLEY ELLIS CORP VP, ASST GENERAL COUNSEL	49 0 1 0					X		480,520	0	93,747
ROBERT T HOFF CORP VP, HORIZONTAL OPS	50 0 0 0					X		560,760	0	94,668
JOHN POOLE CORP VP, SYSTEM IMPROVEMENT	50 0 0 0					X		508,422	0	103,107
BRUCE RAINEY CORP VP, CONSTRUCTION/FACS	50 0 0 0					X		546,739	0	87,574
VICTOR V BUZACHERO FORMER KEY EMPLOYEE	0 0 0 0						X	944,067	0	24,546

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

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

_____

10 ☐ An organization that normally receives (1) more than 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

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.			

Additional Data

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225022249

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

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**
SCRIPPS HEALTH	95-1684089

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		100
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		624,302
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		244,850
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		240,505
j	Total Add lines 1c through 1i			1,109,757
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B	PUBLIC AFFAIRS INFORMATION AND EDUCATION SCRIPPS HEALTH ON ITS OWN BEHALF AND AS A MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS PARTICIPATES IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES SOME ACTIVITY IS INDIVIDUALLY OR COLLECTIVELY CONDUCTED BY AND SPECIFICALLY ON BEHALF OF SCRIPPS HEALTH OTHER ACTIVITY IS ORGANIZED BY THESE INVOLVED ORGANIZATIONS SUPPORTED BY SCRIPPS HEALTH PARTICIPATION THIS ACTIVITY INCLUDES BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS MEETINGS OCCUR IN PUBLIC OFFICIAL OFFICES, AT SCRIPPS FACILITIES AND IN VARIOUS OTHER VENUES OF OPPORTUNITY ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET AND FISCAL POLICY IMPACTS, REIMBURSEMENT MATTERS, PROVIDER FEES AND OTHER ASSESSMENTS, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY MATTERS, HEALTH INFORMATION TECHNOLOGY AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, SITE-NEUTRAL PRICING, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS, MEDICARE, MEDICAID THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES NO ACTIVITY ADDRESSES PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS DIRECT COMMUNICATION (MEETINGS, EMAIL, CALLS, LETTERS) WITH SAN DIEGO LEGISLATIVE DELEGATIONS FEDERAL AND STATE ON SAN DIEGO LOCAL LEVEL EMPLOYED SD LAND LAWYERS TO REPRESENT INTERESTS ON LAND DEVELOPMENT NEEDS ON CALIFORNIA STATE LEVEL EMPLOYED LOBBY FIRM JGC GOVERNMENT RELATIONS TO REPRESENT INTERESTS ON CERTAIN MEASURES LOBBY FIRM ALSO WORKED WITH OTHER HEALTH SYSTEM CONTRACT LOBBYISTS AND CALIFORNIA HOSPITAL ASSOCIATION LOBBY TEAM ON SELECTED LEGISLATION WORKED FREQUENTLY IN CONCERT WITH STATE AND NATIONAL HEALTH CARE ORGANIZATIONS THAT CONDUCTED LOBBY PROGRAMS, INCLUDING AMERICAN HOSPITAL ASSOCIATION, CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES, PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS, ALLIANCE OF CATHOLIC HEALTH CARE SCRIPPS HEALTH DID NOT FILE FORM 5768 UNDER SECTION 501(H) THERE ARE TESTS FOR TAX EXEMPTION A "SUBSTANTIAL PART TESTAN "EXPENDITURE TEST " AS A 501(C)(3) ORGANIZATION, WE CAN OPT TO FOLLOW THE GUIDELINE THAT "NO SUBSTANTIAL PART" OF OUR ACTIVITIES ARE CARRIED ON TO INFLUENCE LEGISLATION UNDER SECTION 501(H), ELIGIBLE 501(C)(3) ORGANIZATIONS CAN ELECT TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION THE "EXPENDITURE TEST" IS SUBJECT TO AMOUNTS PERMITTED BY THAT SECTION WHILE OUR EXPENDITURES FALL WELL BELOW THE LIMITS, WE ALSO EXPEND WHAT IS GENERALLY CONSIDERED AS NO SUBSTANTIAL PART ON SUCH EXPENDITURES THEREFORE, WE OPT NOT TO FILE FORM 5768, THE FORM REQUIRED UNDER SECTION 501(H) NATIONAL, STATE & LOCAL ORGANIZATIONS WITH WHICH SCRIPPS HEALTH PARTICIPATES IN PART IN LOBBY ACTIVITIES AMERICAN HOSPITAL ASSOCIATION CALIFORNIA HOSPITAL ASSOCIATION HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS ALLIANCE FOR CATHOLIC HEALTH CARE SCHEDULE C, PART II - B, LINE 1B PERSONS AT SCRIPPS HEALTH EXCEEDED 5% OF TOTAL TIME SPENT ON DIRECT CONTACT WITH LEGISLATORS, STAFF AND GOVERNMENT OFFICIALS TO ENGAGE IN LOBBYING ACTIVITIES SCHEDULE C, PART II - B, LINE 1D POSTAGE FOR COMMUNITY LETTER SENT TO NEIGHBORS ADJACENT TO SCRIPPS PROPOSED MEDICAL OFFICE BUILDING IN OCEANSIDE AS PART OF PERMITTING REQUIREMENTS AT THE CITY SCHEDULE C, PART II - B, LINE 1F TRANSFER OF SCRIPPS FUNDS FROM CHA ACCOUNT TO CALIFORNIA HOSPITALS COMMITTEE ON ISSUES ID #880212 SCHEDULE C, PART II - B, LINE 1G VALUE DETERMINED UTILIZING GROSS-UP METHOD FOR DIRECT LOBBYING COSTS LOBBYING LABOR COSTS OF (2) PERSONS AT SCRIPPS HEALTH X 175% + ALLOCABLE THIRD-PARTY COSTS (JGC CONSULTING, SD LAND LAWYERS) SPENT ON DIRECT CONTACT WITH LEGISLATORS, STAFF AND GOVERNMENT OFFICIALS TO ENGAGE IN LOBBYING ACTIVITIES ARE REFERENCED HERE SCHEDULE C, PART II - B, LINE 1I OTHER ACTIVITIES APPROXIMATE VALUE CONSIDERS A PORTION OF THE DUES OF MEMBER ORGANIZATIONS SPENT ON LOBBYING IN ADDITION TO ANY TRAVEL EXPENSES OCCURRED FOR GOVERNMENT RELATIONS SENIOR DIRECTOR, GOVERNMENT RELATIONS, DIRECTOR, COMMUNITY RELATIONS RELATED TO LOBBYING ACTIVITIES

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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
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

		Held at the End of the Year	
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	16 00
c	Number of conservation easements on a certified historic structure included in (a)	2c	1
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 ▶ 1

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 75 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 431,342

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	124,841,000	116,324,000	108,926,000	117,167,000	112,290,000
b Contributions	1,966,841	317,621	6,315,759	1,388,206	1,480,000
c Net investment earnings, gains, and losses	6,490,061	13,011,507	7,473,883	-3,512,026	9,068,000
d Grants or scholarships	810,928	925,456	1,437,223	1,345,734	871,000
e Other expenditures for facilities and programs	11,995,794	2,761,983	3,833,012	3,632,176	3,853,000
f Administrative expenses	1,102,180	1,124,689	1,121,407	1,139,270	947,000
g End of year balance	119,389,000	124,841,000	116,324,000	108,926,000	117,167,000

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	22,362,333	98,325,541		120,687,874
b Buildings		1,754,982,300	709,905,252	1,045,077,048
c Leasehold improvements		94,246,916	72,554,102	21,692,814
d Equipment		1,518,553,455	1,012,170,757	506,382,698
e Other		124,509,433	1,889,964	122,619,469
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,816,459,903

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI-STRATEGY FUNDS	325,408,000	F
(B) PRIVATE EQUITY FUNDS	56,290,000	F
(C) DEFENSIVE EQUITY FUNDS	47,198,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	428,896,000	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SELF INSURED WORKER'S COMPENSATION	31,745,364
PROVIDER FEE LIABILITY	35,379,216
SELF INSURED MALPRACTICE LIABILITY	26,727,179
ASSET RETIREMENT OBLIGATION	15,986,715
ANNUITY AND UNITRUST	10,636,616
DEPOSITS AND CONTINGENCIES	244,359
INTERCOMPANY LIABILITIES	-9,193,799
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	111,525,650

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 3	CHANGES TO CONSERVATION EASEMENTS THE JONES' HOUSE WAS SOLD IN JUNE 2018 SCHEDULE D, PART II, LINE 9 CONSERVATION EASEMENT THE HISTORICAL STRUCTURE THAT IS CONSIDERED TO BE A CONS ERVATIVE EASEMENT IS REPORTED IN THE MERCY HOSPITAL ENTITY OF THE CONSOLIDATED FINANCIAL S TATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1E	IN FEBRUARY 2018, SCRIPPS HEALTH TRANSFERRED AN ENDOWMENT TO ANOTHER ORGANIZATION AS SCRIPPS HEALTH NO LONGER PROVIDED THE SERVICES FOR WHICH THE MONIES WERE DONATED TO SUPPORT THIS TRANSFER INCLUDED $5,000,000 OF CORPUS AND $2,330,000 OF UNDISTRIBUTED INVESTMENT EARNINGS THEREON, WHICH HAS BEEN INCLUDED AS AN EXPENSE HERE SCHEDULE D, PART V, LINE 4 INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS CONTRIBUTIONS RECEIVED FOR CAPITAL PROJECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $636,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES $16,790,676 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS $39,818,206 CONTRIBUTIONS RECEIVED TO COVER THE COST OF HEALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $12,784,795 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS $12,225,243

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 (AKA FIN 48) SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON A NY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN F URTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION UNDER FASB ASC 740, INCOME T AXES, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MORE LI KELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WI TH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE ORGANIZATIO N RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRE TE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE-LIKELY-THAN-NOT THRESHOLD IS NOT MET THE ORGANIZATION RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIF FERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILI TIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT M EET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA NO SIGNIFICANT TAX LIABILITY FOR TAX BE NEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT SEPTEMBER 30, 2018 OR 2017 SCRIPPS HEALTH C URRENTLY FILES FORM 990 (INFORMATIONAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAXES) A ND FORM 990-T (BUSINESS INCOME TAX RETURN FOR AN EXEMPT ORGANIZATION) IN THE U S FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA SCRIPPS HEALTH IS NOT SUBJECT TO INCOME TAX EXAM INATIONS PRIOR TO 2014 IN MAJOR TAX JURISDICTIONS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		65			89,633,700
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		65			89,633,700

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

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

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1684089

Name: SCRIPPS HEALTH

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		58	Program Services	RECONSTRUCTIVE SURGERY	300,650
East Asia and the Pacific		7	Program Services	MED CARE & TRAINING	19,565

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		50,472,858
Europe (Including Iceland and Greenland)			Investments		38,840,627

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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
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

		(a) Event #1 Mercy Ball (event type)	(b) Event #2 Spinoff (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	659,575	525,622	1,398,276	2,583,473
	2 Less Contributions	607,792	482,147	1,231,221	2,321,160
	3 Gross income (line 1 minus line 2)	51,783	43,475	167,055	262,313
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	138,020	118,402	456,336	712,758
	7 Food and beverages	4,827	2,274	1,056	8,157
	8 Entertainment	9,200	5,750	11,728	26,678
	9 Other direct expenses	38,512	54,256	162,457	255,225
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,002,818
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-740,505

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,245,366		20,245,366	0 680 %
b Medicaid (from Worksheet 3, column a)			295,179,522	247,707,203	47,472,319	1 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			472,607	209,321	263,286	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			315,897,495	247,916,524	67,980,971	2 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,130,396	2,860,610	2,269,786	0 080 %
f Health professions education (from Worksheet 5)			33,075,388	8,091,014	24,984,374	0 840 %
g Subsidized health services (from Worksheet 6)			18,264,402	14,446,617	3,817,785	0 130 %
h Research (from Worksheet 7)			12,429,137	10,655,685	1,773,452	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,075,871	10,974	3,064,897	0 100 %
j **Total.** Other Benefits			71,975,194	36,064,900	35,910,294	1 200 %
k **Total.** Add lines 7d and 7j			387,872,689	283,981,424	103,891,265	3 480 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			39,971		39,971	0 %
3 Community support			721,938		721,938	0 020 %
4 Environmental improvements						
5 Leadership development and training for community members			25,000		25,000	0 %
6 Coalition building			39,853	27,393	12,460	
7 Community health improvement advocacy			31,976		31,976	0 %
8 Workforce development			424,223	122,547	301,676	0 010 %
9 Other						
10 Total			1,282,961	149,940	1,133,021	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	44,399,429		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	421,488,134		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	501,521,149		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-80,033,015		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SCRIPPS ENCINITAS	AMBULATORY SURGERY CENTER	55 5 %		25 %
2	SURGERY CENTER				
3	SCRIPPS MEMORIAL	MEDICAL OFFICE BUILDING	15 3 %		77 2 %
4	XIMED MEDICAL				
5	SCRIPPS MERCY ASC	AMBULATORY SURGERY CENTER	73 5 %		26 5 %
6	SCRIPPSUSP SURGERY	AMBULATORY SURGERY CENTER	50 %		39 %
7	CENTERS				
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 4

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **45**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	SCRIPPS HEALTH COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE AND C AN BE FOUND AT HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY SCHEDULE H, PART I, LINE 7, COLUMN F A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DE TERMINE THE COST OF ALL PATIENT SEGMENTS REPORTED AS CHARITY CARE AND OTHER COMMUNITY BENE FITS AT COST SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES S UCH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THE Y WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORT ED AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SER VICES FOR FY18 WAS $3,817,785 THIS INCLUDES SCRIPPS INPATIENT AND BEHAVIORAL HEALTH SERVIC ES AND MERCY CLINIC MERCY CLINIC OF SCRIPPS MERCY HOSPITAL SAN DIEGO - FACILITY A-1 FOUND ED IN 1944 AND ADOPTED BY THE SISTERS OF MERCY IN 1961, MERCY CLINIC OF SCRIPPS MERCY HOSP ITAL IS A PRIMARY CARE CLINIC THAT TREATS MORE THAN 1,000 PATIENTS EACH MONTH TOTAL PATIE NT VISITS FOR PRIMARY AND SUBSPECIALTY CARE AT THE CLINIC IN FY18 WERE $11,836 A FULL TIM E CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPP S MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A T RAINING GROUND FOR NEARLY 100 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLIN IC HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR " EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTH ER INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPL E IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AN D SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY18 WAS $2 3 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE) SCHEDULE H, PART I, LINE 7 FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEA D, ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCL UDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENT IRE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SC RIPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) THE CBISA WAS DEVELOPED IN COOPERATIO N WITH LYON SOFTWARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINI STRATION THE SOFTWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET A PROCESS F OR PLANNING AND REPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1989, AND HAS BEEN REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHOD S HAVE EVOLVED AND AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREME NT THE CBISA DATABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS AL IGNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO REC ORD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT T HIS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE O R MULTIPLE OCCURRENCES OF AN "ACTIVITY" FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUM BERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS WHERE COST A CCOUNTING IS USED, SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES SCRIPPS UNCOMPENSATED CARE FY2018 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR CH ARITY CARE ARE ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND AP PLYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATI ONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DER IVED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 3 0, 2018, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $241,538,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	OF $183,990,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STA TEMENT OF OPERATIONS SCRIPPS HEALTH RECORDED $2,295,000 FOR CHARITABLE CONTRIBUTIONS TO C HFT IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEALTH FROM PROVIDER FEE WAS $55,253,000 IN FISCAL YEAR 2018 CALENDAR YEAR 2014 - CALENDAR YEAR 2016 HOSPITAL FEE PROGRAM IN SEPTEMBER 2013, SB 239 WAS APPROVED AND CREATED A THREE-YEAR HOSPITAL FEE PROGRAM EFFECTIVE JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 ON DECEMBER 10, 2014, CALIFORNIA HOSPITAL ASSOCIATION (CHA) ANNOUNCED THAT CMS APPROVED THE FEE-FOR-SERVIC E PAYMENTS FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2016 ON JUNE 30, 2015, CMS APPR OVED THE NON-EXPANSION MANAGED CARE RATES FOR THE FIRST SIX MONTHS OF THE THIRTY-SIX MONTH HOSPITAL FEE PROGRAM

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWI NG PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP EXECUTIVE LE ADERSHIP, SPONSORED BY THE OFFICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR PROFIT BOARDS REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS SAN DIEGO R EGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE AS SIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND H EALTH COMMITTEE WORK ASSIGNMENTS), SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (ED C BOARD AND POLICY COMMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BO ARD AND WORKING COMMITTEE ASSIGNMENTS) NORTH SAN DIEGO BUSINESS CHAMBER HEALTH COMMITTEE MEETING - THE CHAMBER STRIVES TO DELIVER UP-TO-DATE, HEALTH-RELATED INFORMATION GO ENHANCE THE QUALITY OF LIFE TO THE BUSINESS COMMUNITY THE HEALTH COMMITTEE SERVES AS A FRONT LIN E TO EDUCATE SAN DIEGO NORTH BUSINESS ABOUT HEALTH CARE ISSUES SPECIFIC TO THE REGION THAT IMPACT BOTTOM LINES AND WORKFORCE PRODUCTIVITY THE SCRIPPS DIRECTOR OF COMMUNITY RELATIO NS ATTENDS THESE MEETINGS COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PRO GRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 3 NORTH SAN DIEGO BUSINESS CHAMBER HONORI NG OUR REGIONS HEROES HONORING OUR REGION'S HEROES AWARDS LUNCHEON, PRESENTED BY SCRIPPS H EALTH, HONORS THE DEDICATED OFFICERS, FIRST RESPONDERS, AND PUBLIC SAFETY LEADERS WHO HAVE GONE ABOVE AND BEYOND IN THEIR DUTIES HOSPITAL PREPAREDNESS PROGRAM DEVELOPMENTAL COMMIT TEE THE HOSPITAL PREPAREDNESS PROGRAM (HPP) PROVIDES LEADERSHIP AND FUNDING THROUGH GRANTS AND COOPERATIVE AGREEMENTS TO STATES, TERRITORIES, AND ELIGIBLE MUNICIPALITIES TO IMPROVE SURGE CAPACITY AND ENHANCE COMMUNITY AND HOSPITAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENC IES SCRIPPS HEALTH PARTICIPATES IN THE HPP GRANT FUNDING WORKGROUP DISASTER PREPAREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABILITY TO PROVIDE EMERGENCY SERVICES TO TH OSE INJURED IN A LOCAL DISASTER WHILE CONTINUING TO CARE FOR HOSPITALIZED PATIENTS IS A CR ITICAL COMMUNITY NEED SCRIPPS PARTICIPATES IN SAN DIEGO COUNTY AND STATE OF CALIFORNIA AD VISORY GROUPS TO PLAN, IMPLEMENT, AND EVALUATE KEY DISASTER PREPAREDNESS RESPONSE PLANS AN D FUNDING EFFORTS IN ADDITION, SCRIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS HOSPITA L MEDICAL RESPONSE TEAM OR THE SCRIPPS HOSPITAL ADMINISTRATION UNIT BOTH ARE LEAD TEAMS F OR THE STATE OF CALIFORNIA MOBILE FIELD HOSPITAL DEPLOYMENT THESE EFFORTS ARE LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIRECTION OF THE CHIEF MEDICAL OFFICER SAN DIEGO SHERRIFFS SEARCH & RESCUE ACADEMY EMERGENCY RESPONSE MODULE THE AMERICAN RED CROSS EMERGEN CY MEDICAL RESPONSE COURSE IS TO PROVIDE THE PARTICIPANT WITH THE KNOWLEDGE AND SKILLS NEC ESSARY TO WORK AS AN EMERGENCY MEDICAL RESPONDER (EMR) THE CLASS IS INSTRUCTED BY CHRIS V AN GORDER, SCRIPPS PRESIDENT AND CEO SAN DIEGO COUNTY HEALTHCARE DISASTER COUNCIL THE SAN DIEGO COUNTY DISASTER COUNCIL ADVISES THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES A GENCY, PUBLIC HEALTH SERVICES, AND DIVISION OF EMERGENCY MEDICAL (EMS) ON THE COMMUNITYS H EALTH AND MEDICAL DISASTER PREPAREDNESS SAN DIEGO SEAFOOD SATURDAYS THIS PROGRAM IS A COL LABORATIVE EDUCATIONAL CAMPAIGN ENCOURAGING SAN DIEGANS CONSUMPTION OF LOCAL SEAFOOD AT LE AST ONE DAY A WEEK SCRIPPS CHEF SUPERVISOR GIVES DEMONSTRATIONS AND LECTURES ON PREPARING MEALS WITH LOCALLY CAUGHT SEAFOOD SCRIPPS IN-LIEU OF FUNDS SCRIPPS IN-LIEU OF FUNDS ARE USED FOR UNFUNDED OR UNDERFUNDED PATIENTS AND THEIR POST-DISCHARGE NEEDS INCLUDING BOARD A ND CARE, SKILLED NURSING FACILITIES, LONG-TERM ACUTE CARE AND HOME HEALTH IN ADDITION, TH E FUNDS MAY BE USED FOR MEDICATIONS, EQUIPMENT AND TRANSPORTATION SERVICES SAN DIEGO POLI CE FOUNDATION SCRIPPS HEALTH SPONSORED THE TRUE BLUE LUNCHEON THE SAN DIEGO POLICE FOUNDA TION SUPPORTS THE DEDICATED OFFICERS OF THE SAN DIEGO POLICE DEPARTMENT, ENABLING NEW PROT ECTIVE GEAR, IMPROVED TECHNOLOGY, NEW POLICE DOGS AND MUCH MORE LEADERSHIP DEVELOPMENT AN D TRAINING FOR COMMUNITY MEMBERS - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE RE PORTED ON SCHEDULE H, PART II, LINE 5 ENLISTED LEADERSHIP FOUNDATION THE FOUNDRY ENLISTED LEADERSHIP FOUNDATION IS A SAN DIEGO BASED NON-PROFIT GROUP 501(C)3 DEDICATED TO LEADERSH IP DEVELOPMENT OF NAVY SECOND CLASS, FIRST CLASS, AND CHIEF PETTY OFFICERS THIS ORGANIZAT ION WAS FORMED BY A TEAM OF ACTIVE DUTY AND RETIRED COMMAND / MASTER CHIEF PETTY OFFICERS TO DEVELOP CURRENT AND FUTURE LEADERS THROUGH A PHILOSOPHY OF SHARING AND MENTORING BASED ON COMBINED GENERATIONS OF GROWTH AND GROOMING THE LEADERSHIP LECTURE IS GIVEN BY CHRIS V AN GORDER, PRESIDENT AND CEO COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 6 HEALTHY DEVELOPMENT SERVICES (HDS) PROVIDER MEETING COLLABORATION OF HDS PARTNERS AND

Form and Line Reference	Explanation
SCHEDULE H, PART II	SERVICE PROVIDERS COMING TOGETHER TO DISCUSS AND REVIEW SPECIFIC CASES OF THOSE RECEIVING SERVICES FROM PESE, CARE COORDINATION, DEVELOPMENTAL AND BEHAVIORAL HEALTH SERVICES OF CH ILDREN AGES ZERO - 5 YEARS OF AGE PESE (PARENT, EDUCATION, SUPPORT AND EMPOWERMENT) A WOR KGROUP MEETING MADE UP OF SUBCONTRACTORS OF HEALTHY DEVELOPMENT SERVICES COMING TOGETHER T O GIVE PROGRAM UPDATES AND TO DISCUSS OUTCOMES AND EVALUATION OF SERVICES SAN DIEGO REGIO NAL TASK FORCE ON THE HOMELESS THE MISSION OF THE REGIONAL TASK FORCE ON THE HOMELESS IS T O ENGAGE STAKEHOLDERS IN A COMMUNITY-BASED PROCESS THAT WORKS TO 1) END HOMELESSNESS FOR ALL INDIVIDUALS AND FAMILIES THROUGHOUT THE REGION 2) ADDRESS THE UNDERLYING CAUSES OF HO MELESSNESS 3) LESSEN THE NEGATIVE IMPACT OF HOMELESSNESS ON INDIVIDUALS, FAMILIES AND COM MUNITIES MEMBERS OF THE GOVERNANCE BOARD ARE BEING SELECTED BY A COMMUNITY PROCESS BOARD SEATS ARE IDENTIFIED BY THE TYPE OF ORGANIZATION OR REPRESENTATIVE THAT IS NEEDED SCRIPP S MERCY HOSPITAL CHIEF EXECUTIVE WAS DESIGNATED TO PARTICIPATE REPRESENTING THE HEALTH CAR E SECTOR, THE DIRECTOR OF COMMUNITY PROGRAMS DEVELOPMENT ATTENDS ON THE CHIEF EXECUTIVES B EHALF SAN DIEGO HEALTH CONNECT REFERRALS WORK GROUP SAN DIEGO HEALTH CONNECT SECURELY CON NECTS HOSPITALS, HEALTH SYSTEMS, AND PATIENTS, PRIVATE HEALTH INFORMATION EXCHANGES (HIES) AND OTHER HEALTHCARE STAKEHOLDERS SO THEY CAN SHARE IMPORTANT HEALTH INFORMATION, IN ORDE R TO SERVE AND IMPROVE HEALTH CARE FOR ALL COMMUNITY MEMBERS IMPROVING PATIENT CARE WHILE REDUCING COSTS THROUGH HEALTH INFORMATION TECHNOLOGY AMONG COUNTY HEALTH PROVIDERS COMMU NITY HEALTH IMPROVEMENT ADVOCACY - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE RE PORTED ON SCHEDULE H, PART II, LINE 7 HEALTH CARE PUBLIC AND GOVERNMENT ADVOCACY SCRIPPS PUBLIC AND GOVERNMENT AFFAIRS SUPPORTS RELATIONSHIP BUILDING AMONG INTERESTED AND AFFECTED PARTIES RELATIVE TO THE NATION'S HEALTH CARE REFORM DEBATE AND DECISION MAKING THE GOAL IS TO EDUCATE AND INFORM RELATIVE TO ALL ASPECTS OF REFORM DISCUSSION, FROM HEALTH INFORMA TION TECHNOLOGY TO THE ENACTMENT AND IMPLEMENTATION OF THE PATIENT PROTECTION AND ACCOUNTA BLE CARE ACT WORKFORCE DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 8 SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SO HL) SCRIPPS SPONSORED THE SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS ANNUAL CONFERENCE W HICH FOCUSED ON OPIOID USAGE FOUNDED IN 2001, THE SAN DIEGO ORGANIZATION OF HEALTHCARE LE ADERS (SOHL) IS AN OFFICIAL COMBINED CHAPTER OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTI VES (ACHE), AN INTERNATIONAL PROFESSIONAL SOCIETY OF MORE THAN 30,000 HEALTHCARE EXECUTIVE S SOHL OFFERS AN ENVIRONMENT FOR CONTINUAL GROWTH AND PROFESSIONAL DEVELOPMENT, AND BUILD ING RELATIONSHIPS AMONG PEERS AND INDUSTRY LEADERS AT THE LOCAL LEVEL MEMBERS REPRESENT H EALTHCARE LEADERS IN ALL SECTORS OF THE HEALTHCARE INDUSTRY SCRIPPS HIGH SCHOOL EXPLORATI ON PROGRAM SCRIPPS PARTNERS WITH THE REGIONAL ALLIED HEALTH AND SCIENCE INITIATIVE (RASHI) TO PROVIDE CONTINUING EDUCATION INTERNSHIPS FOR THEIR STUDENTS THIS IS AN EIGHT (8) WEEK PAID INTERNSHIP WHERE STUDENTS ROTATE THROUGH CLINICAL AND NON-CLINICAL DEPARTMENTS TO LE ARN ABOUT HEALTHCARE THE PROGRAM IS DESIGNED TO REACH OUT TO YOUNG PEOPLE AND PIQUE THEIR INTEREST IN HEALTH CARE OCCUPATIONS UNIVERSITY CITY (UC) HIGH SCHOOL EXPLORATION PROGRAM SCRIPPS PARTNERS WITH UC HIGH SCHOOL EXPLORATION PROGRAM TO PROVIDE OPPORTUNITIES FOR STU DENTS TO LEARN ABOUT CAREERS IN HEALTHCARE THROUGH HEALTHCARE FOCUSED CURRICULUM SCRIPPS AND CENTER FOR LEARNING & INNOVATION PARTNERED WITH UC HIGH SCHOOL HEALTH ESSENTIALS TO PR OVIDE WORKFORCE PREPAREDNESS IN A HEALTHCARE SETTING AS AN EXTENSION OF THEIR CLASSROOM LE ARNING EXPERIENCE THIRTEEN HIGH SCHOOL SENIORS WERE SELECTED TO ROTATE THROUGH VARIOUS CL INIC DEPARTMENTS THROUGHOUT THEIR SPRING SEMESTER YOUTH EDUCATIONAL PROGRAMS SCRIPPS MERC Y HOSPITAL CHULA VISTA PROVIDES PROGRAM

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

990 Schedule H, Supplemental Information

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

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

990 Schedule H, Supplemental Information

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

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

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

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

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

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SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION FOR THE PURPOSES OF THE 2016 CHNA, THE SERVICE AREA IS DEFINED AS TH E ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA A HOS PITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AR EA SURROUNDING THE HOSPITAL AND DOES NOT EXCLUDE LOW INCOME OR UNDERSERVED POPULATIONS AL THOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY, EACH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLECT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE BY ZIP CODE LEVEL MEETING THE CHALLENGES OF A DIVERSE B ORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MIL LION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,526 SQUARE MILES, THE POPULATION REPRESENTS M ULTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWT H PROJECTS THE REGIONS POPULATION WILL GROW BY NEARLY ONE MILLION PEOPLE BY 2050 THIS FOR ECAST IS CONSISTENT WITH PREVIOUS EXPECTATIONS ALTHOUGH FUTURE GROWTH RATES HAVE BEEN REDU CED DUE TO INCREASED DOMESTIC MIGRATION OUT OF THE REGION RECOGNIZING THAT HEALTH NEEDS D IFFER ACROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, THE INSTITU TE FOR PUBLIC HEALTH USED THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) TO I DENTIFY COMMUNITIES WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS IN ADDITION, G EOGRAPHIC INFORMATION SYSTEMS (GIS) MAPS WERE CREATED, OVERLAYING CNI DATA AND THE HOSPITA L DISCHARGE RATE BY PRIMARY DIAGNOSIS FOR THE HEALTH CONDITIONS TYPE 2 DIABETES, CARDIOVA SCULAR DISEASE, AND BEHAVIORAL HEALTH GIS MAPS WERE NOT CREATED FOR OBESITY DUE TO THE FA CT THAT OBESITY IS NOT A COMMON PRIMARY DIAGNOSIS, BUT RATHER A SECONDARY CONDITION THAT C ONTRIBUTES TO THE PRIMARY REASON FOR A HOSPITAL VISIT DEMOGRAPHIC PROFILE OF SAN DIEGO CO UNTY (SDC) CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIM E PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE A LL IMPORTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS POPULATION OVER 3 MILLION PE OPLE (3,138,265) LIVE IN THE 4,526 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BU REAU AMERICAN COMMUNITY SURVEY 2009-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPUL ATION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPU LATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHAN GE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULA TION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED ST ATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEAL TH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERI CAN COMMUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO I DENTIFIED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIF IC ISLANDER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%) , BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) SCRIPPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENT RAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN T HOSE AREAS WITH PROXIMITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR PER CALENDAR YEAR 2017 OSHPD ANNUAL FINANCIAL DATA THERE ARE 19 OTHER HOSPITAL FACILITIES SERVING THE SAN DIEGO COMMUNITY SC RIPPS MERCY HOSPITAL (INCLUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 64 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONO MICALLY DISADVANTAGED POPULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBER S OF INSURED ADULTS IN THE COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMA RILY HISPANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE THAN HALF OF SCRIPPS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED -MEDICARE AND MEDI-CAL SCRIPPS HOSPITALS HOUSED 2

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	4 5 PERCENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCRIPPS PROVIDES SIGNIFICANT AND GROWING VOLUMES OF EMERGENCY, OUTPATIENT AND PRIMARY CARE IN FY18, SCRIPPS PROVIDED 2,513,440 OUTPATIENT VISITS NEARLY HALF (38 8%) OF SAN DIEGO COUNTY'S 60,325 SAFETY NET D ISCHARGES ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHARGES INCLUDE COUNT Y INDIGENT PROGRAMS, MEDI-CAL AND SELF-PAY OSHPD 2017 DATA (MOST RECENT YEAR AVAILABLE) S CRIPPS HAS A TOTAL OF 1,387 ACUTE CARE LICENSED BEDS SAN DIEGO HAS A TOTAL OF 5,652 GENER AL ACUTE CARE LICENSED BEDS % OF SCRIPPS BEDS IS 1,387/5,652 = 24 5% SAN DIEGO COUNTY SAF ETY NET DISCHARGES CY18 SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES COUNTY INDIGENT P ROGRAMS, MEDI-CAL AND SELF-PAY - CENTRAL DISCHARGES 12,199 - SOUTH SUBURBAN DISCHARGES 6, 297 SCRIPPS OSHPD SAFETY NET DISCHARGES CY18 - SCRIPPS CENTRAL DISCHARGES - 3,759 - SCRIP PS SOUTH SUBURBAN DISCHARGES 1,770 THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHL Y DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALL Y UNDERSERVED COMMUNITIES FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFET Y NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICE S) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, S CRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSU RED PATIENTS INTO THEIR OPERATING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPITALS AND PH YSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST IN CALIFORNIA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMB URSEMENT RATE SAN DIEGO'S UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIV ER OF HEALTH STATUS BETWEEN 2010 AND 2013 THE UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN 2014, THE UNINSURED RATE SHARPLY DE CREASED TO 12 3%, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIO D THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) SOURCE U S CENSUS BUREAU, 2010 TO 2014 1-YEAR AMERICAN COMMUNITY SURVEYS ACS UNINSURED RATE IS BASED ON WHETHER AN INDIVIDUAL HAD INSURANCE AT THE TIME OF THE SURVEY NOTE THE AMERICA N COMMUNITY SURVEY, ESTIMATES ARE FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION THERE ARE THREE INDICATORS DETERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH P OVERTY RATE, PERCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINMENT LOW-INCOME, UNIN SURED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RISK FOR POOR HEALTH ST ATUS FIVE-YEAR ESTIMATES FROM THE 2009-2013 AMERICAN COMMUNITY SURVEY (ACS) SHOW HOW THES E INDICATORS IMPACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FACTORS IS IMPORTANT FO R IDENTIFYING COMMUNITIES WITH THE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES P OVERTY WITHIN SDC, 14 5% OR 441,648 INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELO W 100% OF THE FEDERAL POVERTY LEVEL (FPL) FOR CHILDREN 0-17, THE PERCENTAGE LIVING 100% B ELOW THE FPL INCREASES TO 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% POVERTY LEVEL IS $20,0 90 PER YEAR POVERTY CREATES BARRIERS TO ACCESSING SERVICES THAT PROMOTE WELL-BEING INCLUD ING HEALTH SERVICES, HEALTHY FOOD, AND OTHER NECESSITIES THAT CONTRIBUTE TO IMPROVED HEALT H STATUS UNINSURED BETWEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNI TED STATES, CALIFORNIA AND IN SDC IN 2014, THE UNINSURED RATE SHARPLY DECREASED, WHICH WA S THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE AT TRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) LACK OF INSURANCE IS A PRIMARY BA RRIER TO HEALTH CARE ACCESS INCLUDING REGULAR PRIMARY CARE, SPECIALTY CARE, AND OTHER HEAL TH SERVICES THAT CONTRIBUTES TO POOR HEA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH AS A TAX-EXEMPT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN I TS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMBER VOLUNTEER BOARD OF TRUSTEES THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED A PPROACH TO SERVING PATIENTS ACROSS THE REGION THE BOARD IS RESPONSIBLE FOR PROMOTING CORP ORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUGH OVERSIGHT THE EF FECTIVE FUNCTIONING OF THE CORPORATION ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROF IT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATI ONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EAR NINGS WILL BENEFIT ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL THESE VOLUNTEERS GIVE COUNTLE SS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIPATION IN VARIO US BOARD COMMITTEES AND GENERAL STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO A PPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTE R OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL ST AFF ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES PARTICIPATE IN MEDI-CAL AND MEDICARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK INTO THE SAN DIEGO COMMUNITY SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING FY18 (OCTOBER 2017 TO SEPTEMBER 2018), SCRIPPS INVESTED $26,75 7,826 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVICE DELIVERY AN D TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATIO N SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GE NERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH A LSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELO PMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES IN CLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PRO FESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS TRANSLATIONAL S CIENCE INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT OFFSETTING REVENUE, WHICH INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS ACCORDING TO THE SC HEDULE H FORM 990 IRS GUIDELINES, "DIRECT OFFSETTING REVENUE" ALSO INCLUDES RESTRICTED GRA NTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUNITY BENEFIT A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF THE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT ACCESS TO BASIC HEALT H CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS, INJURY AND MORTAL ITY LACK OF INSURANCE ALSO INCREASES THE BURDEN ON HOSPITALS AND HEALTH PROVIDERS IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY18 WITH THE FOLLOWING HEA LTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (M O S T) WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM (M O S T) PROVIDES RECONSTRUCTIVE SURGERIES FOR CHILDRE N SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SPECIAL CIRCUMSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FISCAL YEAR 2018, THE M O S T TEAM SERVED IN THREE OUTREACH M ISSION TRIPS THE M O S T TEAM VOLUNTEERED 2,243 HOURS TO PROVIDE RECONSTRUCTIVE SURGERIE S FOR MORE THAN 700 PEOPLE SERVED THE M O S T PROGRAM CELEBRATED ITS 31ST ANNIVERSARY TH IS YEAR SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVID ES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATI ENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES T HE LACK OF FUNDING, AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE PO ST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT IS P ROVIDED BY SCRIPPS WITH PHYSICIAN BACK UP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY G OALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO TH E PATIENT THE RESCUE MISSION PROVIDES A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION , MEDICATION OVERSIGHT, MEALS, CLOTHING, AND COUNS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	ELING ASSISTANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY APPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENTS MEDICAL STAB ILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDER ARE CONNECTED WITH A PSYCHIATRIS T IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY IN 2018, 54 PATIENTS ACCOUNTED FOR 65 RCU ADMISSIONS AS A GROUP, THE RCU PATIENTS HAS A CUM ULATIVE 646 HOSPITAL DAYS OF STAY, AN AVERAGE OF 10 HOSPITAL DAYS OF STAY, BEFORE GOING TO THE RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH IV ANTIBIOTI CS, WOUND VACS, SKIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, PARAPLEGIA, DOG BITES, DKA, G BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIABETE S, TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, COMPLEX TRAUMA, MVA, PEDESTRIAN VER SUS AUTO, PLEURAL EFFUSION, CVA, CANCER (LYMPHOMA, PANCREATIC CANCER, BRAIN MASS), HIV/AID S, SEPSIS, RESPIRATORY FAILURE, PNEUMONIA, CHF PATIENTS WERE ASSAULT VICTIMS WITH GUNSHOT AND STAB WOUNDS, FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS MANY ARE DIABETIC AND PSYC H PROBLEMS ARE COMMON, OCCASIONALLY THE MAIN PROBLEM FOR RCU CLIENTS OVER 70% THIS GROUP WERE EITHER POSITIVE FOR ALCOHOL, DRUGS ON DRUG SCREEN OR HAD A DRUG HISTORY ADDRESSED BY THE PHYSICIAN IN THE H & P MORE SPECIFICALLY, 43% OF RCU CLIENTS WERE NOTED TO HAVE USED HEROIN OR METH GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST LEOS CLINIC THE GRADUATE MED ICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYSI CIAN TRAINING AND CLINICAL RESEARCH, WITH 45+ RESIDENTS AND 38 FELLOWS WEEKLY COMMUNITY C LINICS WERE HELD AT THE ST LEOS CLINIC STAFFED BY SCRIPPS GREEN HOSPITAL AND SCRIPPS CLI NIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CARED FOR APPROXIMATELY 800 OF OUR COUNTYS MOST VULNERABLE RESIDENTS DURING FISCAL YEAR 2018 FIJI SOLOMON ISLANDS MEDICAL MISSION TH E MEDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENERAL MEDICAL SPECIALISTS AND RESIDENTS SET TING UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NEEDED MEDICAL CARE, ME DICAL SUPPLIES AND SURGICAL SCREENING FOR AN UNDERSERVED POPULATION THAT HAVE NO ACCESS TO BASIC MEDICAL CARE THE INTERNATIONAL MEDICAL MISSIONS PROVIDE AN EXCEPTIONAL CLINICAL ED UCATION EXPERIENCE TO OUR SENIOR INTERNAL MEDICINE RESIDENTS AT SCRIPPS CLINIC AND SCRIPPS GREEN HOSPITAL AMERICAN RED CROSS BLOOD DRIVES SCRIPPS HEALTH PARTNERED WITH THE AMERICA N RED CROSS IN FY18 TO HOST SIX BLOOD DRIVES AND 421 SCRIPPS EMPLOYEES DONATED BLOOD THROU GHOUT THE YEAR SCRIPPS HEALTH COLLECTED 365 PINTS OF BLOOD (FOR EVERY PINT DONATED 3 LIVE S ARE SAVED), WHICH SAVED APPROXIMATELY 1,095 LIVES SCRIPPS HEPATITIS OUTBREAK RESPONSE S CRIPPS HEALTH BUILDS AWARENESS OF DISASTER PREPAREDNESS AND ACTIVELY RESPONDS TO EVENTS TO AFFECT CHANGE AT THE COMMUNITY LEVEL FOLLOWING THE TERRORIST ATTACK OF SEPTEMBER 11, 200 1, SCRIPPS DEVELOPED A SYSTEM-WIDE DISASTER PREPAREDNESS PROGRAM AND MOVED QUICKLY TO MAKE DISASTER PREPAREDNESS AN INTEGRAL ELEMENT THROUGHOUT THE ORGANIZATIONS OPERATIONS THE SC RIPPS MEDICAL RESPONSE TEAM (SMRT) AROSE FROM THESE EFFORTS IN 2017, WHEN SAN DIEGO MAYOR KEVIN FAULCONER ASKED SCRIPPS TO HELP ADDRESS THE HEPATITIS A OUTBREAK, THE SCRIPPS SMRT TEAM WORKED DIRECTLY WITH CITY AND COUNTY PUBLIC HEALTH OFFICIALS TO MAKE VACCINATIONS ACC ESSIBLE TO INDIVIDUALS AT RISK SMRT TEAMS INCLUDING PHYSICIANS, NURSES AND SUPPORT PERSON NEL ADMINISTERED VACCINATIONS AND PROVIDED EDUCATION ON HEPATITIS A AT THREE COUNTY-SPONSO RED HOUSING SITES OVER MULTIPLE DATES AND TIMES EACH SITE HOUSED NUMEROUS OCCUPANTS, MANY OF WHOM HAD RISK FACTORS INCLUDING HOMELESSNESS OR SUBSTANCE ABUSE RECOVERY OCCUPANTS WE RE NOTIFIED IN ADVANCE THAT WE WOULD BE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM BASED IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 3,000 AFFILIATED PHYSICIANS AND 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE SERVICES, AND AN AMBULATORY CARE NETWORK OF PHYSICIAN OFFICES AND 29 OUTPATIENT CENTERS AND CLINICS SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBULATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS IN ADDITION, SCRIPPS PARTICIPATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGION TO IMPROVE OUR COMMUNITY'S HEALTH OUR PARTNERSHIPS DON'T STOP AT OUR LOCAL BORDERS OUR PARTICIPATION AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS INCLUDES WORK WITH GOVERNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMERGENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AS WELL AS INTERNATIONAL PARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING, AND DIRECT PATIENT CARE IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY, CARING FOR THOSE WHO NEED US TODAY AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE

990 Schedule H, Supplemental Information

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

Additional Data

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

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA WITH THE HEALTH AND SOCIAL PRIORITY ARE AS IDENTIFIED, SCRIPPS HAS DEVELOPED VARIOUS INITIATIVES, STRATEGIES AND METRICS TO MEASUR E AND EVALUATE THE EFFECTIVNESS OF THE NEEDS IDENTIFIED IN THE CHNA SCHEDULE H, PART V, L INE 5 REPORTING GROUP A HEALTH EXPERTS, COMMUNITY LEADERS AND RESIDENTS FEEDBACK COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTED IN THE 2016 CHNA WITH A BROAD RANGE OF PEOPLE INCLUD ING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MOR E COMPLETE UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY IN DIVIDUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL, TRIBAL, OR OTHER REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WE LL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINOR ITY POPULATIONS COMMUNITY INPUT WAS GATHERED THROUGH THE FOLLOWING ACTIVITIES - COMMUNIT Y PARTNER DISCUSSIONS - KEY INFORMANT INTERVIEWS - HEALTH ACCESS AND NAVIGATIONS SURVEY - SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY SURVEY - BEHAVIORAL HEALTH DISCUSSIONS T HE OVERALL PURPOSE OF COLLECTING COMMUNITY INPUT WAS TO GATHER INFORMATION ABOUT THE HEALT H NEEDS AND SOCIAL DETERMINANTS SPECIFIC TO SAN DIEGO COUNTY SPECIFIC OBJECTIVES INCLUDED - GATHER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIGNIFICANT HEALTH NE EDS IMPACTING SAN DIEGO COUNTY - CONNECT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCI AL DETERMINANTS OF HEALTH - AID IN THE PROCESS OF PRIORITIZING HEALTH NEEDS WITHIN SAN DI EGO COUNTY - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WITHIN SAN DIEGO COUNTY THAT COULD POTENTIALLY IMPACT THE HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH COMMUNI TY PARTNER DISCUSSIONS COMMUNITY PARTNER DISCUSSIONS WERE CONDUCTED IN ALL REGIONS OF THE COUNTY BETWEEN JULY AND OCTOBER OF 2015, WITH 87 TOTAL PARTICIPANTS NON-TRADITIONAL STAKE HOLDERS WERE RECRUITED THROUGH EXISTING COMMUNITY PARTNERSHIPS IN ORDER TO SOLICIT INPUT F ROM THOSE WHO WORK DIRECTLY WITH MORE VULNERABLE POPULATIONS A NON-TRADITIONAL STAKEHOLDE R IS DEFINED AS AN INDIVIDUAL OR GROUP WHO HAS NOT BEEN CONSISTENTLY INVOLVED IN THE COMMU NITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS THROUGHOUT PREVIOUS CYCLES OF THE CHNA THESE STAKEHOLDERS (COMMUNITY PARTNERS) WERE COMPRISED OF INDIVIDUALS FROM A VARIETY OF BACKGROU NDS INCLUDING CARE COORDINATORS, OUTREACH WORKERS, COMMUNITY EDUCATION SPECIALISTS, WELLN ESS COORDINATORS, SCHOOL NURSES, BEHAVIORAL HEALTH MANAGERS AND WORKERS, CALFRESH OUTREACH COORDINATORS, AND CALFRESH CAPACITY COORDINATORS (CAPACITY COORDINATORS HELP TO BUILD CAP ACITY AND COMMUNITY SUPPORT, IMPLEMENT NEW PROJECTS AND PROVIDE TECHNICAL SUPPORT TO BETTE R ADDRESS POVERTY AND HUNGER) BEHAVIORAL HEALTH DISCUSSIONS THREE BEHAVIORAL HEALTH DISCU SSIONS TOOK PLACE BETWEEN DECE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	MBER 2015 AND JANUARY 2016 THE COMBINED TOTAL NUMBER OF ATTENDEES WAS ROUGHLY 58 PEOPLE B ETWEEN THE TWO MEETINGS DUE TO THE COMPLEXITY OF BEHAVIORAL HEALTH, ADDITIONAL DISCUSSION S WERE HELD SPECIFICALLY TO ENSURE THE QUANTITATIVE DATA THAT WAS GATHERED ACCURATELY REFL ECTED CURRENT TRENDS AND AREAS OF TRUE NEED THE PURPOSE OF THE BEHAVIORAL HEALTH DISCUSSI ONS WAS TO GATHER FEEDBACK FROM BEHAVIORAL HEALTH EXPERTS TO AID IN THE UNDERSTANDING OF T HE MOST SIGNIFICANT HEALTH NEEDS IMPACTING SAN DIEGO COUNTY AND AID IN THE PROCESS OF PRIO RITIZING HEALTH NEEDS WITHIN BEHAVIORAL HEALTH MEETINGS FOCUSED ON BEHAVIORAL HEALTH WERE TARGETED TO SOLICIT FEEDBACK FROM STAKEHOLDERS INCLUDING PATIENT ADVOCATES AS WELL AS REP RESENTATIVES FROM HOSPITALS, CLINICS, COUNTY HEALTH & HUMAN SERVICES AGENCY (HHSA), SMALLE R BEHAVIORAL OR MENTAL HEALTH FACILITIES, AND HEALTH PLANS THE BEHAVIORAL HEALTH DISCUSSI ON TEMPLATE WAS DEVELOPED BASED ON HOSPITAL DISCHARGE DATA ANALYSIS AND INCORPORATED A SYN THESIS OF THE COMMUNITY PARTNER DISCUSSION DATA A SUMMARY OF DATA AS IT RELATES TO BEHAVI ORAL HEALTH NEEDS WAS PROVIDED TO THE BEHAVIORAL HEALTH EXPERTS PRIOR TO GAINING THEIR FEE DBACK KEY INFORMANT INTERVIEWS IN RESPONSE TO FEEDBACK FROM THE 2013 CHNA, THE NUMBER OF KEY INFORMANT INTERVIEWS CONDUCTED AS PART OF THE 2016 CHNA WAS EXPANDED TO INCLUDE EXPERT S WORKING WITH A WIDER VARIETY OF PATIENT POPULATIONS PARTICIPANTS WERE SELECTED BASED ON THEIR EXPERTISE IN A SPECIFIC CONDITION, AGE GROUP, AND/OR POPULATION MORE SPECIFICALLY, INDIVIDUALS WHO PARTICIPATED IN THE 2016 CHNA HAD KNOWLEDGE IN AT LEAST ONE OF THE FOLLOW ING AREAS CHILDHOOD ISSUES, SENIOR HEALTH, NATIVE AMERICANS, LATINOS, ASIAN AMERICANS, RE FUGEE AND FAMILIES, HOMELESS, LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) POPULA TION, VETERANS, ALCOHOL AND DRUG ADDICTION, CARDIOVASCULAR HEALTH, BEHAVIORAL HEALTH, DIAB ETES, OBESITY, AND FOOD INSECURITY IN ADDITION, THERE WAS REPRESENTATION ACROSS MULTIPLE AGENCIES AND ORGANIZATIONS INCLUDING THE SAN DIEGO COUNTY HHSA, LOCAL SCHOOLS, YOUTH PROGR AMS, COMMUNITY CLINICS, AND COMMUNITY-BASED ORGANIZATIONS THE DEVELOPMENT OF THE KEY INFO RMANT INTERVIEW TOOL BEGAN WITH THE RESULTS FROM THE HOSPITAL ASSOCIATION OF SAN DIEGO & I MPERIAL COUNTIES (HASD&IC) 2013 CHNA THE INTERVIEW QUESTIONS WERE DESIGNED TO PROVIDE IN- DEPTH DETAIL ON THE TOP FOUR HEALTH NEEDS NINETEEN KEY INFORMANT INTERVIEWS TOOK PLACE EI THER IN-PERSON OR VIA PHONE INTERVIEW BETWEEN JULY 2015 AND FEBRUARY 2016 EACH INTERVIEW LASTED NO LONGER THAN ONE HOUR SIX QUESTIONS WERE ASKED DURING THE INTERVIEWS, WITH A PAR TICULAR FOCUS ON THE TOP FOUR HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2013 CHNA ALTHOUGH THERE WERE SPECIFIC QUESTIONS ASKED, THE FORMAT OF THE INTERVIEWS ALLOWED FOR AMPLE OPPOR TUNITY FOR OPEN DISCUSSION ON HEALTH NEEDS THAT THE KEY INFORMANTS FELT WERE MOST IMPORTAN T IN SAN DIEGO COUNTY, INCLUDING THOSE NOT DIRECTLY RELATED TO THE TOP FOUR HEALTH NEEDS SOME IMPORTANT STRATEGIES THAT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	KEY INFORMANTS SUGGESTED INCLUDED BEHAVIORAL HEALTH PREVENTION AND STIGMA REDUCTION, EDUC ATION ON DISEASE MANAGEMENT AND FOOD INSECURITY, IMPROVING CULTURAL COMPETENCY AND DIVERSI TY, AND INTEGRATING PHYSICAL AND MENTAL HEALTH, COORDINATING SERVICES ACROSS THE CONTINUUM , AND ENGAGING CASE MANAGERS AND PATIENT NAVIGATORS IN THE COMMUNITY AND INCORPORATING THE M AS A ROUTINE PART OF THE CONTINUUM OF CARE SURVEYS TWO DIFFERENT SURVEYS WERE DEVELOPED AND DISSEMINATED THROUGH DIFFERENT AVENUES AS PART OF THE 2016 CHNA PROCESS - THE HEALTH ACCESS AND NAVIGATION SURVEY AND THE COLLABORATIVE SAN DIEGO COUNTY HEALTH AND HUMAN SERVI CES AGENCY SURVEY HEALTH ACCESS AND NAVIGATION SURVEY THE HEALTH ACCESS AND NAVIGATION SU RVEY WAS DEVELOPED IN PARTNERSHIP WITH THE SAN DIEGO COUNTY RESIDENT LEADERSHIP ACADEMY (R LA) AFTER COMPARING RESULTS OF THE RLA'S 2014 COMMUNITY NEEDS ASSESSMENT AND WITH THE FIN DINGS FROM THE HASD&IC 2013 CHNA, ACCESS AND NAVIGATION OF HEALTH CARE EMERGED AS A COMMON BARRIER IDENTIFIED BY THE SAN DIEGO COMMUNITY THE CHNA COMMITTEE COLLABORATED WITH THE R LA TO DESIGN A SURVEY TOOL THAT COULD IDENTIFY SPECIFIC BARRIERS RESIDENTS FACE WHEN THEY TRY TO ACCESS HEALTH CARE SERVICES RLA LEADERS AGREED TO DISSEMINATE THE HEALTH ACCESS AN D NAVIGATION SURVEY TO RESIDENTS IN THEIR NEIGHBORHOODS THE ROADMAP SURVEY WAS DESIGNED T O IDENTIFY PARTICULAR AREAS IN WHICH RESIDENTS STRUGGLE WHEN THEY ARE USING THE HEALTH SYS TEM THE SURVEYS WERE FIELDED ON SEPTEMBER 22, 2015 AND CLOSED NOVEMBER 2, 2015 SURVEY RE SPONSES WERE COLLECTED BOTH ELECTRONICALLY AND VIA PAPER AND PENCIL FORMAT FROM COMMUNITY RESIDENTS PAPER AND ELECTRONIC COPIES OF THE SURVEY WERE MADE AVAILABLE TO THE RLA LEADER S IN SPANISH, ENGLISH, AND ARABIC AN ONLINE SURVEY LINK WAS ALSO EMAILED OUT IN BOTH SPAN ISH AND ENGLISH A TOTAL OF 235 SURVEYS WERE COMPLETED WITH THE MAJORITY BEING COMPLETED O N PAPER (181) AND 54 COMPLETED VIA THE ONLINE SURVEY ONE HUNDRED AND ELEVEN PAPER SURVEYS AND ZERO ONLINE SURVEYS WERE COMPLETED IN SPANISH SEVENTY PAPER AND 54 ONLINE SURVEYS WE RE COMPLETED IN ENGLISH NO ARABIC SURVEYS WERE COLLECTED OR COMPLETED SURVEY PARTICIPANT S WERE ASKED TO CHOOSE THE TOP FIVE BARRIERS THE PARTICIPANTS OR THE POPULATION THEY WORK WITH EXPERIENCE, AND TO RANK THE FIVE BARRIERS FROM ONE TO FIVE, WITH ONE BEING THE MOST T ROUBLESOME MOST STRIKING WAS THAT THE TOP FOUR BARRIERS CITED AS MOST TROUBLESOME WERE AL L PRECURSORS TO SEEING A HEALTH CARE PROVIDER, INDICATING THAT COMMUNITY MEMBERS ARE OFTEN STRUGGLING TO MAKE IT PAST THE FIRST STEPS OF ACCESSING HEALTHCARE BASED ON THE SURVEY R ESPONSES, THE TOP FIVE BARRIERS TO ACCESSING HEALTH CARE WERE - UNDERSTANDING HEALTH INSU RANCE - GETTING HEALTH INSURANCE - USING HEALTH INSURANCE - KNOWING WHERE TO GO FOR CARE - FOLLOW UP CARE AND/OR APPOINTMENT AS THE NUMBER OF INDIVIDUALS WHO HAVE HEALTH INSURANCE IN THE NATION AND WITHIN SAN DIEGO COUNTY HAS INCREASED, SO HAS THE IMPORTANCE OF HELPING PEOPLE UNDERSTAND HOW TO OBTAI

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 10A	REPORTING GROUP A THE IMPLEMENTATION STRATEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ASSESSING-COMMUNITY-NEEDS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

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

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

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

	Name and address	Type of Facility (describe)
1	Scripps Clinic - Torrey Pines 10666 N Torrey Pines Road La Jolla, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	Scripps Clinic - Rancho Bernardo 15004 Innovation Drive San Diego, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	Scripps Clinic - Carmel Valley 3811 Valley Center Drive San Diego, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	Scripps Medical Lab 9235 Waples Street 150 San Diego, CA 92121	LABORATORY SERVICES
4	Scripps Clinic Anderson Medical Pavilion 9898 Genesee Avenue La Jolla, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	Imaging Healthcare Specialists LLC 150 West Washington Street San Diego, CA 92103	MEDICAL IMAGING SERVICES
6	Scripps Clinic - Encinitas 310 Santa Fe Drive Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	Scripps Home Health Services 9619 Cheaspeake Drive 300 San Diego, CA 92123	Home Health Services
8	SCMC - Cedar 130 Cedar Road Vista, CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
9	SCMC - Encinitas 477 N El Camino Real A208 B305 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	Scripps Clinic - Mission Valley 7565 Mission Valley Road San Diego, CA 92108	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	SCMC - Carlsbad 2176 Salk Avenue Carlsbad, CA 92008	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	SCMC - Hillcrest 501 Washington Steet 525 600 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	Scripps Clinic - Rancho San Diego 10862 Calle Verde La Mesa, CA 91941	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	Scripps Clinic-La Jolla Memorial Campus 9850 Genesee Avenue Ximed Bldg 60 San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

	Name and address	Type of Facility (describe)
16	Mercy ASC 550 Washington Street 1st Floor San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	Scripps Hospital Medical Services 10140 Campus Point Drive San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCMC - Oceanside 4318 Mission Avenue Oceanside, CA 92057	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	Encinitas Surgery Center LLC 320 Santa Fe Drive LL1-2 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	SCMC - Encinitas OBGYN 332 Santa Fe Drive 115 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	La Jolla Radiology - La Jolla 9888 Genesee Avenue La Jolla, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	Scripps Cl Radiation Therapy Ctr - VISTA 916 Sycamore Avenue Suite 100 Vista, CA 92082	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	Scripps Clinic - Del Mar 12395 El Camino Real 317 112 12 Del Mar, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	Scripps Pharmacy - Green 10666 North Torrey Pines Road La Jolla, CA 92037	MEDICAL PHARMACY
9	La Jolla Radiology - Encinitas 354 Santa Fe Drive Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	Scripps Cardio & Thor Surg CTR -LA JOLLA 9850 Genesee Avenue 560 La Jolla, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	SCMC - Eastlake 971 Lane Avenue Chula Vista, CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	Scripps Clinic - San Diego OBGYN 2918 Fifth Avenue Suite 100 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	La Jolla Radiology - MercyCV 4077 Fifth Avenue San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCMC - Solana Beach 380 Stevens Avenue 100 Solana Beach, CA 92075	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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

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

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

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

	Name and address	Type of Facility (describe)
31	Scripps Clinic - Santee 278 Town Center Pkwy 105 Santee, CA 92071	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCMC - Escondido 488 E Valley Pkwy 411 Escondido, CA 92025	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	Scripps Clinic - La Jolla OBGYN 9850 Genesee Avenue 170 San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	SCRIPPS CL RADIATION THRPY CTR ENCINITAS 477 N El Camino Real Suite D100 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	Scripps Clinic - Hillcrest Surgery 4060 Fourth Avenue 330 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	Scripps Pharmacy - Encinitas 354 Santa Fe Drive Encinitas, CA 92024	MEDICAL PHARMACY
6	Scripps Clinic Mercy Campus 4020 Fifth Avenue 401 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	Scripps Cardio & Thor Surg Ctr HILLCREST 501 Washington Steet 525 600 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	Scripps Clinic - Coronado 1317 A Ynes Place Coronado, CA 92118	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
9	Scripps Clinic - Eastlake Specialty 971 Lane Avenue Chula Vista, CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	Scripps Clinic - UTC 9333 Genesee Avenue Suite 170 San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	Scripps Clinic - Cedar Specialty 130 Cedar Road Vista, CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	SCRIPPS CLINIC - MD ANDERSON CANCER CTR 10670 John Jay Hopkins Drive La Jolla, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	Scripps Clinic - Mental Health 15004 Innovation Drive San Diego, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCRIPPSUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS GRANTEE SHALL SUBMIT TO SCRIPPS HEALTH, ATTENTION MANAGER OF COMMUNITY BENEFIT SERVICES AT 10140 CAMPUS POINT COURT, CPA 308, SAN DIEGO, CA 92121, THE FOLLOWING A A SEMI-ANNUAL SUMMARY PROGRESS REPORT AND A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT IS REQUIRED REPORTS SHALL INCLUDE, BUT NOT BE LIMITED TO, PROGRESS MADE TOWARD MEETING OBJECTIVES OUTLINED IN THE GRANT APPLICATION B WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION DATE OF THE GRANT A FINAL PROGRESS REPORT SHALL BE SUBMITTED TO SCRIPPS HEALTH IN ADDITION TO THE PROGRESS MADE TOWARD MEETING THE OBJECTIVES OUTLINED IN THE GRANT APPLICATION, THE FINAL REPORT SHOULD INCLUDE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROGRAM AGAINST ITS STATED GOALS AND OBJECTIVES A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT AGAINST THE BUDGET MUST BE INCLUDED AS PART OF THIS FINAL REPORT C THE GRANTEE SHALL PROVIDE SCRIPPS HEALTH WITH ANY ADDITIONAL INFORMATION OR PROGRESS UPDATES, RELATIVE TO GRANT PROJECT, AS REASONABLY REQUESTED D SCRIPPS HEALTH RESERVES THE RIGHT TO AUDIT EXPENDITURES AND SUPPORTING DOCUMENTATION

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
211 SAN DIEGO - HEALTHCARE NAVIGATION 3860 CALLE PORTUNADA SAN DIEGO, CA 92123	33-1029843	501(C)(3)	12,000				PROGRAM SUPPORT
ACS MAKING STRIDES AGAINST BREAST CANCER 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108	13-1788491	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - SPONSORSHIP 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(C)(3)	10,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION IN-KIND DONATION 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(C)(3)		7,400	FMV	Supplies	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(C)(3)	2,295,000				CA HOSPITAL FEE PROGRAM
CATHOLIC CHARITIES 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501(C)(3)	70,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMER CENTER OF LEGAL AID SOCIETY 1764 SAN DIEGO AVE 200 SAN DIEGO, CA 92110	95-1869806	501(C)(3)	120,000				PROGRAM SUPPORT
ENLISTED LEADERSHIP FOUNDATION-THE FOUNDRY 2307 FENTON PARKWAY SAN DIEGO, CA 92108	46-5029314	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ERIC PAREDES SAVE A LIFE FOUNDATION 2514 JAMACHA RD STE 502 EL CAJON, CA 92019	80-0636157	501(C)(3)	8,500				PROGRAM SUPPORT
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	300,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITY HEIGHTS WELLNESS CTR - LA MAESTRA 4305 UNIVERSITY AVE 150 SAN DIEGO, CA 92105	33-0473171	501(C)(3)	40,000	0			PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE COST APPROXIMATELY $1,466 DURING FY18 CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S
SCHEDULE J, PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE, AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR THE PARTICIPANTS EFFECTIVE DECEMBER 31, 2017, SCRIPPS HEALTH TERMINATED THIS 409(A) PLAN AND DISTRIBUTED TO EACH PARTICIPANT AN AMOUNT EQUAL TO THE INCOME TAX WITHHOLDING AND FICA TAXES DUE ON THE VESTED BENEFITS THE REMAINING AMOUNTS WERE DISTRIBUTED APPROXIMATELY 1 YEAR LATER THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SERP PLAN IN CALENDAR YEAR 2017 CHRISTOPHER VAN GORDER - $3,350,352 RICHARD R SHERIDAN - $820,944 JUNE KOMAR - $2,228,895 ROBIN BROWN - $1,327,005 EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2017 CHRISTOPHER VAN GORDER - $237,738 RICHARD ROTHBERGER - $516,750 RICHARD R SHERIDAN - $25,809 VICTOR V BUZACHERO - $226,456 THOMAS GAMMIERE - $91,573 GARY FYBEL - $256,194 BARBARA PRICE - $83,220 CARL ETTER - $68,396 ROBIN BROWN - $108,219 MARC A REYNOLDS - $141,216 JOHN ENGLE - $41,486 SHIRAZ FAGAN - $95,500 BRUCE RAINEY - $41,097 MARY ELLEN DOYLE - $90,143 ROBERT T HOFF - $70,838 RICHARD NEALE - $44,441 DAVID COHN - $34,891 BRADLEY ELLIS - $26,555

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	(I)	1,318,797	906,126	6,471,415	1,121,931	22,687	9,840,956	6,413,502
	(II)	0	0	0	0	0	0	0
1RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	(I)	782,070	420,922	652,892	72,716	29,571	1,958,171	516,750
	(II)	0	0	0	0	0	0	0
2RICHARD R SHERIDAN SEC/CORP SR VP-HR/GEN COUNSL	(I)	575,877	232,331	1,591,277	447,194	30,651	2,877,330	1,555,329
	(II)	0	0	0	0	0	0	0
3ROBIN BROWN CHIEF EXECUTIVE, SR VP	(I)	525,613	217,438	2,652,206	269,226	19,714	3,684,197	2,554,311
	(II)	0	0	0	0	0	0	0
4MARY ELLEN DOYLE CORP VP, NURSING OPS	(I)	358,647	118,696	106,372	19,348	23,926	626,989	90,143
	(II)	0	0	0	0	0	0	0
5JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	(I)	418,740	168,564	85,006	97,827	27,977	798,114	41,486
	(II)	0	0	0	0	0	0	0
6CARL ETTER CHIEF EXECUTIVE, SR VP	(I)	506,681	206,003	111,175	114,313	20,520	958,692	68,396
	(II)	0	0	0	0	0	0	0
7SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	(I)	622,280	237,978	107,839	147,950	32,253	1,148,300	95,500
	(II)	0	0	0	0	0	0	0
8GARY FYBEL CHIEF EXECUTIVE, SR VP	(I)	586,689	242,337	350,169	50,121	19,880	1,249,196	256,194
	(II)	0	0	0	0	0	0	0
9THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	(I)	587,497	248,224	114,813	157,607	31,018	1,139,159	91,573
	(II)	0	0	0	0	0	0	0
10JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	(I)	640,832	283,840	34,883	150,204	33,786	1,143,545	0
	(II)	0	0	0	0	0	0	0
11JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	(I)	585,810	322,816	4,458,185	334,305	11,912	5,713,028	4,421,052
	(II)	0	0	0	0	0	0	0
12RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	(I)	448,683	183,467	76,110	72,586	47,165	828,011	44,441
	(II)	0	0	0	0	0	0	0
13BARBARA PRICE CORP SRVP, BUS & SERV LINE DEV	(I)	509,467	211,424	93,978	132,625	32,157	979,651	83,220
	(II)	0	0	0	0	0	0	0
14MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	(I)	397,880	167,452	157,916	39,862	22,735	785,845	141,216
	(II)	0	0	0	0	0	0	0
15JAMES CROWDER CORP SR VP, CIO	(I)	462,870	104,561	15,220	99,810	27,909	710,370	0
	(II)	0	0	0	0	0	0	0
16DAVID COHN CORP VP, REVENUE CYCLE	(I)	351,480	116,873	46,921	61,438	41,267	617,979	34,891
	(II)	0	0	0	0	0	0	0
17BRADLEY ELLIS CORP VP, ASST GENERAL COUNSEL	(I)	323,448	106,568	50,504	60,710	33,037	574,267	26,555
	(II)	0	0	0	0	0	0	0
18ROBERT T HOFF CORP VP, HORIZONTAL OPS	(I)	347,755	114,724	98,281	61,337	33,331	655,428	70,838
	(II)	0	0	0	0	0	0	0
19JOHN POOLE CORP VP, SYSTEM IMPROVEMENT	(I)	411,501	85,441	11,480	84,304	18,803	611,529	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21BRUCE RAINEY CORP VP, CONSTRUCTION/FACS	(I)	361,438	107,228	78,073	68,295	19,279	634,313	41,097
	(II)	0	0	0	0	0	0	0
1VICTOR V BUZACHERO FORMER KEY EMPLOYEE	(I)	170,970	335,615	437,482	16,200	8,346	968,613	226,456
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	29,615,000	0	37,325,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	99,830,304	160,000,000	40,975,000
4	Gross proceeds in reserve funds	0	9,902,000	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	280,659
8	Credit enhancement from proceeds	0	0	0	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	49,848,390	0	0	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2008	2017	2008

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,290,000	0	0	24,940,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	119,581,432	100,002,530	288,160,329	150,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	119,581,432	100,002,530	288,160,329	150,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	2013	2016

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Chris Van Gorder	OFFICER	Def Comp		X	10,023,866	11,610,229		No	Yes		Yes	
(2) June Komar	EXECUTIVE	Def Comp		X	2,769,010	3,207,229		No	Yes		Yes	
(3) Richard Sheridan	OFFICER	Def Comp		X	4,063,606	4,706,706		No	Yes		Yes	
(4) Robin Brown	EXECUTIVE	Def Comp		X	2,668,899	3,091,276		No	Yes		Yes	
Total					▶ $	22,615,440						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATHEW BALOGH	SEE PART V	53,381	SEE PART V		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	163,612	COMPENSATINON		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	134,587	COMPENSATINON		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	298,617,085	PHYSICIAN SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	50,523,622	PHYSICIAN SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	25,692,079	PHYSICIAN SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	67,297,687	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	29,369,133	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,574,505	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	8,487,343	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,032,819	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,209,999	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,682,439	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	622,859	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	605,146	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	331,333	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	258,612	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	249,100	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	122,400	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,942,681	INSURANCE SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,954,420	OFFICE SUPPLIES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,011,045	PARKING SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(23) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	931,993	LEGAL SERVICES		No
(1) LINDSEY VAN GORDER	SEE PART V	74,239	SEE PART V		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(25) KATIE WOODHEAD	SEE PART V	76,806	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes	X	1	65,000	OPINION of Experts
8	Intellectual property				
9	Securities—Publicly traded	X	29	4,066,211	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	750,000	Opinion of Experts
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

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

Part II **Supplemental Information.**

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number

95-1684089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	MISSION STATEMENT FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORN IA SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 A FFILIATED PHYSICIANS AND 13,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOM E HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIE NT CENTERS THROUGHOUT THE SAN DIEGO REGION RECOGNIZED AS A LEADER IN THE PREVENTION, DIAG NOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GEN OMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES MORE INFORMATION CAN BE FOUND AT WWW SCRIPPS ORG TODAY, TH E HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPP S WAS NAMED BY TRUVEN IN 2013 AS ONE OF THE TOP 15 LARGE HEALTH SYSTEMS IN THE NATION FOR PROVIDING HIGH-QUALITY, SAFE AND EFFICIENT PATIENT CARE ON THE FOREFRONT OF GENOMIC MEDIC INE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY H EALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION S CRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZ INE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008 SCRIPPS HE ALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICE S IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF IN DIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE , COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEA RCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE TH AT IMPROVES THE HEALTH OF OUR COMMUNITY FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOM PLISHMENTS FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SCRIPPS DEVOTED $395,36 1,567 TO COMMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMU NITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE C OMMUNITY-BASED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREA TEST RISK FOR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS A ND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT -FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASSIST ANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSE LVES VULNERABLE AND WITHOUT SU

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	D TO CONDUCT THE ASSESSMENT - A DESCRIPTION OF HOW THE HOSPITAL ORGANIZATION TOOK INTO AC COUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY - A PRIORITIZED DESCRIPTION OF ALL OF THE COMMUNITY HEALTH NEEDS IDENT IFIED THROUGH THE CHNA, AS WELL AS A DESCRIPTION OF THE PROCESS AND CRITERIA USED IN PRIOR ITIZING SUCH HEALTH NEEDS - A DESCRIPTION OF THE EXISTING HEALTH CARE FACILITIES AND OTHE R RESOURCES WITHIN THE COMMUNITY AVAILABLE TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED T HROUGH THE CHNA EXECUTIVE SUMMARY THE FULL CHNA REPORT CONTAINS IN-DEPTH INFORMATION AND EXPLANATIONS OF THE DATA THAT PARTICIPATING HOSPITALS AND HEALTHCARE SYSTEMS WILL USE TO E VALUATE THE HEALTH NEEDS OF THEIR PATIENTS AND DETERMINE, ADAPT, OR CREATE PROGRAMS AT THE IR FACILITIES GROUNDED IN A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND HEALTH CARE SYSTEMS, INCLUDING SCRIPPS HEALTH CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&I C) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRI ORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS PARTICIPATI NG HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND MEET IRS REGULATO RY REQUIREMENTS PER LEGISLATION HOSPITALS CONDUCT A HEALTH NEEDS ASSESSMENT IN THE COMMUN ITY ONCE EVERY THREE YEARS BASED ON THE FINDINGS FROM THE 2013 COMMUNITY HEALTH NEEDS ASS ESSMENT (CHNA) AND RECOMMENDATIONS FROM THE COMMUNITY, THE 2016 CHNA WAS DESIGNED TO PROVI DE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY PARTICIPA TING HOSPITALS WILL USE THIS INFORMATION TO INFORM AND GUIDE HOSPITAL PROGRAMS AND STRATEG IES THIS REPORT INCLUDES AN ANALYSIS OF HEALTH OUTCOMES AND ASSOCIATED SOCIAL DETERMINANT S OF HEALTH WHICH CREATE HEALTH INEQUITIESTHE UNFAIR AND AVOIDABLE DIFFERENCES IN HEALTH S TATUS SEEN WITHIN AND BETWEEN COUNTRIES AND COMMUNITIES - WITH THE UNDERSTANDING THAT THE BURDEN OF ILLNESS, PREMATURE DEATH, AND DISABILITY DISPROPORTIONALLY AFFECTS RACIAL AND MI NORITY POPULATION GROUPS AND OTHER UNDERSERVED POPULATIONS UNDERSTANDING REGIONAL AND POP ULATION-SPECIFIC DIFFERENCES IS AN IMPORTANT STEP TO UNDERSTANDING AND ULTIMATELY STRATEGI ZING WAYS TO MAKE COLLECTIVE IMPACT THESE NEW INSIGHTS WILL ALLOW PARTICIPATING HOSPITALS TO IDENTIFY EFFECTIVE STRATEGIES TO ADDRESS THE MOST PREVALENT AND CHALLENGING HEALTH NEE DS IN THE COMMUNITY

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AS A RESULT OF THIS REVIEW, THE CHNA COMMITTEE IDENTIFIED BEHAVIORAL HEALTH AS THE NUMBER ONE HEALTH NEED IN SDC IN ADDITION, CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY WERE ID ENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTH ER BROKEN DOWN INTO PRIORITY AREAS DUE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA SOURCE S AND IN RECOGNITION OF THE COMPLEXITIES WITH EACH HEALTH NEED WITHIN THE CATEGORY OF BEH AVIORAL HEALTH, ALZHEIMER'S DISEASE, ANXIETY, DRUG AND ALCOHOL ISSUES, AND MOOD DISORDERS ARE SIGNIFICANT HEALTH NEEDS WITH SAN DIEGO COUNTY AMONG THE OTHER CHRONIC HEALTH NEEDS, HYPERTENSION WAS CONSISTENTLY FOUND TO BE A SIGNIFICANT PRIORITY AREA RELATED TO CARDIOVAS CULAR DISEASE, UNCONTROLLED DIABETES WAS AN IMPORTANT FACTOR LEADING TO COMPLICATION RELAT ED TO DIABETES, AND OBESITY WAS OFTEN FOUND TO CO-OCCUR WITH OTHER CONDITIONS AND CONTRIBU TE TO WORSENING HEALTH STATUS THE IMPACT OF THE TOP HEALTH NEEDS DIFFERED AMONG AGE GROUP S, WITH TYPE 2 DIABETES, OBESITY, AND ANXIETY AFFECTING ALL AGE GROUPS, DRUG AND ALCOHOL I SSUES AFFECTING TEENS AND ADULTS, AND ALZHEIMER'S DISEASE, CARDIOVASCULAR DISEASE, AND HYP ERTENSION AFFECTING OLDER ADULTS SOCIAL DETERMINANTS OF HEALTH IN ADDITION TO THE HEALTH OUTCOME NEEDS THAT WERE IDENTIFIED, SOCIAL DETERMINANTS OF HEALTH WERE A KEY THEME IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES ANALYSIS OF RESULTS FROM THE COMMUNITY PARTNER DIS CUSSIONS AND KEY INFORMANT INTERVIEWS REVEALED THE MOST COMMONLY ASSOCIATED SOCIAL DETERMI NANTS OF HEALTH FOR EACH OF THE TOP HEALTH NEEDS ABOVE TEN SOCIAL DETERMINANTS WERE CONSI STENTLY REFERENCED ACROSS THE DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES THE IMPORTANCE OF THESE SOCIAL DETERMINANTS WAS ALSO CONFIRMED BY QUANTITATIVE DATA HOSPITAL PROGRAMS AND COMMUNITY COLLABORATIONS HAVE THE POTENTIAL TO IMPACT THESE SOCIAL DETERMINANTS, WHICH ARE OUTLINED BELOW IN ORDER OF PRIORITY - FOOD INSECURITY AND ACCESS TO HEALTHY FOOD - ACCES S TO CARE OR SERVICES - HOMELESSNESS/HOUSING ISSUES - PHYSICAL ACTIVITY - EDUCATION/KNOWLE DGE - CULTURAL COMPETENCY - TRANSPORTATION - INSURANCE ISSUES - STIGMA - POVERTY 2016 CHNA FOLLOW UP SURVEY, PHASE 2 THE CHNA COMMITTEE COMPLETED PHASE 2 OF THE 2016 CHNA, WHICH IN CLUDED GATHERING COMMUNITY FEEDBACK ON THE 2016 CHNA PROCESS AND STRENGTHENING PARTNERSHIP S AROUND THE IDENTIFIED HEALTH NEEDS AND SOCIAL DETERMINANTS A SURVEY WAS CONDUCTED IN TH E FALL OF 2016 AS A FOLLOW-UP TO THE COLLABORATIVE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS THAT WAS COMPLETED IN MAY OF 2016 THE PURPOSE WAS TO GATHER FEEDBACK ON TH E IDENTIFIED TOP FOUR HEALTH NEEDS AND THE TOP 10 SOCIAL DETERMINANTS OF HEALTH THAT WERE IDENTIFIED IN THE 2016 CHNA IN ADDITION, ORGANIZATIONS WERE ASKED ABOUT THEIR SCREENING M ETHODS FOR BEHAVIORAL HEALTH ISSUES AND METHODS FOR IDENTIFYING SOCIAL DETERMINANTS OF HEA LTH AN ELECTRONIC SURVEY WAS CREATED AND A SURVEY LINK WAS EMAILED TO COMMUNITY PARTNERS DUE TO THE FACT THAT COMMUNIT

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FORM 990, PART III, LINE 4A (CONTINUED)	Y PARTNERS WERE ABLE TO FORWARD THE EMAIL TO THEIR COLLEAGUES THE TOTAL RESPONSE RATE WAS UNABLE TO BE CALCULATED THE SURVEY WAS OPEN FROM OCTOBER 10TH THROUGH NOVEMBER 7TH, APPRO XIMATELY FOUR WEEKS A TOTAL OF 132 RESPONDENTS COMPLETED THE SURVEY OF THE 132 RESPONDEN TS THAT COMPLETED THE SURVEY, 30 WORKED IN HOSPITALS OR HOSPITAL-BASED SETTINGS, WHILE THE REMAINING 102 RESPONDENTS SELF-IDENTIFIED AS WORKING FOR A RANGE OF ENTITIES INCLUDING BU T NOT LIMITED TO COMMUNITY CLINICS, NOT-FOR-PROFITS, COMMUNITY BASED ORGANIZATIONS, LOCAL GOVERNMENT, AND HEALTH INSURANCE PLANS IN ADDITION TO SOLICITING FEEDBACK ON THE FINDINGS , THE SURVEY ALSO INCLUDED QUESTIONS SEEKING TO DETERMINE WHETHER THE INTEGRATION OF BEHAV IORAL HEALTH AND PHYSICAL HEALTH IS BEING INTEGRATED LOCALLY, AS WELL AS WHETHER ORGANIZAT IONS ARE SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH NINETY-NINE RESPONDEN TS STATED THAT THEIR ORGANIZATION SCREENS PATIENTS AND CLIENTS ABOUT THEIR SOCIAL DETERMIN ANTS OF HEALTH ACCESS TO CARE OF SERVICES TOPPED THE LIST, ALONG WITH HOMELESS/HOUSING IS SUES AND INSURANCE ISSUES NINETY-FOUR RESPONDENTS SHARED INFORMATION ABOUT HOW THEY SCREE N PATIENTS AND DOCUMENT THE INFORMATION FINDINGS CLEARLY INDICATE THAT THESE ORGANIZATION S ARE SCREENING PATIENTS FOR SOCIAL DETERMINANTS AND MAKING REFERRALS, BUT INDICATIONS ARE THAT FOLLOW-UP IS SOMEWHAT LIMITED THERE IS STRONG INTEREST ON THE PART OF RESPONDENTS I N LEARNING MORE ABOUT THE WAYS THAT OUR COMMUNITY PARTNERS ARE SCREENING CLIENTS AND PATIE NTS COLLABORATIVE 2016 CHNA FOLLOW-UP SURVEY RESULTS WHAT HAS CHANGED? SUMMER 2017 ANOTHE R COMMUNITY FEEDBACK SURVEY WAS CONDUCTED IN THE SUMMER OF 2017 AS A FOLLOW UP TO THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS COMMUNITY PARTNERS FEEDBACK WAS GATHERE D IN ORDER TO UNDERSTAND HOW THE HEALTH AND SOCIAL NEEDS OF COMMUNITIES FACING INEQUITY HA VE CHANGED OVER THE PAST YEAR FEEDBACK WAS COLLECTED IN SEVERAL KEY AREAS, INCLUDING 1 HOW HAS ACCESS TO CARE CHANGED OVER THE PAST 12 MONTHS 2 WAYS THAT HOSPITALS CAN WORK MO RE EFFECTIVELY WITH COMMUNITY ORGANIZATIONS TO ENSURE THAT PATIENTS ARE TREATED IN THE MOS T APPROPRIATE SETTING 3 HOW ARE PATIENTS/CLIENTS CONCERNS ABOUT THEIR IMMIGRATION STATUS IMPACTING THEIR ACCESS TO NEEDED HEALTH CARE 4 GIVEN THE FEDERAL POLICIES AND BUDGET CU TS THAT ARE UNDER CONSIDERATION, WHAT ARE THE GREATEST CHALLENGES IN THE COMMUNITYS ABILIT Y TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AN ELECTRONIC SURVEY WAS CREATED AND A SURVEY LINK WAS EMAILED TO COMMUNITY PARTNERS DUE TO THE FACT THAT COMMUNITY PARTNERS WERE ABLE TO FORWARD THE EMAIL TO THEIR COLLEAGUES THE TOTAL RESPONSE RATE WAS UNABLE TO BE CALCULAT ED THE SURVEY WAS OPEN FROM JULY 24TH THROUGH AUGUST 16TH, APPROXIMATELY THREE WEEKS A T OTAL OF 66 RESPONDENTS COMPLETED THE SURVEY NEXT STEPS THE RESULTS OF THE COMMUNITY SURVE Y WILL GUIDE INDIVIDUAL HOSPITAL PROGRAMS AND PLANS, AND WILL ALSO HELP REFINE THE CHNA PR OCESS FOR 2019 HOSPITAL AND H

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FORM 990, PART III, LINE 4A (CONTINUED)	EALTHCARE SYSTEMS THAT PARTICIPATED IN THE HASD-IC 2016 CHNA PROCESS HAVE VARYING REQUIREM ENTS FOR NEXT STEPS PRIVATE, NOT-FOR-PROFIT (TAX EXEMPT) HOSPITALS AND HEALTHCARE SYSTEMS ARE REQUIRED TO DEVELOP HOSPITAL OR HEALTHCARE SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT R EPORTS AND IMPLEMENTATION STRATEGY PLANS TO ADDRESS SELECTED IDENTIFIED HEALTH NEEDS THE PARTICIPATING PUBLIC HOSPITALS AND HEALTHCARE SYSTEMS DO NOT HAVE FEDERAL OR STATE CHNA RE QUIREMENTS, BUT WORK VERY CLOSELY WITH THEIR PATIENT COMMUNITIES TO ADDRESS HEALTH NEEDS B Y PROVIDING PROGRAMS, RESOURCES, AND OPPORTUNITIES FOR COLLABORATION WITH PARTNERS EVERY PARTICIPATING HOSPITAL AND HEALTHCARE SYSTEM WILL REVIEW THE CHNA DATA AND FINDINGS IN ACC ORDANCE WITH THEIR OWN PATIENT COMMUNITIES AND PRINCIPAL FUNCTIONS, AND EVALUATE OPPORTUNI TIES FOR NEXT STEPS TO ADDRESS THE TOP IDENTIFIED HEALTH NEEDS IN THEIR RESPECTIVE PATIENT COMMUNITIES THE CHNA REPORT IS MADE AVAILABLE AS A RESOURCE TO THE BROADER COMMUNITY AND MAY SERVE AS A USEFUL RESOURCE TO BOTH RESIDENTS AND HEALTHCARE PROVIDERS TO FURTHER COMM UNITYWIDE HEALTH IMPROVEMENT EFFORTS SCRIPPS HEALTH IMPLEMENTATION PLAN WITH THE 2016 CHN A COMPLETE AND HEALTH PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH HAS DEVELOPED A CORRESPOND ING IMPLEMENTATION STRATEGY A MULTIFACETED, MULTI-STAKEHOLDER, PLAN THAT ADDRESSES THE COM MUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE IMPLEMENTATION PLAN TRANSLATES THE RESEARC H AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIV ES THAT CAN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUTCOMES SCRIPPS HEALTH ANTICIPATE S THE IMPLEMENTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH COMMUNITY AND HEA LTH CARE INDUSTRY CHANGE THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMEN T OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON AN AN NUAL BASIS SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY AND ITS RESOURCES AND INTE RVENTIONS, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURE S AS WELL AS TO ADAPT TO CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIONS AS NEEDED IN RESPONSE TO IDE NTIFIED UNMET HEALTH NEEDS IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, DURING FY17-FY19 SCRIPPS HEALTH IS FOCUSING ON THE STRATEGIES AND INITIATIVES, THEIR MEASURES OF IMPLEMENT ATION AND THE METRICS USED TO EVALUATE THEIR EFFECTIVENESS

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS WILL MONITOR AND EVALUATE THE STRATEGIES LISTED IN THE IMPLEMENTATION PLAN FOR THE PURPOSE OF TRACKING THE IMPLEMENTATION OF THOSE STRATEGIES AS WELL AS DOCUMENT THE ANTICI PATED IMPACT PLANS TO MONITOR WILL BE TAILORED TO EACH STRATEGY AND WILL INCLUDE THE COLL ECTION AND DOCUMENTATION OF TRACKING MEASURE THE COMPLETE FY17-FY19 IMPLEMENTATION PLAN R EPORT IS AVAILABLE ONLINE AT https //www scripps org/about-us/scripps-in-the-community/ass essing-commun ity-needs IN SUPPORT OF THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ONG OING COMMUNITY BENEFIT INITIATIVES, A DETAILED DESCRIPTION OF SCRIPPS STRATEGIES AND CORRE SPONDING MEASURES/METRICS FOR THE FOUR HEALTH PRIORITY AREAS IDENTIFIED IN THE CHNA CAN BE FOUND AT SCRIPPS ORG/COMMUNITYBENEFIT METRICS ARE AS CURRENT AS FY18 DURING THIS FISCAL YEAR, SCRIPPS INVESTED $5,334,683 IN COMMUNITY HEALTH SERVICES (DOES NOT INCLUDE SUBSIDIZ ED HEALTH) THIS FIGURE REFLECTS THE COST ASSOCIATED WITH PROVIDING SUCH ACTIVITIES, INCLU DING SALARIES, MATERIALS AND SUPPLIES, MINUS REVENUE SCRIPPS HEALTH STRIVES TO IMPROVE CO MMUNITY HEALTH THROUGH COLLABORATION WITH A WIDE RANGE OF PARTNERS AND LIKE-MINDED ORGANIZ ATIONS WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESS ES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EFFORTS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS AND PARTNER WITH A WIDE VARIETY OF ORGANIZATIONS ON COMMUNITY HEAL TH IMPROVEMENT PROGRAMS IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED/ENG AGED IN THE FOLLOWING PROGRAMS IN FISCAL YEAR 2018 ACCESS TO CARE TWO PRIMARY BARRIERS TO OBTAINING HEALTH CARE, ON BOTH THE LOCAL AND NATIONAL LEVEL, ARE LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS REDUCED ACCESS TO BASIC HEALTH CARE S ERVICES INCREASES ILLNESS, INJURY AND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEA LTH PROVIDERS, WHO MUST PROVIDE UNCOMPENSATED CARE FOR THE UNINSURED MORE PEOPLE WITHOUT INSURANCE TRANSLATES INTO HIGHER USE OF EMERGENCY DEPARTMENTS, WHICH BY LAW MUST PROVIDE S TABILIZING CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY MERCY OUTREACH SURGIC AL TEAM FOR THREE DECADES, MERCY OUTREACH SURGICAL TEAM (M O S T) HAS BEEN CROSSING BORDER S AND CHANGING LIVES WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM PROVIDES RECONST RUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SPECIAL CIRCU MSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FY18, THE M O S T TEAM SERVED IN THREE OUTREACH MISSION TRIPS THE M O S T TEAM VOLUNTEERED 2,243 HOURS TO PROVIDE RECONSTR UCTIVE SURGERIES FOR MORE THAN 700 PEOPLE SERVED THE M O S T PROGRAM CELEBRATED ITS 31ST ANNIVERSARY THIS YEAR OCTOBER 2017 IN OCTOBER 2017, A TEAM OF 52 M O S T VOLUNTEERS INCL UDING TWO PLASTIC SURGEONS, ONE UROLOGIST, AND A GENERAL SURGEON TRAVELED OVER 1,500 MILES FROM SAN DIEGO TO LEON, MEXICO THE TEAM HELPED 164 PATIENTS ON THIS MISSION APRIL 2018 WITH SO MANY PATIENTS IN NEED,

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FORM 990, PART III, LINE 4A (CONTINUED)	M O S T RETURNED FOR THEIR SECOND MISSION TO QURETARO, MEXICO IN APRIL 2018 THE TEAMS O F 58 VOLUNTEERS INCLUDED FOUR PLASTIC SURGEONS, ONE GENERAL SURGEON, ONE UROLOGIST, AND ON E OPHTHALMOLOGIST THE TEAM PROVIDED 271 CHILDREN WITH SERVICES JUNE 2018 IN JUNE 2018, M O S T TRAVELED TO THE COASTAL CITY OF ENSENADA, MEXICO AT THE INVITATION OF THE LOCAL DES ARROLLO INTEGRAL DE LA FAMILIA (DIF), A PROGRAM THAT PROVIDES ASSISTANCE TO FAMILIES LIVIN G IN POVERTY THE WEEKEND MISSION WAS FOCUSED ON CORRECTIVE EYE SURGERY AND OPHTHALMOLOGY THE TEAM PERFORMED 58 LIFE CHANGING SURGERIES AND 20 EYE EXAMS DURING THE 48 HOUR TRIP S CRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS/SAN DIEGO RESCUE MISSION RECUPERATIVE C ARE UNIT (RCU) PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ON GOING MEDICAL NEEDS ALL PATIENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE A ND/OR MENTAL HEALTH ISSUES THE LACK OF FUNDING AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND /OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CA SE MANAGEMENT OVERSIGHT IS PROVIDED BY SCRIPPS WITH PHYSICIAN BACK UP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GOALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THE RESCUE MISSION PROVIDES A SAFE, SECURE ENVIRONM ENT WITH 24 HOUR SUPERVISION, MEDICATION OVERSIGHT, MEALS, CLOTHING, AND COUNSELING ASSIST ANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY APPLICATIONS, PLUS HELP FIND PE RMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENTS MEDICAL STABILITY, MEDIC ATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ES TABLISHED PATIENTS WITH PSYCHIATRIC DISORDER ARE CONNECTED WITH A PSYCHIATRIST IN THE COM MUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY IN FY18, 54 PA TIENTS ACCOUNTED FOR 65 RCU ADMISSIONS AS A GROUP, THE RCU PATIENTS HAS A CUMULATIVE 646 HOSPITAL DAYS OF STAY, AN AVERAGE OF 10 HOSPITAL DAYS OF STAY, BEFORE GOING TO THE RCU TH E RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH IV ANTIBIOTICS, WOUND VA CS, SKIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, PARAPLEGIA, DOG BITES, D KA, G BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIABETES, TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, COMPLEX TRAUMA, MVA, PEDESTRIAN VERSUS AUTO, PL EURAL EFFUSION, CVA, CANCER (LYMPHOMA, PANCREATIC CANCER, BRAIN MASS), HIV/AIDS, SEPSIS, R ESPIRATORY FAILURE, PNEUMONIA AND CHF PATIENTS WERE ASSAULT VICTIMS WITH GUNSHOT AND STAB WOUNDS, FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS MANY ARE DIABETIC AND PSYCH PROBLEM S ARE COMMON, OCCASIONALLY THE MAIN PROBLEM FOR RCU CLIENTS OVER 70% OF THIS GROUP WERE E ITHER POSITIVE FOR ALCOHOL, DRUGS OR HAD A DRUG HISTORY ADDRESSED BY THE PHYSICIAN IN THE H & P MORE SPECIFICALLY, 43 %

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FORM 990, PART III, LINE 4A (CONTINUED)	OF RCU CLIENTS WERE NOTED TO HAVE USED HEROIN OR METH GRADUATE MEDICAL EDUCATION STAFF S UPPORT, ST LEO'S CLINIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOS PITAL AND SCRIPPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 45+ RES IDENTS AND 38 FELLOWS WEEKLY COMMUNITY CLINICS WERE HELD AT THE ST LEOS CLINIC STAFFED BY SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CA RED FOR APPROXIMATELY 800 OF OUR COUNTYS MOST VULNERABLE RESIDENTS DURING FISCAL YEAR 2018 FIJI SOLOMON ISLANDS MEDICAL MISSION THE MEDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENE RAL MEDICAL SPECIALISTS AND RESIDENTS SETTING UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NEEDED MEDICAL CARE, MEDICAL SUPPLIES AND SURGICAL SCREENING FOR AN UNDE RSERVED POPULATION THAT HAVE NO ACCESS TO BASIC MEDICAL CARE THE INTERNATIONAL MEDICAL MI SSIONS PROVIDE AN EXCEPTIONAL CLINICAL EDUCATION EXPERIENCE TO OUR SENIOR INTERNAL MEDICIN E RESIDENTS AT SCRIPPS CLINIC AND SCRIPPS GREEN HOSPITAL AMERICAN RED CROSS BLOOD DRIVES SCRIPPS HEALTH PARTNERED WITH THE AMERICAN RED CROSS IN FY18 TO HOST SIX BLOOD DRIVES, 421 SCRIPPS EMPLOYEES DONATED BLOOD THROUGHOUT THE YEAR SCRIPPS HEALTH COLLECTED 365 PINTS O F BLOOD (FOR EVERY PINT DONATED 3 LIVES ARE SAVED), WHICH SAVED APPROXIMATELY 1,095 LIVES SCRIPPS HEALTH HEPATITIS A OUTBREAK RESPONSE SCRIPPS HEALTH BUILDS AWARENESS OF DISASTER PREPAREDNESS AND ACTIVELY RESPONDS TO EVENTS TO AFFECT CHANGE AT THE COMMUNITY LEVEL FOLL OWING THE TERRORIST ATTACK OF SEPTEMBER 11, 2001, SCRIPPS DEVELOPED A SYSTEM-WIDE DISASTER PREPAREDNESS PROGRAM AND MOVED QUICKLY TO MAKE DISASTER PREPAREDNESS AN INTEGRAL ELEMENT THROUGHOUT THE ORGANIZATIONS OPERATIONS THE SCRIPPS MEDICAL RESPONSE TEAM (SMRT) AROSE FR OM THESE EFFORTS IN 2017, WHEN SAN DIEGO MAYOR KEVIN FAULCONER ASKED SCRIPPS TO HELP ADDR ESS THE HEPATITIS A OUTBREAK, THE SCRIPPS SMRT TEAM WORKED DIRECTLY WITH CITY AND COUNTY P UBLIC HEALTH OFFICIALS TO MAKE VACCINATIONS ACCESSIBLE TO INDIVIDUALS AT RISK SMRT TEAMS INCLUDING PHYSICIANS, NURSES AND SUPPORT PERSONNEL ADMINISTERED VACCINATIONS AND PROVIDED EDUCATION ON HEPATITIS A AT THREE COUNTY-SPONSORED HOUSING SITES OVER MULTIPLE DATES AND T IMES EACH SITE HOUSED NUMEROUS OCCUPANTS, MANY OF WHOM HAD RISK FACTORS INCLUDING HOMELES SNESS OR SUBSTANCE ABUSE RECOVERY OCCUPANTS WERE NOTIFIED IN ADVANCE THAT WE WOULD BE OFF ERING VACCINATIONS WITHOUT COST FOR THEIR OWN PROTECTION, ALL VOLUNTEERS WERE REQUIRED TO SHOW PROOF OF IMMUNITY TO HEPATITIS A OR GET VACCINATED PRIOR TO THE OUTREACH SMRT VOLUN TEERS VACCINATED APPROXIMATELY 100 PEOPLE AGAINST HEPATITIS A, SCRIPPS STAFF THEN ENTERED THEIR VACCINATION HISTORY INTO THE SAN DIEGO IMMUNIZATION PROGRAM WEBPAGE TO TRACK ALL IND IVIDUALS WHO RECEIVED THE VACCINE THIS HELPED PREVENT UNNECESSARY REVACCINATION OF PEOPLE WHO CAME TO LOCAL EMERGENCY DEPARTMENTS AND PRIMARY CARE OFFICES FOR CARE

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FORM 990, PART III, LINE 4A (CONTINUED)	BECAUSE THE RISK FACTORS ASSOCIATED WITH THE OUTBREAK PERSIST IN OUR COMMUNITY, SCRIPPS EM PLOYEE HEALTH SCREENS AND OFFERS HEP A VACCINATIONS TO ALL EMPLOYEES CONSIDERED AT RISK, E SPECIALLY THOSE WHO WORK IN THE EMERGENCY DEPARTMENT, BEHAVIORAL HEALTH AND FOOD SERVICE SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FY18, SCRIPPS HEALTH CONTINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH ITS COMMUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $221,000 IN COMMUNITY GRANTS TO PROGRAMS IN SAN DIEGO (FOUR GRANTS RANGING FROM $10,000 TO $120,000) THE FUNDED PROJECTS ADDRESS SOME OF SAN DIEGO COUNTYS HIGH PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACCESS TO VITAL HEALTH CARE SERVICES FOR AT RISK POPULAT IONS, INCLUDING THE HOMELESS, ECONOMICALLY DISADVANTAGED, MENTALLY ILL AND OTHERS SINCE T HE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $3 7 MILLION PROGRAMS FUNDED DURING FY18 INCLUDE CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES L OW INCOME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CAR E BENEFITS, SSI AND RELATED SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXPENSES AT MERCY THE PROJECT PROVIDES ADVOCACY SERVICES FOR TIME INTENSIVE GOVERNMENT BENEFIT CASES THE C ONSUMER CENTER STRESSES THE IMPORTANCE OF ACCESSING COMMUNITY-BASED SERVICES FOR ROUTINE H EALTH CARE INSTEAD OF USING THE EDS AND HOSPITAL DEPARTMENTS THEY ALSO EMPHASIZE THE IMPO RTANCE OF ESTABLISHING MEDICAL HOMES CATHOLIC CHARITIES FUNDING PROVIDES SHORT TERM EMERG ENCY SHELTER FOR MEDICALLY FRAGILE HOMELESS PATIENTS BEING DISCHARGED FROM SCRIPPS MERCY H OSPITAL, SAN DIEGO THE PROGRAM IS BEING EXPANDED TO SCRIPPS MERCY HOSPITAL, CHULA VISTA CASE MANAGEMENT AND SHELTER ARE PROVIDED FOR HOMELESS PATIENTS DISCHARGED FROM SCRIPPS MER CY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT TE RM RECUPERATIVE ENVIRONMENT PATIENTS WHO DEMONSTRATE A WILLINGNESS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CASE PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES O F INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES THE PARTNERSHIP SEEKS TO REDUCE EMERGE NCY ROOM RECIDIVISM IN THIS POPULATION AND IMPROVE THEIR QUALITY OF LIFE 2-1-1 HEALTH CAR E NAVIGATION PROGRAM LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005 AS A MULTILINGUAL AND CONFIDENTIAL SERVICE COMMITTED TO PROVIDING 24/7 ACCESS THERE WAS AN OVERWHELMING NEE D FOR A DEPENDABLE SERVICE TO HELP PEOPLE NAVIGATE TODAYS COMPLEX HEALTH CARE SYSTEM SCRI PPS HEALTH HAS BEEN A LONGTIME SUPPORTER OF 2-1-1 SAN DIEGOS HEALTH NAVIGATION PROGRAM WHI CH CREATES A RECORD FOR EVERY PERSON WHO CALLS, IN ORDER TO PROVIDE A SERVICE THAT NAVIGAT ES CLIENTS THROUGH DIFFERENT REFERRALS AND TRACKS THEIR SUCCESS TOWARD ACHIEVING IMPROVED SOCIAL DETERMINANTS OF HEALTH ALL 2-1-1 STAFF ARE TRAINED TO IDENTIFY INDIVIDUALS WHO ARE IN NEED OF CARE COORDINATION

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FORM 990, PART III, LINE 4A (CONTINUED)	SERVICES, PARTICULARLY INDIVIDUALS WHO ARE HAVING DIFFICULTIES MANAGING THEIR CHRONIC HEAL TH CONDITIONS HEALTH NAVIGATORS ARE TRAINED TO DETERMINE CLIENT RISK USING THE RISK RATIN G SCALE (RRS) THE RRS DETERMINES A CLIENT'S STATUS RANGING FROM "IN CRISIS" TO "THRIVING" USING SOCIAL DETERMINANTS OF HEALTH SUCH AS HOUSING, NUTRITION, PRIMARY CARE AND HEALTH M ANAGEMENT HEALTH NAVIGATORS ASSESS ON THE FOLLOWING TO DETERMINE WHETHER A CLIENT HAS DEC REASED IN VULNERABILITY FOR HEALTH MANAGEMENT - UNDERSTANDING OF PRESCRIPTION MEDICATION DOES THE CLIENT UNDERSTAND HOW AND WHEN TO TAKE THEIR MEDICINE AND DO THEY UNDERSTAND THE USE/IMPORTANCE OF EACH MEDICATION? - HEALTH CONDITION MANAGEMENT DOES THE CLIENT UNDERST AND THE ILLNESS/DISEASE THAT THEY HAVE BEEN DIAGNOSED WITH, WHAT THEIR PROGNOSIS IS, AND W HAT THEY NEED TO DO IN ORDER TO REMAIN HEALTHY? - HEALTH INSURANCE/ MEDICAL HOME DOES THE CLIENT HAVE HEALTH INSURANCE AND DO THEY KNOW HOW TO UTILIZE IT? DOES THE CLIENT HAVE A P RIMARY CARE DOCTOR AND/OR SPECIALISTS THAT THEY SEE AND DO THEY KNOW HOW TO MAKE APPOINTME NTS WITH EACH? DOES THE CLIENT KNOW IN WHAT SITUATION THEY SHOULD MAKE AN APPOINTMENT WITH THEIR PCP VS GOING TO AN EMERGENCY ROOM FOR AN IMMEDIATE MEDICAL NEED? - TRANSPORTATION DOES THE CLIENT HAVE THE MEANS TO GET TO THEIR DOCTOR'S APPOINTMENTS? DURING THIS GRANT PE RIOD 2-1-1 PROVIDED CARE COORDINATION SERVICES TO 576 CLIENTS WITH COMPLEX CHRONIC CONDITI ONS CLIENTS DECREASED VULNERABILITY IN THE FOLLOWING SOCIAL DETERMINANTS OF HEALTH HOUSI NG, NUTRITION, PRIMARY CARE, AND HEALTH MANAGEMENT BY 67% CLIENTS ALSO REPORTED FEELING B ETTER TO MANAGE THEIR HEALTH CONDITION BY 71% INCREASE 2-1-1 HEALTH NAVIGATORS PROVIDED I NDIVIDUALIZED NEEDS ASSESSMENTS, CASE PLANNING, INFORMATION, EDUCATION AND REFERRALS AND P ROVIDED ONGOING CLIENT CONTACT AND PROGRESS CHECKS VIA PHONE OVER A PERIOD OF TIME RELEVAN T TO THE CLIENT'S NEEDS TO CHECK ON AND DOCUMENT CLIENT PROGRESS CANCER/ONCOLOGY CANCER IS A TERM USED TO DESCRIBE A GROUP OF DISEASES THAT CAUSE THE UNCONTROLLED GROWTH, INVASION, AND SPREAD (METASTASIS) OF ABNORMAL CELLS CANCER IS CAUSED BY EXTERNAL FACTORS SUCH AS E NVIRONMENTAL CONDITIONS, RADIATION, INFECTIOUS ORGANISMS, POOR DIET AND LACK OF EXERCISE, AND TOBACCO USE, AS WELL AS INTERNAL FACTORS SUCH AS GENETIC MUTATIONS, AND HORMONES CANC ER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES CANCER CAUSES ONE OUT OF EVE RY FOUR DEATHS IN THE UNITED STATES ACCORDING TO THE AMERICAN CANCER SOCIETY, CANCER SURV IVAL IS MORE LIKELY TO BE SUCCESSFUL IF THE CANCER IS DIAGNOSED AT AN EARLY STAGE SUCH DI AGNOSIS IS AN INDICATION OF SCREENING AND EARLY DETECTION REGULAR SCREENING THAT ALLOW FO R THE EARLY DETECTION AND REMOVAL OF PRECANCEROUS GROWTHS ARE KNOWN TO REDUCE MORTALITY FO R CANCERS OF THE CERVIX, COLON AND RECTUM FIVE YEAR RELATIVE SURVIVAL RATES FOR COMMON CA NCERS, SUCH AS BREAST, PROSTATE, COLON AND RECTUM, CERVIX, AND MELANOMA OF THE SKIN, ARE 9 3 PERCENT TO 100 PERCENT IF TH

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FORM 990, PART III, LINE 4A (CONTINUED)	EY ARE DISCOVERED BEFORE HAVING SPREAD BEYOND THE ORGAN WHERE THE CANCER BEGAN A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF CANCER IS DESCRIBED BELOW - THE HASD&IC 2016 CHNA CONT INUED TO IDENTIFY ALZHEIMER'S DISEASE AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIONS AMON G SAN DIEGO COUNTY HOSPITALS - IN 2016, CANCER WAS THE LEADING CAUSE OF DEATH IN SAN DIEG O COUNTY, RESPONSIBLE FOR 24 1 PERCENT OF DEATHS - IN 2016, THERE WERE 5,096 DEATHS DUE T O CANCER (ALL SITES) , AND AN AGE ADJUSTED DEATH RATE OF 146 6 DEATHS PER 100,000 POPULATI ON - IN 2016, 19 3 PERCENT OF ALL CANCER DEATHS IN SAN DIEGO COUNTY WERE DUE TO LUNG CANC ER, 9 3 PERCENT TO COLORECTAL CANCER, 7 4 PERCENT TO FEMALE BREAST CANCER, 7 2 PERCENT TO PANCREATIC CANCER, 6 7 PERCENT TO PROSTATE CANCER, 5 7 PERCENT TO LIVER AND FEMALE REPRODU CTIVE CANCERS, AND 3 6 PERCENT TO LEUKEMIA - ACCORDING TO THE AMERICAN CANCER SOCIETY (AC S) 2017 CALIFORNIA CANCER FACTS & FIGURES REPORT, IN 2014 THERE WERE 13,625 OBSERVED NEW C ANCER CASES AND 4,868 C ACCORDING TO THE ACS CANCER STATISTICS CENTER, IN 2018 THERE WILL BE AN ESTIMATED 29,360 NEW CASES OF BREAST CANCER AND 4,500 BREAST CANCER DEATHS FOR FEMAL ES IN CALIFORNIA - IN 2016, THE AGE-ADJUSTED MORTALITY RATE OF BREAST CANCER IN SAN DIEGO COUNTY WAS 20 0 PER 100,000 WOMEN THIS FALLS SLIGHTLY BELOW THE HP2020 TARGET OF 20 7 BR EAST CANCER DEATHS PER 100,000 WOMEN - ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, IN SDC THERE WERE 46 1 LATE-STAGE CASES OF B REAST CANCER PER 100,000 WOMEN, EXCEEDING THE HP2020 TARGET OF 42 4 CASES PER 100,000 WOME N THE REPORT PROJECTS THAT SDC WILL MEET THE HP2020 TARGET WITHIN FIVE YEARS - THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE ALSO REPORTED THAT, IN 2 013, BREAST CANCER MORTALITY RATES IN SDC WERE HIGHEST AMONG AFRICAN AMERICAN 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 CALIFORNIA CANCER FACTS & FIGURES REPORT, 72 4 PERCENT OF BREAST CANCER CASES AMONG NON-HISPANIC WHITE WOMEN IN SAN DIEGO COUNTY WERE DIAGNOSED AT AN EARLY STAGE, COMPARED TO 69 3 PERCENT OF AFRICAN AMERIC AN CASES, 68 1 PERCENT OF HISPANIC CASES AND 70 4 PERCENT OF ASIAN/PACIFIC ISLANDER CASES DATA SUGGESTS THAT EARLY BREAST CANCER DETECTION RESOURCES ARE NEEDED IN MINORITY COMMUNI TIES - ACCORDING TO 2015-2016 CHIS DATA, 85 6 PERCENT OF WOMEN IN SAN DIEGO COUNTY BETWEE N THE AGES OF 50 TO 74 REPORTED HAVING A MAMMOGRAM IN THE PAST TWO YEARS THIS EXCEEDS THE HP2020 TARGET OF 81 1 PERCENT FOR BREAST CANCER SCREENINGS APPROXIMATELY 2 9 PERCENT OF WOMEN IN THIS AGE RANGE IN SDC REPORTED THAT THEY HAD NEVER HAD A MAMMOGRAM

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FORM 990, PART III, LINE 4A (CONTINUED)	- ACCORDING TO FINDINGS FROM THE ACS 2018 CANCER FACTS & FIGURES REPORT, SCREENING OFFERS THE ABILITY FOR SECONDARY PREVENTION BY DETECTING CANCER EARLY FOR EXAMPLE, THE 39 PERCEN T DECREASE IN THE FEMALE BREAST CANCER DEATH RATE BETWEEN 1989 AND 2015 IS ATTRIBUTED TO I MPROVEMENTS IN EARLY DETECTION, NAMELY SCREENING AND INCREASED AWARENESS IN ADDITION, OVE R THE PAST THREE DECADES, FIVE-YEAR RELATIVE SURVIVAL RATES FOR ALL CANCERS COMBINED INCRE ASED BY 20 PERCENT AMONG WHITES AND 24 PERCENT AMONG BLACKS, REFLECTING EARLIER DIAGNOSIS FOR SOME CANCERS AS WELL AS IMPROVEMENTS IN TREATMENT (ACS, 2018) - STUDY FINDINGS FROM T HE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE INDICATE A CRITI CAL NEED FOR CULTURALLY COMPETENT OUTREACH, ESPECIALLY FOR HISPANIC, MIDDLE EASTERN AND AF RICAN AMERICAN WOMEN (SUSAN G KOMEN, 2015) - A RECENT STUDY BY THE ACS FOUND THAT 42 PER CENT OF NEWLY DIAGNOSED CANCER CASES IN THE U S ARE POTENTIALLY AVOIDABLE MANY OF THE KN OWN CAUSES OF THE CANCER - AND OTHER NON-COMMUNICABLE DISEASES - ARE ATTRIBUTABLE TO BEHAV IORAL FACTORS INCLUDING TOBACCO USE AND EXCESS BODY WEIGHT DUE TO POOR DIETARY HABITS AND LACK OF PHYSICAL ACTIVITY (ACS, 2018) - THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) EMPHASIZES THE IMPORTANCE OF PATIENT NAVIGATORS AS PART OF A MULTIDISCIPLINARY ONCOLOGY TE AM WITH THE GOAL OF REDUCING MORTALITY AMONG UNDERSERVED PATIENTS A PATIENT NAVIGATOR MAY ASSIST WITH VARIOUS TASKS, INCLUDING PSYCHOSOCIAL SUPPORT, ASSISTANCE WITH TREATMENT DEC ISIONS, ASSISTANCE WITH INSURANCE ISSUES, ARRANGEMENT OF TRANSPORTATION, COORDINATION OF A DDITIONAL SERVICES (I E , FERTILITY PRESERVATION), AND TRACKING OF INTERVENTIONS AND OUTCO MES THE NAVIGATOR WORKS WITH THE PATIENT ACROSS THE CARE CONTINUUM, ENSURING COORDINATION AND EFFICIENCY OF CARE, AND REMOVAL OF BARRIERS TO CARE (ASCO, 2016) - ACCORDING TO THE NIH, CLINICAL TRIALS, A PART OF CLINICAL RESEARCH, ARE AT THE HEART OF ALL MEDICAL ADVANCE S CLINICAL TRIALS LOOK AT NEW WAYS TO PREVENT, DETECT OR TREAT DISEASE BY DETERMINING THE SAFETY AND EFFICACY OF A NEW TEST OR TREATMENT GREATER CLINICAL TRIAL ENROLLMENT BENEFIT S MEDICAL RESEARCH AND INCREASES THE HEALTH OF FUTURE GENERATIONS AS WELL AS IMPROVES DISE ASE OUTCOMES, QUALITY OF LIFE AND HEALTH OF TRIAL PARTICIPANTS SCRIPPS HAS DEVELOPED A SE RIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPLE ABOUT THE IMPORTANCE OF EARLY D ETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER AT SCRIPPS, CANCER CAR E IS MORE THAN JUST MEDICAL TREATMENT, AND A WIDE ARRAY OF RESOURCES ARE PROVIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERAPIES AND EDUCATIONAL WORKSHOPS HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FISCAL YEAR 2018 SCRIPPS MD ANDERSON CANCE R CENTER DIRECTORY OF COMMUNITY RESOURCES SCRIPPS COLLABORATES WITH THE COMMUNITY AND DEVE LOPS A CANCER DIRECTORY OF A COMPREHENSIVE LIST OF RESOURCES AVAILABLE FOR CANCER SURVIVOR S, THEIR FAMILIES, AND THE COM

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FORM 990, PART III, LINE 4A (CONTINUED)	MUNITY SCRIPPS MD ANDERSON GREEN CANCER CENTER SUPPORT GROUPS SCRIPPS GREEN HOSPITAL SUPP ORT GROUPS OFFER CANCER PATIENTS THE OPPORTUNITY TO EXPRESS THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AND HELP THEM COPE MORE EFFECTIVELY WITH THEIR TREATMENT REGIMENS BY SUPP ORT GROUPS THAT NURTURE THEIR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING SCRIPPS MD AND ERSON CANCER CENTER REGISTERED NURSE NAVIGATOR PROGRAM SCRIPPS PROVIDED A REGISTERED NURSE , DEDICATED TO ASSISTING CANCER PATIENTS AND THEIR FAMILIES WITH NAVIGATING THROUGH THE JO URNEY FROM DIAGNOSIS, TREATMENT AND SURVIVORSHIP FROM CANCER THE FOCUS IS ON EDUCATION AN D OUTREACH, AS WELL AS, SUPPORT SERVICES IN THIS POPULATION SCRIPPS MD ANDERSON CANCER CE NTER OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM THIS PROGRAM PROVIDES GENET IC TESTING AND COUNSELING TO CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PRO FESSIONALS AND CAREGIVERS SCRIPPS MD ANDERSON CANCER CENTER OUTPATIENT SOCIAL WORKER & LI AISON PROGRAM SCRIPPS PROVIDES A SOCIAL WORKER, DEDICATED TO ASSISTING CANCER PATIENTS, AL ONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS SCRIPPS MD ANDERSON C ANCER CENTER HEAD AND NECK SUPPORT GROUP SCRIPPS PROVIDES SUPPORT GROUPS DESIGNED FOR INDI VIDUALS DIAGNOSED WITH HEAD AND NECK CANCER THIS GROUP PROVIDES EDUCATION AND RESOURCES T O HELP MANAGE EMOTIONAL AND PHYSICAL CHALLENGES NORMALLY ENCOUNTERED DURING AND AFTER CANC ER TREATMENT SCRIPPS MD ANDERSON CANCER CENTER LYMPHEDEMA SUPPORT GROUP SCRIPPS PROVIDES EDUCATION AND SUPPORT FOR THOSE DIAGNOSED WITH LYMPHEDEMA AND UNDERGOING TREATMENT FOR THE DISEASE SCRIPPS MD ANDERSON CANCER SURVIVORS DAY NATIONAL CANCER SURVIVORS DAY EVENTS AR E HELD IN HUNDREDS OF COMMUNITIES NATIONWIDE THROUGHOUT THE MONTH OF JUNE SCRIPPS HOLDS A CELEBRATORY EVENT AT EACH SCRIPPS HOSPITAL EACH YEAR TO PROVIDE AN OPPORTUNITY FOR THOSE THAT HAVE BATTLED CANCER TO COME TOGETHER AND ENJOY THE COMPANY OF FRIENDS, FAMILY AND THE CAMARADERIE OF FELLOW CANCER SURVIVORS THROUGHOUT THE MONTH OF JUNE CANCER SURVIVORS AND OTHER GUESTS SHARE INSPIRATIONAL STORIES, LEARN ABOUT ADVANCES IN CANCER TREATMENT AND RE SEARCH, AND ENJOY THE OPPORTUNITY TO CONNECT WITH CAREGIVERS AND FELLOW SURVIVORS EACH YE AR THE CANCER SURVIVOR EVENT HELPS CELEBRATE LIFE, INSPIRE THOSE RECENTLY DIAGNOSED, OFFER SUPPORT TO FAMILY AND LOVED ONES AND RECOGNIZE ALL WHO PROVIDED SUPPORT ALONG THE WAY TH EY ALSO PROVIDE A FORUM FOR DISCUSSING THE PHYSICAL, FINANCIAL AND SOCIAL ISSUES THAT MANY CANCER SURVIVORS FACE FOLLOWING COMPLETION OF TREATMENT SCRIPPS MD ANDERSON CANCER CENTE R GYNECOLOGICAL SUPPORT GROUP SCRIPPS HEALTH PROVIDES MEETING SPACE FOR WOMEN FACING GYNEC OLOGICAL CANCERS FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS A TO TAL OF 280 FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS WERE SCREENED FOR SKIN CANCER LOC AL STATE BEACHES LIFEGUARD SKIN CANCER SCREENINGS A TOTAL OF 55 LOCAL STATE BEACHES LIFEGU ARDS WERE SCREENED FOR SKIN CA

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FORM 990, PART III, LINE 4A (CONTINUED)	NCER THIS IS THE FIRST YEAR SCRIPPS PARTICIPATED IN THIS PROGRAM HEALTHY WOMEN, HEALTHY LIFESTYLES SCRIPPS MERCY BREAST HEALTH OUTREACH AND EDUCATION PROGRAM A PROMOTORA LED HEA LTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF WOMEN IN SAN DIEGOS SOUTH BAY W ITH BREAST CANCER EDUCATION, PREVENTION AND TREATMENT SUPPORT PROMOTORAS TEACH BREAST HEA LTH TO WOMEN WHO HAVE LIMITED OR NO ACCESS TO HEALTH CARE PROMOTORAS TEACH WOMEN IN THEIR NATIVE LANGUAGE WITH SENSITIVITY TO A WOMANS ETHNIC AND CULTURAL NORMS THE PROGRAM MODEL INCLUDES A PROMOTORA, CANCER SURVIVOR AND A NURSE NAVIGATOR THE PROMOTORA HAS KNOWLEDGE OF BREAST CANCER, OFFERS EDUCATION AND EMOTIONAL SUPPORT SHE ALSO PROVIDES REFERRALS IN C ULTURALLY APPROPRIATE AND LANGUAGE SENSITIVE WAY A BREAST CANCER SURVIVOR AND VOLUNTEER S TRENGTHENS THE BENEFITS OF BREAST CANCER EDUCATION AND PREVENTION BY TALKING TO SOMEONE WH O HAS BEEN THERE AND CAN PROVIDE INSIGHT AND SUGGESTIONS, AND IS LIVING PROOF THAT THE DIS EASE IS NOT FATAL WORKING HAND-IN-HAND, THE PROMOTORA AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWARENESS AND FULL SUPPORT SYSTEM FOR THOSE ALREADY DIAGNOSED MO REOVER, THE FACT THEY ARE BI-LINGUAL LATINAS LEND AN AIR OF AUTOMATIC TRUST AMONG THE HISP ANIC COMMUNITY AS THEY CAN CONNECT WITH THE RESIDENTS ON A CULTURAL LEVEL SCRIPPS MERCY H OSPITAL, CHULA VISTA BREAST HEALTH CLINICAL SERVICES A TOTAL OF 548 WOMEN ARE REFERRED TO CLINICAL BREAST HEALTH SERVICES AT COMMUNITY AND SCRIPPS MERCY HOSPITAL, CHULA VISTA RADI OLOGY SERVICES MORE THAN 2,000 SERVICES WERE PROVIDED, INCLUDING TELEPHONE REMINDERS, OUT REACH AND EDUCATION, CASE MANAGEMENT AND A VARIETY OF PRESENTATIONS SCRIPPS MERCY HOSPITA L, CHULA VISTA RADIOLOGY FOLLOW UP SERVICES MORE THAN 160 WOMEN WERE PROVIDED SERVICES SE RVICES -PROVIDED, INCLUDE ENCOURAGEMENT FOR PATIENTS TO REPEAT EXAMS, ASSISTANCE TO GET PA TIENTS HEALTH INSURANCE APPROVAL FOR REPEAT EXAMS, SOCIAL/EMOTIONAL SUPPORT AND EDUCATION ABOUT PREVENTING BREAST CANCER SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY, POSITIVE BR EAST CANCER PATIENT SUPPORT MORE THAN 340 SERVICES WERE PROVIDED INCLUDING PHONE CALLS, HO ME VISITS, MAILED EDUCATIONAL MATERIALS AND SUPPLIES (WIGS, BRAS, PROSTHESIS AND MEDICAL R ECORD ORGANIZER BINDER) A RESOURCE PACKAGE WITH EDUCATIONAL MATERIALS ON NUTRITION, TREAT MENT OPTIONS, COMMONLY ASKED QUESTIONS AND LOCAL RESOURCES WERE ALSO PROVIDED SCRIPPS MER CY HOSPITAL, CHULA VISTA BREAST CANCER SUPPORT GROUP TOGETHER PROMOTORAS AND CANCER SURVIV ORS HOLD A BI-MONTHLY SUPPORT GROUP THAT HELPS INDIVIDUALS COPE WITH LIVING WITH CANCER M ORE THAN 20 WOMEN PARTICIPATE AS PART OF THIS GROUP MONTHLY GROUP SUPPORT INCLUDING NAVIG ATING THE CANCER SYSTEM AND EDUCATIONAL PRESENTATIONS BY LOCAL PROVIDERS ARE OFFERED

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SPON SORS THE YOUNG WOMENS SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 TO COME TOGETHER, DISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT THE GROUPS ARE O FFERED TO WOMEN IN THE SAN DIEGO COMMUNITY TOPICS RELATED TO BREAST HEALTH ARE ALSO OFFER ED TO THE COMMUNITY AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER SC RIPPS HEALTH PARTICIPATED AND SPONSORED THE MAKING STRIDES AGAINST BREAST CANCER WALK IN T HE AMOUNT OF $10,000 TO RAISE MONEY FOR BREAST CANCER RESEARCH A SERIES OF EDUCATIONAL EV ENTS ARE COORDINATED WITH THE AMERICAN CANCER SOCIETY AWARENESS MONTHS THE EVENTS FOCUS O N VARIOUS TYPES OF CANCER, INCLUDING BREAST, LUNG, CERVICAL, COLORECTAL, SKIN, OVARIAN/GYN ECOLOGICAL AND PROSTATE A REGISTERED NURSE CLINICIAN ANSWERS QUESTIONS AND PROVIDES EDUCA TIONAL MATERIALS SUSAN G KOMEN 3 DAY BREAST CANCER WALK FIRST AID SUPPORT STATION SCRIPP S IS THE OFFICIAL PHYSICAL THERAPY SPORTS MEDICINE CREW FOR THE FIRST AID STATION AT THE S USAN G KOMEN CANCER WALK THIS VITAL STATION PROVIDES TREATMENTS TO THOSE PARTICIPATING S UCH AS WOUND CARE, ORTHOPEDIC EVALUATION TREATMENTS, LIMB AND JOINT TAPING, ASSISTANCE WIT H STRETCHING AND EDUCATION SCRIPPS MD ANDERSON CANCER CENTER ALOHA LOCK CANCER WIG PROGRA M THIS PROGRAM PROVIDES WIGS AND HAIR ACCESSORIES TO CANCER PATIENTS SUFFERING FROM ALOPEC IA OR EXPECTED TO SUFFER FROM ALOPECIA CARDIOVASCULAR DISEASE "DISEASES OF THE HEART" WER E THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY IN 2016 IN ADDITION "CEREBROVASCU LAR DISEASES" WERE THE FOURTH LEADING CAUSE OF DEATH, AND ESSENTIAL (HYPERTENSION AND HYPE RTENSIVE RENAL DISEASE) WAS THE TENTH CORONARY HEART DISEASE IS THE MOST COMMON FORM OF H EART DISEASE HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CVD AND STROKE ABOUT HALF OF AMERICANS (49%) HAVE AT LEAST ONE OF THESE TH REE RISK FACTORS RISK FACTORS FOR CARDIOVASCULAR DISEASE BEHAVIORS TOBACCO USE, OBESITY , POOR DIET THAT IS HIGH IN SATURATED FATS, AND EXCESSIVE ALCOHOL USE CONDITIONS HIGH CH OLESTEROL LEVELS, HIGH BLOOD PRESSURE AND DIABETES HEREDITY GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DISEASE AND CAN INCREASE RISK A SUMMARY OF THE MAGNITUDE AND PREVALENCE O F CARDIOVASCULAR DISEASE IS DESCRIBED BELOW - THE SCRIPPS 2016 CHNA CONTINUED TO IDENTIFY CARDIOVASCULAR DISEASE (INCLUDING CEREBROVASCULAR DISEASE/STROKE) AS A PRIORITY HEALTH IS SUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - ACCORDING TO DATA PRESENTED IN THE SCRIPPS 2016 CHNA, HIGH BLOOD PRESSURE, HIGH C DISEASE AND STROKE ABOUT HALF OF AL L AMERICANS (47 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS ADDITIONAL RISK FA CTORS INCLUDE ALCOHOL USE, OBESITY, PHYSICAL INACTIVITY, POOR DIET, DIABETES AND GENETIC F ACTORS (CDC, 2015) - HEART DISEASE IS THE LEADING CAUSE OF DEATH FOR PEOPLE OF MOST RACIA L/ETHNIC GROUPS IN THE UNITED

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FORM 990, PART III, LINE 4A (CONTINUED)	STATES, INCLUDING AFRICAN AMERICANS, HISPANICS AND WHITES - IN 2016, CEREBROVASCULAR DISE ASES INCLUDING STROKE WERE THE FOURTH LEADING CAUSE OF DEATH FOR SAN DIEGO COUNTY OVERALL - IN 2016, THERE WERE 1,362 DEATHS DUE TO STROKE IN SAN DIEGO COUNTY , A 17 2 PERCENT INC REASE FROM 2015 THE AGE-ADJUSTED DEATH RATE DUE TO STROKE WAS 38 3 PER 100,000 POPULATION , WHICH WAS HIGHER THAN THE HP2020 TARGET OF 34 8 DEATHS PER 100,000 - IN 2016, THERE WER E 6,346 HOSPITALIZATIONS FOR STROKE IN SAN DIEGO COUNTY, WITH AN AGE-ADJUSTED RATE OF 183 PER 100,000 POPULATION THE RATE OF HOSPITALIZATION FOR STROKE INCREASED 2 8 PERCENT FROM 2015 TO 2016 - THE FIRST INCREASE SINCE 2011, WHEN SAN DIEGO COUNTY RECORDED A STROKE RATE OF 218 4 PER 100,000 POPULATION - IN 2016, THERE WERE 2,371 STROKE-RELATED ED VISITS IN SAN DIEGO COUNTY THE AGE-ADJUSTED RATE OF ED VISITS WAS 68 9 PER 100,000 POPULATION - AC CORDING TO 2016-2017 CHIS DATA, AN ESTIMATED 23 9 PERCENT OF ADULTS IN SAN DIEGO COUNTY WE RE OBESE, 9 7 PERCENT SMOKED CIGARETTES AND 62 0 PERCENT DID NOT REGULARLY WALK FOR TRANSP ORTATION, FUN, OR EXERCISE IN 2016, 16 3 PERCENT OF ADULTS IN SDC REPORTED EATING FAST FO OD FOUR OR MORE TIMES IN THE PAST WEEK - THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) REPORTS THAT 25 PERCENT OF PEOPLE WHO RECOVER FROM THEIR FIRST STROKE WILL HAVE ANOTHER STROKE WITHIN FIVE YEARS (NINDS, 2016) - THE CDC ESTIMATES THAT UP TO 8 0 PERCENT OF STROKES ARE PREVENTABLE THROUGH THE RECOGNITION OF EARLY SIGNS/SYMPTOMS AND T HE ELIMINATION OF STROKE RISK FACTORS - ACCORDING TO THE CDC, HEALTHY LIFESTYLE CHOICES C AN HELP PREVENT STROKE BEHAVIORS THAT CAN MITIGATE THE RISK OF STROKE INCLUDE CHOOSING A HEALTHY DIET FULL OF FRUITS AND VEGETABLES, MAINTAINING A HEALTHY WEIGHT, ENGAGING IN AT L EAST 2 5 HOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR HOU RS OF MODERATE-INTENSITY AEROBIC PHYSICAL ACTIVITY EACH WEEK, REFRAINING FROM OR QUITTING SMOKING, AND LIMITING ALCOHOL INTAKE (CDC, 2018) NOT ONLY IS SCRIPPS A NATIONALLY RECOGNI ZED HEART CARE LEADER, CONSISTENTLY RANKED BY U S NEWS & WORLD REPORT AS ONE OF AMERICAS BEST HOSPITALS FOR CARDIOLOGY AND HEART SURGERY, BUT WE TREAT MORE HEART PATIENTS THAN ANY OTHER HEALTH CARE PROVIDER IN SAN DIEGO WE HAVE STATE-OF-THE-ART TECHNOLOGY AND HIGHLY T RAINED HEART CARE SPECIALISTS, PROVIDING AN INNOVATIVE AND EXPANSIVE SCOPE OF SERVICES AND HIGH-QUALITY OUTCOMES ALONG WITH THE TREMENDOUS CARE SCRIPPS PROVIDES WITHIN OUR HOSPITA LS AND OUTPATIENT CLINICS, SCRIPPS ALSO SUPPORTS OUR SURROUNDING COMMUNITIES WITH RESOURCE S, OUTREACH PROGRAMS AND PARTNERSHIPS TO ENSURE THE HEARTBEAT OF OUR COMMUNITY CONTINUES O N DURING FISCAL YEAR 2018, SCRIPPS ENGAGED IN THE FOLLOWING HEART HEALTH, CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITIES AMERICAN HEART ASSOCIATION HEART WALK SCRIPPS PARTNERS WITH THE AMERICAN HEART ASSOCIATION ON ITS ANNUAL HEART WALK TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUB

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FORM 990, PART III, LINE 4A (CONTINUED)	LIC EDUCATION AND ADVOCACY HEART DISEASE AND STROKE ARE THE NUMBER ONE AND THREE CAUSES O F DEATH IN THE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERICANS EACH YEAR SCRIPPS HAS PROUDLY SUPPORTED THE AHAS ANNUAL SAN DIEGO HEART & STROKE WALK, WHICH PROMOTES PHYSI CAL ACTIVITY TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE IN SEPT EMBER 2018, SCRIPPS EMPLOYEES VOLUNTEERED THEIR TIME TO COORDINATE WALKER PARTICIPATION AN D FUNDRAISING EFFORTS THE SAN DIEGO HEART WALK RAISED MORE THAN $1 1 MILLION IN FY18, MO RE THAN 1,063 SCRIPPS HEART WALK PARTICIPANTS, (EMPLOYEES, FAMILIES, AND FRIENDS) AND MORE THAN 114 TEAMS REPRESENTING ENTITIES ACROSS SCRIPPS HEALTH WALKED TO HELP RAISE MORE THAN $74,954 TO DATE, SCRIPPS HAS RAISED MORE THAN $3 MILLION THROUGH ITS SAN DIEGO HEART & S TROKE WALK FUNDRAISING EFFORTS AMERICAN HEART ASSOCIATION GO RED FOR WOMENS LUNCHEON SCRI PPS SPONSORS THIS ANNUAL EVENT THAT BRINGS PHILANTHROPISTS, CARDIOLOGISTS, AND SURVIVORS T OGETHER TO CREATE AWARENESS AROUND HEART DISEASE AND STROKE FUNDS RAISED HELP SUPPORT LOC AL RESEARCH PROJECTS IN SAN DIEGO COMMUNITY HEALTH EDUCATION PROGRAMS SCRIPPS HEALTH HAS A ROBUST COMMUNITY HEALTH EDUCATION PROGRAM IN WHICH PHYSICIANS AND EXPERTS COVER A WIDE V ARIETY OF TOPICS CARDIOVASCULAR RELATED TALKS INCLUDE HEALTHY HEARTS AT EVERY AGE, BEYOND BLOOD THINNERS, AND LIVING WELL WITH HEART DISEASE THESE LECTURES ARE DELIVERED PUBLIC E VENTS HOSTED BY THE SCRIPPS MARKETING DEPARTMENT AND THROUGH ONGOING PARTNERSHIPS WITH OAS IS SAN DIEGO AND THE LAWRENCE FAMILY JEWISH COMMUNITY CENTER CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER CPR CLASSES ARE OFFERED FOUR TIMES A YEAR TO CAR DIAC TREATMENT CENTER PATIENTS AND THEIR FAMILIES THE PROGRAM IMPROVES COMMUNITY HEALTH B Y INCREASING KNOWLEDGE OF CARDIOPULMONARY RESUSCITATION PRACTICES CARDIAC TREATMENT CENTE R GROUP EXERCISE PROGRAMS CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS ARE DESIGNED FO R CARDIOVASCULAR HEALTH IMPROVEMENT CLASSES INCLUDE TRAINING IN BALANCE, HATHA YOGA, LEBE D METHOD OF FITNESS, TAI CHI, FITBALL, CHAIR YOGA AND MEDITATION THE CARDIAC TREATMENT CE NTER ALSO PROVIDES EXERCISE PROGRAMS THAT INCLUDE NUTRITIONAL EDUCATION THROUGH THE PULMON ARY CLASS, DIETARY ONE-ON-ONE COUNSELING, AND THE CARDIAC LIFE PROJECT THE BETTER BREATHE RS AND SELF-DEFENSE FITNESS CLASSES PROVIDE ADDITIONAL EDUCATION IN CARDIOVASCULAR HEALTH CARDIAC LIFE PROJECT THE CARDIAC TREATMENT CENTERS LIFE PROJECT IS A SUPPORT GROUP FOR PE OPLE WITH HEART DISEASE AND THEIR FAMILY MEMBERS THE GOAL IS TO PROVIDE EDUCATION AND RES OURCES ON COPING WITH HEART DISEASE IN A FRIENDLY AND SUPPORTIVE ENVIRONMENT PULMONARY CA RDIAC CLASS THIS EDUCATIONAL CLASS PROVIDED BY THE SCRIPPS CARDIAC TREATMENT CENTER IS A C OMPREHENSIVE SIX WEEK EDUCATION PROGRAM FOR PULMONARY PATIENTS TO HELP THEM TO MANAGE THEI R DISEASE THEY WILL LEARN LIFESTYLE MANAGEMENT FOR A HEALTHY LIFE, NUTRITION AND EXERCISE ARE PART OF THE SERIES

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FORM 990, PART III, LINE 4A (CONTINUED)	STROKE CARE PROGRAMS SCRIPPS SPONSORS A WIDE VARIETY OF STROKE RELATED EDUCATION AND AWARE NESS PROGRAMS THESE INCLUDE SUPPORT GROUPS AND EDUCATION FOR STROKE AND BRAIN INJURY SURV IVORS AND THEIR LOVED ONE INFORMATION AND RESOURCES ARE PROVIDED, ALONG WITH SKILLS TO HE LP REINFORCE INNER STRENGTHS AND LEARN SELF-CARE STRATEGIES SUPPORT GROUPS OFFER THE ABIL ITY TO DEVELOP ENCOURAGING PEER RELATIONSHIPS ALONG WITH THE GOAL OF RETURNING TO AND CONT INUING A LIFE OF MEANING AND PURPOSE STUDENT PRECEPTORSHIPS AT CARDIAC TREATMENT CENTER S CRIPPS PROVIDES PRECEPTORSHIPS FOR STUDENT RN'S, EXERCISE PHYSIOLOGIST'S AND CARDIAC SONOG RAPHERS THE SCRIPPS CARDIAC TREATMENT CENTER NURSES MENTOR THE STUDENTS THROUGH EDUCATION AND MODELING THE STUDENTS LEARN THE ROLES AND RESPONSIBILITIES REQUIRED OF THE POSITIONS VENTRICULAR ASSIST DEVICE (VAD) SUPPORT GROUP SCRIPPS OFFERS A SUPPORT GROUP FOR PATIENT S WITH A VENTRICULAR ASSIST DEVICE THIS GROUP PROVIDES EDUCATION AND SUPPORT TO THOSE PAT IENTS AND THEIR CAREGIVERS/PARTNERS TOPICS INCLUDE SAFETY AND PROPER MECHANICS REQUIRED FOR THE DEVICE JOE NIEKRO FOUNDATION SCRIPPS HEALTH PROVIDES MEETING SPACE FOR THE JOE NI EKRO FOUNDATION FOR SUPPORT GROUPS FOR PATIENT, FAMILIES AND FRIENDS WHO HAVE BEEN AFFECTE D WITH BRAIN ANEURYSMS OR HEMORRHAGIC STROKE THE PROGRAM IS OPENED TO THE PUBLIC SAN DIE GO ECHO SOCIETY SCRIPPS HEALTH PROVIDES MEETING SPACE TO THE AMERICAN SOCIETY OF ECHOCARDI OGRAPHY THIS IS AN ORGANIZATION OF PROFESSIONALS COMMITTED TO EXCELLENCE IN CARDIOVASCULA R ULTRASOUND AND ITS APPLICATION TO PATIENT CARE THROUGH EDUCATION, ADVOCACY, RESEARCH, IN NOVATION AND SERVICE TO OUR MEMBERS AND THE PUBLIC WOMEN HEART THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE - SUPPORT GROUP SCRIPPS HEALTH PROVIDES MEETING SPACE FOR WOMENS HEART SUPPORT GROUP WOMEN HEART'S MISSION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE O F WOMEN LIVING WITH OR AT RISK OF HEART DISEASE, AND TO ADVOCATE FOR THEIR BENEFIT WOMEN WITH HEART DISEASE HAVE THE OPPORTUNITY TO SHARE THEIR STORIES, SUPPORT EACH OTHER AND HEA L TOGETHER EXPERTS ARE INVITED TO TALK TO THE GROUP ABOUT DIFFERENT KINDS OF HEART CONDIT IONS, HEART ATTACK PREVENTION, BLOOD PRESSURE, EXERCISE AND NUTRITION EDUCATING WOMEN ABO UT HEART HEALTH TOGETHER WITH WOMEN HEART NATIONAL HOSPITAL ALLIANCE, SCRIPPS CARDIOVASCUL AR DEVELOPED A WOMEN AND HEART DISEASE EDUCATION PROGRAM THE EFFORTS EDUCATE WOMEN ON THE IMPORTANCE OF HEART HEALTH, PROVIDE SUPPORT GROUPS AND ADVOCATE FOR RESEARCH FUNDING AND POLICIES SENIOR HEALTH CHATS A WIDE VARIETY OF SENIOR CHATS ARE OFFERED AT LOCAL SENIOR C ENTERS IN SOUTH BAY TO ADDRESS EDUCATION AND PREVENTION OF HEART DISEASE SOME TOPICS INCL UDE HEART HEALTH 101, STROKE, AND A VARIETY OF PREVENTION EDUCATION A TOTAL OF 10 PRESENT ATIONS ARE GIVEN YEARLY TO MORE THAN 223 INDIVIDUALS THE ERIC PAREDES SAVE A LIFE FOUNDAT ION EACH YEAR, 7,000 TEENS LOSE THEIR LIVES DUE TO SUDDEN CARDIAC ARREST (SCA) SCA IS NOT A HEART ATTACK, IT IS CAUSED

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FORM 990, PART III, LINE 4A (CONTINUED)	BY AN ABNORMALITY IN THE HEARTS ELECTRICAL SYSTEM THAT CAN EASILY BE DETECTED WITH A SIMPL E EKG UNFORTUNATELY, HEART SCREENINGS ARE NOT PART OF A REGULAR, WELL-CHILD EXAM OR PRE-P ARTICIPATION SPORTS PHYSICAL THE FIRST SYMPTOM OF SCA COULD BE DEATH SAN DIEGO ALONE LOS ES THREE TO FIVE TEENS FROM SCA ANNUALLY SCRIPPS EFFORTS BEGAN WHEN A REGISTERED NURSE AT SCRIPPS CREATED THE FOUNDATION AFTER HER 15 YEAR OLD SON, ERIC PASSED AWAY FROM SUDDEN CA RDIAC ARREST IN 2009 TURNING TRAGEDY INTO AN OPPORTUNITY, THE PAREDES ESTABLISHED THE ORG ANIZATION TO PREVENT SUDDEN CARDIAC ARREST IN SCHOOL-AGE CHILDREN AND ADOLESCENTS AS A SP ONSOR FOR THE ERIC PAREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS HELD MORE THAN 20,000 FREE CARDIAC SCREENINGS TO LOCAL TEENS, INCLUDING THE HOMELESS, UNINSURED AND UNDERINSURED IN FY18, SCRIPPS MADE AN $8,500 DONATION TO HELP PAY FOR SCREENINGS IN FY18, SCRIPPS SUPPORT ED SCREENING EVENTS AT AREA HIGH SCHOOLS AND SCREENED 4,915 TEENS, IDENTIFYING 42 WITH ABN ORMALITIES AND 24 WHO WERE AT RISK SWEETWATER UNION HIGH SCHOOL DISTRICT SPORTS SCREENING S EVERY YEAR, THREE TO FIVE STUDENT ATHLETES IN SAN DIEGO COUNTY DIE SUDDENLY AND UNEXPECT EDLY FROM SUDDEN CARDIAC ARREST/DEATH (SCA/D) SCA IS AN ABNORMALITY IN THE HEARTS ELECTRI CAL SYSTEM THAT CAN HAPPEN WITHOUT SYMPTOMS OR WARNING SIGNS HOWEVER, THIS LIFE-THREATENI NG CONDITION CAN BE DETECTED WITH A CARDIAC SCREENING EXAM SCRIPPS MERCY HOSPITAL CHULA V ISTA FAMILY MEDICINE RESIDENCY, SOUTHWEST SPORTS WELLNESS FOUNDATION AND THE SWEETWATER UN ION HIGH SCHOOL DISTRICT PARTNER TO PREVENT SUDDEN CARDIAC ARREST AND DEATH AMONG HIGH SCH OOL STUDENTS BY INCREASING AWARENESS OF THE IMPORTANCE OF HEALTHY LIFESTYLES AND CARDIOVAS CULAR SCREENINGS AMONG ACTIVE STUDENTS FAMILY MEDICINE RESIDENTS OFFER YEARLY CARDIAC SCR EENING AND SPORTS PHYSICALS BEFORE STUDENTS PARTICIPATE IN ORGANIZED SPORTS, AND IMPLEMENT AN INJURY CLINIC DURING FOOTBALL SEASON TO EVALUATE AND TREAT POSSIBLE CONCUSSIONS AND OT HER INJURIES SU VIDA, SU CORAZON / YOUR LIFE, YOUR HEART COMMUNITY INTERVENTION TO IMPROV E EDUCATION AND AWARENESS OF HEART DISEASE HEART DISEASE IS ONE OF THE MOST WIDESPREAD AND COSTLY HEALTH PROBLEMS FACING OUR NATION, EVEN THOUGH ITS ALSO ONE OF THE MOST PREVENTABL E HEART FAILURE AND STROKE ACCOUNT FOR MORE THAN $500 BILLION IN HEALTH CARE COSTS PER YE AR HEART FAILURE IS A PROGRESSIVE DISEASE, PRIMARILY CAUSED BY HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND DAMAGE TO THE HEART MUSCLE FROM CORONARY ARTERY DISEASE SCRIPPS HEALTH OF FERS A FIVE WEEK EDUCATIONAL BASED COMMUNITY INTERVENTION PROGRAM TO SUPPORT IMPROVED QUAL ITY OF LIFE FOR PATIENTS DIAGNOSED WITH HEART DISEASE TOBACCO USE, ALCOHOL ABUSE, LACK OF PHYSICAL ACTIVITY, POOR NUTRITION, STRESS AND DEPRESSION ARE SOME OF THE MAJOR CONTRIBUTI NG FACTORS LEADING TO HEART DISEASE, HEART FAILURE AND READMISSION RECENT LITERATURE SUGG EST THAT A LACK OF POST DISCHARGE SOCIAL SUPPORT AND EDUCATION ARE IMPORTANT TO PREVENT RE ADMISSION GROUP SESSIONS PROV

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FORM 990, PART III, LINE 4A (CONTINUED)	IDE EDUCATION AND SOCIAL SUPPORT DISCHARGE PLANNING THAT USES TRANSITIONAL COACHES HAS BE EN PROVEN TO REDUCE READMISSION RATES THE OVERALL GOAL OF YOUR LIFE, YOUR HEART IS TO DEC REASE THE READMISSION RATES FOR HEART FAILURE PATIENTS, WHICH REDUCES MEDICAL COSTS FOR TH E PATIENT AND IMPROVES THEIR QUALITY OF LIFE A TOTAL OF 33 COMMUNITY MEMBERS HAVE PARTICI PATED IN THIS EDUCATIONAL SERIES FOR THOSE AFFECTED BY HYPERTENSION, ANGINA, CARDIAC HEART FAILURE OR ANY OTHER HEART HEALTH CONCERNS TOPICS COVERED INCLUDE THE RISK OF HEART DISE ASE, SIGNS OF HEART ATTACK, DIABETES, CHOLESTEROL, PHYSICAL ACTIVITY, HEALTHY EATING AND M UCH MORE HEALTH ASSESSMENTS ARE REVIEWED INCLUDING WAIST CIRCUMFERENCE, WEIGHT, HEIGHT, B MI AND BLOOD PRESSURE OVERALL, PARTICIPANTS HAVE MADE A POSITIVE IMPACT FROM THE COURSE 2018 BE THERE SAN DIEGO PREVENTING HEART ATTACKS AND STROKES SUMMIT BE THERE SAN DIEGO IS AN UNPRECEDENTED, NATIONALLY-RECOGNIZED COLLABORATION AND COMMUNITY-WIDE ACTIVATION FOCUSE D ON PREVENTING HEART ATTACKS AND STROKES IN THE SAN DIEGO REGION SCRIPPS SPONSORED THE 2 018 SUMMIT AS IT IS A UNIQUE OPPORTUNITY TO BRING TOGETHER PHYSICIANS, COMMUNITY LEADERS, HEALTHCARE SYSTEMS, AND COMMUNITY PARTNERS TO IMPACT THE REGIONS HEALTH BY SHARING BEST PR ACTICES AND DISCUSSING STRATEGIES FOR FUTURE PROGRESS DIABETES DIABETES IS AN IMPORTANT H EALTH NEED BECAUSE OF ITS PREVALENCE, ITS IMPACT ON MORBIDITY AND MORTALITY, AND ITS PREVE NTABILITY AN ANALYSIS OF MORTALITY DATA FOR SAN DIEGO COUNTY FOUND THAT IN 2016 "DIABETES MELLITUS" WAS THE SEVENTH LEADING CAUSE OF DEATH A SUMMARY OF THE MAGNITUDE AND PREVALEN CE OF DIABETES IS DESCRIBED BELOW - THE SCRIPPS 2016 CHNA CONTINUED TO IDENTIFY DIABETES AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - THE C ENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IDENTIFY DIABETES AS THE SEVENTH LEADING C AUSE OF DEATH IN THE U S , AS WELL AS THE LEADING CAUSE OF KIDNEY FAILURE, NON-TRAUMATIC L OWER-LIMB AMPUTATIONS AND NEW CASES OF BLINDNESS AMONG ADULTS - THE NUMBER OF ADULTS DIAG NOSED WITH DIABETES IN THE U S HAS MORE THAN TRIPLED IN THE LAST 20 YEARS (CDC, 2017) - IN 2016, THERE WERE 734 DEATHS DUE TO DIABETES IN SAN DIEGO COUNTY OVERALL , A 3 7 PERCENT INCREASE WHEN COMPARED TO 2015 (708 DEATHS) THE AGE-ADJUSTED DEATH RATE DUE TO DIABETES WAS 20 7 PER 100,000 POPULATION - IN 2016, THERE WERE 4,132 HOSPITALIZATIONS DUE TO DIABE TES IN SAN DIEGO COUNTY THE AGE-ADJUSTED RATE OF HOSPITALIZATION WAS 120 9 PER 100,000 PO PULATION IN 2016, WHICH WAS SLIGHTLY LOWER THAN THE AGE-ADJUSTED RATE IN 2015 (123 1 PER 1 00,000 POPULATION) - IN 2016, THERE WERE 5,168 DIABETES-RELATED ED DISCHARGES IN SDC, AN 8 PERCENT I RELATED ED DISCHARGES WAS 151 9 PER 100,000 POPULATION IN 2016, WHICH WAS HIGH ER THAN THE AGE-ADJUSTED RATE IN 2015 (143 5 PER 100,000 POPULATION)

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FORM 990, PART III, LINE 4A (CONTINUED)	- ACCORDING TO 2016-2017 CHIS DATA, 8 6 PERCENT OF ADULTS LIVING IN SAN DIEGO COUNTY INDIC ATED THAT THEY HAD EVER BEEN DIAGNOSED WITH DIABETES, WHICH WAS LOWER THAN THE STATE OF CA LIFORNIA (9 9 PERCENT) DIABETES RATES AMONG SENIORS WERE PARTICULARLY HIGH, WITH 18 8 PER CENT OF SAN DIEGO COUNTY ADULTS OVER 65 REPORTING THAT THEY HAD EVER BEEN DIAGNOSED WITH D IABETES - ACCORDING TO 2016-2017 CHIS DATA, 12 3 PERCENT OF SAN DIEGO COUNTY RESIDENTS HA D BEEN TOLD BY THEIR DOCTOR THAT THEY HAVE PRE- OR BORDERLINE DIABETES - ACCORDING TO THE CDCS 2017 NATIONAL DIABETES STATISTICS REPORT, 87 5 PERCENT OF ADULTS DIAGNOSED WITH DIAB ETES WERE OVERWEIGHT OR OBESE TO PREVENT OR DELAY THE ONSET OF DIABETES, THE CDC RECOMMEN DS LIFESTYLE 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 INDIVIDUALS, 1 IN 4 IS NOT AWARE THEY HAVE THE DISEASE (CDC NATIONAL DIABETES STATISTICS R EPORT, 2017) THE PERCENTAGE OF ADULTS AGED 20 AND OLDER WHO HAVE EVER BEEN DIAGNOSED WITH DIABETES WAS 9 4% IN 2017 IN SAN DIEGO COUNTY AND HAS BEEN STEADILY RISING SINCE 2005 ACC ORDING TO THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION TYPE 2 DIABETES IS AN IMPORTANT TARGET FOR INTERVENTION BECAUSE HOSPITALIZATIONS DUE TO DIABETES RELATED COMPLICATIONS ARE POTENTIALLY PREVENTABLE WITH PROPER MANAGEMENT AND A HEALTHY LIF ESTYLE THERE ARE THREE MAJOR TYPES OF DIABETES TYPE 1, TYPE 2 AND GESTATIONAL ALL THREE TYPES SHARE SIMILAR CHARACTERISTICS, THE BODY LOSES THE ABILITY TO EITHER MAKE OR USE INS ULIN WITHOUT ENOUGH INSULIN, GLUCOSE STAYS IN THE BLOOD, CREATING DANGEROUS BLOOD SUGAR L EVELS OVER TIME, THIS BUILDUP DAMAGES KIDNEYS, HEART, NERVES, EYES AND OTHER ORGANS TYPE 2 DIABETES, ONCE KNOWN AS ADULT ONSET OR NONINSULIN DEPENDENT DIABETES, IS A CHRONIC COND ITION THAT AFFECTS THE WAY YOUR BODY METABOLIZES SUGAR (GLUCOSE), WHICH IS YOUR BODYS MAIN SOURCE OF FUEL WITH TYPE 2 DIABETES, YOUR BODY EITHER RESISTS THE EFFECTS OF INSULIN, A HORMONE THAT REGULATES THE MOVEMENT OF SUGAR INTO YOUR CELLS OR DOESNT PRODUCE ENOUGH INSU LIN TO MAINTAIN A NORMAL GLUCOSE LEVEL IF LEFT UNTREATED, TYPE 2 DIABETES CAN BE LIFE THR EATENING CLINICAL SYMPTOMS CAN INCLUDE FREQUENT URINATION, EXCESSIVE THIRST, EXTREME HUN GER, SUDDEN VISION CHANGES, UNEXPLAINED WEIGHT LOSS, EXTREME FATIGUE, SORES THAT ARE SLOW TO HEAL, AND INCREASED NUMBER OF INFECTIONS TYPE 2 DIABETES HAS REACHED EPIDEMIC PROPORTI ONS, AND PEOPLE OF HISPANIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE DISEASE AND THE C OMPLICATIONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMPUTATION IN FACT, IT IS ESTIMATED THAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULTHOOD THIS IS ESPECIALLY TRUE IN THE S OUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOSED DIABET

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FORM 990, PART III, LINE 4A (CONTINUED)	ES AND TENS OF THOUSANDS MORE WHO ARE UNDIAGNOSED, HAVE PRE- DIABETES AND ARE AT HIGH RISK OF DEVELOPING DIABETES SOME ALARMING FACTS ABOUT TYPE 2 DIABETES - DIABETES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE, AND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STA TES AND CALIFORNIA - MORE THAN 1 OUT OF 3 ADULTS HAVE PREDIABETES AND 15 TO 30% OF THOSE WITH PREDIABETES WILL DEVELOP TYPE 2 DIABETES WITHIN 5 YEARS - NINE OUT OF 10 PEOPLE WITH PREDIABETES DONT KNOW THEY HAVE IT SOME RISK FACTORS FOR DEVELOPING DIABETES INCLUDE - BEING OVERWEIGHT OR OBESE - HAVING A PARENT, BROTHER OR SISTER WITH DIABETES - SMOKING - HAVING BLOOD PRESSURE MEASURING 140/90 OR HIGHER - BEING PHYSICALLY INACTIVE, EXERCISING FEWER THAN THREE TIMES A WEEK - A HISTORY OF GESTATIONAL DIABETES - IF YOU ARE 65 YEARS O F AGE OR OLDER A STUDY BY THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA) CENTER FOR HEAL TH POLICY RESEARCH FOUND THAT 13 MILLION ADULTS IN CALIFORNIA (46 PERCENT) ARE ESTIMATED T O HAVE PREDIABETES OR UNDIAGNOSED DIABETES, WHILE ANOTHER 2 5 MILLION (9 PERCENT) HAVE ALR EADY BEEN DIAGNOSED WITH DIABETES (UCLA CENTER FOR HEALTH POLICY RESEARCH, 2016) THE COMP LICATIONS RELATED TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DI ABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM, LEADING TO SCHOOL AND WORK ABSENTEEISM, ELEV ATED HOSPITALIZATION RATES, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIE S AND SOMETIMES DEATH DURING FISCAL YEAR 2018, SCRIPPS SPONSORED THE FOLLOWING DIABETES M ANAGEMENT INITIATIVES WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA T HE WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA SERVES ONE OF SAN DIE GOS COMMUNITIES HIT HARDEST BY THE DIABETES EPIDEMIC NEARLY 40 PERCENT OF PATIENTS ADMITT ED TO SCRIPPS MEMORIAL HOSPITAL CHULA VISTA, AND NEARLY 32 PERCENT OF PATIENTS IN THE HEAR T CATHETERIZATION LAB, HAVE DIABETES COUNTY STATISTICS TELL US THAT THE RATES OF DEATH, H OSPITALIZATIONS AND EMERGENCY ROOM VISITS ARE TWICE AS HIGH IN CHULA VISTA COMPARED TO ALL OF SAN DIEGO COUNTY WITH THE GENEROUS SUPPORT OF PHILANTHROPIST RICHARD WOLTMAN, THE CEN TER ADDED CRITICAL CLASSROOM SPACE IN 2017 TO MEET THE HIGH DEMAND FOR SERVICES THE CENTE R OFFERS A FULL RANGE OF WELLNESS, PREVENTION, DIABETES EDUCATION AND NUTRITION SERVICES I N ENGLISH AND SPANISH PROJECT DULCE PROJECT DULCE IS A COMPREHENSIVE, CULTURALLY SENSITIV E DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED PEOPLE IN SAN DIEGO COUNTY TH E PROGRAM IS TEAM BASED AND INCORPORATES THE CHRONIC CARE MODEL PROJECT DULCE HAS BEEN AC TIVE IN COMMUNITIES ACROSS SAN DIEGO FOR THE PAST 19 YEARS, PROVIDING DIABETES CARE AND SE LF-MANAGEMENT EDUCATION NURSE LED TEAMS STRIVE FOR MEASURABLE IMPROVEMENTS IN THEIR PATIE NTS HEALTH, NURSE EDUCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATORS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATI ENT EDUCATION FOR THEIR COMMUN

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FORM 990, PART III, LINE 4A (CONTINUED)	ITIES THIS INNOVATIVE PROGRAM COMBINES STATE OF THE ART CLINICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS ONE OF THE PRIMARY COMPONENTS OF THE PRO GRAM IS RECRUITING PEER EDUCATORS FROM THE COMMUNITY TO WORK DIRECTLY WITH PATIENTS THESE EDUCATORS REFLECT THE DIVERSE POPULATION AFFECTED BY DIABETES AND HELP TEACH OTHERS ABOUT CHANGING EATING HABITS, ADOPTING EXERCISE ROUTINES AND OTHER WAYS TO HELP MANAGE THIS CHR ONIC DISEASE IN FY18, PROJECT DULCE PROVIDED 5,699 DIABETES CARE, RETINAL SCREENINGS AND EDUCATION VISITS FOR LOW INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO AND ENROL LED 1,067 NEW PROJECT DULCE PATIENTS MEDICAL ASSISTANT HEALTH COACHING (MAC) DIABETES AFF ECTS NEARLY 30 MILLION INDIVIDUALS IN THE U S , AND IF CURRENT TRENDS CONTINUE, 1 OF 3 ADU LTS WILL HAVE DIABETES BY 2050 DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME) IS A CORNERSTONE OF EFFECTIVE CARE THAT IMPROVES CLINICAL CONTROL AND HEALTH OUTCOMES, HOWEVER , DSME PARTICIPATION IS LOW, PARTICULAR AMONG UNDERSERVED POPULATIONS, AND ONGOING SUPPORT IS OFTEN NEEDED TO MAINTAIN DSME GAINS IN 2015, THE NATIONAL INSTITUTE OF DIABETES AND D IGESTIVE AND KIDNEY DISEASES (NIH/NIDDK) GRANTED SCRIPPS WHITTIER DIABETES INSTITUTE $2 1 MILLION TO FUND THE MAC TRIAL, WHICH IS STUDYING AN INNOVATIVE TEAM CARE APPROACH THAT TRA INS MEDICAL ASSISTANTS (MAS) TO PROVIDE HEALTH COACHING IN THE PRIMARY CARE SETTING TO PAT IENTS WITH POORLY CONTROLLED TYPE 2 DIABETES, HELP THEM PROBLEM SOLVE, AND IMPROVE THEIR D IABETES-RELATED HEALTH OUTCOMES THE GOALS INCLUDE IMPROVING DIABETES SELF-MANAGEMENT AND CLINICAL OUTCOMES, SUCH AS BLOOD GLUCOSE LEVELS, CHOLESTEROL AND BLOOD PRESSURE THE STUDY IS BEING CONDUCTED IN TWO DIVERSE SETTINGS A SCRIPPS HEALTH PRIMARY CARE PRACTICE, AND A COMMUNITY HEALTH CENTER, NEIGHBORHOOD HEALTHCARE

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FORM 990, PART III, LINE 4A (CONTINUED)	DIABETES PREVENTION THE UCLA CENTER FOR HEALTH POLICY AND RESEARCH RECENTLY PUBLISHED DATA THAT REVEALED NEARLY HALF OF CALIFORNIA ADULTS HAVE PREDIABETES OR DIABETES WHILE THE SC RIPPS WHITTIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WITH DIABETE S FOR DECADES, THE INSTITUTE CONTINUED WITH THE SCRIPPS DIABETES PREVENTION PROGRAM (DPP), WHICH IS A YEARLONG INTERVENTION WHERE PEOPLE WITH PREDIABETES MEET WEEKLY FOR 16 WEEKS, THEN MONTHLY THEREAFTER THE DPP IS AN INTENSIVE LIFESTYLE INTERVENTION PROGRAM THAT HAS B EEN PROVEN TO PREVENT DIABETES IN LARGE-SCALE NATIONAL STUDIES THE PRIMARY OBJECTIVE IS T O LOSE 5 TO 7% OF BODY WEIGHT THROUGH HEALTHY EATING AND PHYSICAL ACTIVITY THE DIABETES P REVENTION PROGRAM (DPP) HAS BEEN THOROUGHLY EVALUATED IN NIH SPONSORED RANDOMIZED CONTROLL ED TRIALS, AND HAS BEEN FOUND TO DECREASE THE NUMBER OF NEW CASES OF DIABETES AMONG THOSE WITH PREDIABETES BY 58% AMONG PEOPLE OVER AGE 60, THERE WAS A 71% REDUCTION IN NEW CASES IN 2018, 212 PATIENTS ATTENDED 78 SCRIPPS DPP ORIENTATION SESSIONS MUCH OF THE EFFORT IS FOCUSED IN THE SOUTH BAY FOR THE LATINO POPULATION, WHICH IS AT HIGHER RISK OF GETTING DI ABETES THAN THEIR WHITE COUNTERPARTS DIGITAL DIABETES- ME AN ADAPTIVE MHEALTH INTERVENTI ON FOR UNDERSERVED HISPANICS WITH DIABETES DIABETES IS A FAST-GROWING EPIDEMIC, AFFLICTING 29 1 MILLION AMERICANS AND COSTING MORE THAN $245 BILLION A YEAR, ACCORDING TO THE AMERIC AN DIABETES INSTITUTE HISPANICS FACE A HIGHER RISK OF DEVELOPING THE DISEASE 13 9 PERCENT COMPARED WITH 7 6 PERCENT FOR NON-HISPANIC WHITES THE NIHS NATIONAL INSTITUTE OF DIABETE S AND DIGESTIVE AND KIDNEY DISEASES AWARDED $2 9 MILLION, THE LARGEST NIH AWARD TO SCRIPPS WHITTIER DIABETES INSTITUTE TO DATE, TO STUDY AN INNOVATIVE APPROACH TO HELPING HISPANICS WITH DIABETES BETTER MANAGE THEIR DISEASE DULCE DIGITAL-ME PROVIDED PATIENTS WITH TOOLS TO HELP THEM MANAGE THEIR DIABETES DAY TO DAY AND IMPROVE THEIR HEALTH, INCLUDING TEXT MES SAGING, WIRELESS BLOOD GLUCOSE AND MEDICATION MONITORING, DIET AND EXERCISE ASSESSMENTS, A ND PERSONALIZED FEEDBACK AND GOAL-SETTING THIS STUDY WAS CONDUCTED IN COLLABORATION WITH NEIGHBORHOOD HEALTHCARE, SAN DIEGO STATE UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA SAN D IEGO THE PARTICIPANTS RECEIVED HEALTH-RELATED TEXT MESSAGES EVERY DAY FOR SIX MONTHS AND THEY SAW IMPROVEMENTS IN THEIR BLOOD SUGAR LEVELS THAT EQUALED THOSE RESULTING FROM SOME G LUCOSE-LOWERING MEDICATIONS THE DULCE DIGITAL CLINICAL TRIAL REPRESENTS THE FIRST RANDOMI ZED CONTROLLED STUDY TO LOOK AT THE USE OF TEXT MESSAGES TO HELP UNDERSERVED HISPANICS BET TER SELF-MANAGE THEIR DIABETES THROUGH GLYCEMIC CONTROL THE RESULTS WERE PUBLISHED BY DIA BETES CARE IN AN ONLINE PRE-PRINT VERSION OF THE STUDY, WHICH IS SCHEDULED TO BE PUBLISHED IN A FUTURE ISSUE OF THE JOURNAL HEALTHY LIVING IN 2015, SCRIPPS BEGAN HEALTHY LIVING CL ASSES WHICH ARE OPEN TO ANYONE INTERESTED IN LEARNING ABOUT THE BENEFITS OF GOOD NUTRITION , PHYSICAL ACTIVITY, AND AVOID

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FORM 990, PART III, LINE 4A (CONTINUED)	ING TOBACCO THESE BEHAVIORS CAN HELP TO PREVENT THE FOUR CHRONIC DISEASES (LUNG DISEASE, CANCER, TYPE 2 DIABETES AND, CARDIOVASCULAR DISEASE) THAT CONTRIBUTE TO 50 PERCENT OF ALL THE DEATHS IN THE US THE THREE-CLASS SERIES IS HELD AT LOCATIONS THROUGHOUT THE COMMUNITY TWO HUNDRED AND EIGHT PEOPLE ATTENDED HEALTHY LIVING CLASSES THAT WERE PROVIDED THROUGHO UT THE COUNTY, AGAIN WITH SPECIAL ATTENTION TO THE LATINO COMMUNITY OF THE SOUTH BAY SCRI PPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING SCRIPPS WHITTIER DIABE TES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STATE OF THE ART EDUCATION AND TRAINING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS WITH THE RISE IN DIABETES RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIANS WITH THE LATES T INFORMATION AND CLINICAL SKILLS THE WHITTIERS PROFESSIONAL EDUCATION PROGRAM IS LED BY A TEAM OF EXPERTS, INCLUDING ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSYCHOLOGISTS AND OTHE R DIABETES SPECIALIST THESE INDIVIDUALS TRAIN PRACTICING PROFESSIONALS TO DELIVER THE BES T POSSIBLE CARE FOR THEIR DIABETES PATIENTS COURSES RESPOND TO THE NEEDS OF ALLIED HEALTH PROFESSIONALS SEEKING TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TYPE 1 , TYPE 2 AND GESTATIONAL DIABETES PROFESSIONAL EDUCATION WAS PROVIDED FOR 528 PEOPLE ON I NSULIN MANAGEMENT, INCRETIN THERAPY, AND DIABETES DIET AND DIABETES BASICS PARTICIPANTS C AME FROM LOCAL HEALTH INSTITUTIONS AND THROUGHOUT THE UNITED STATES TO LEARN FROM THE WHIT TIER INSTITUTES MOST EXPERIENCED DIABETES EXPERTS OVER THE LAST FISCAL YEAR, THE WHITTIER INSTITUTES PROFESSIONAL EDUCATION DEPARTMENT PROVIDED FOUR CME PROGRAMS FOR PHYSICIANS, N URSES, PHARMACISTS, DIETITIANS, MIDLEVEL PROVIDERS AND SOCIAL WORKERS AND MADE NUMEROUS AC ADEMIC AND RESEARCH PRESENTATIONS AT PROFESSIONAL ASSOCIATION MEETINGS RETINAL SCREENING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LOSE THEIR VISION AS A RESULT OF DIABETIC-RELATED EYE DISEASE (DIABETIC RETINOPATHY) EVEN THOUGH 95 PERCENT OF DIABETIC BLINDNESS COULD BE PREVENTED WITH EARLY DIAGNOSIS AND TREATMENT FOR MORE THAN A DECADE, S CRIPPS HAS BEEN SCREENING PEOPLE IN UNDERSERVED COMMUNITIES FOR DIABETIC RETINOPATHY USING A MOBILE CAMERA OUR FREE OR LOW-COST EYE EXAMS DIAGNOSE INDIVIDUALS AT HIGH RISK FOR RET INAL DAMAGE AND HELP PATIENTS GET TREATMENT AND REFERRALS TO SPECIALISTS IN FY18, 534 PEO PLE WERE SCREENED, AND 33 52 PERCENT HAD SOME DEGREE OF DIABETES-RELATED EYE DISEASE THIS PROGRAM REFERRED 31 PEOPLE WHO HAD ADVANCED DISEASE, 5 81 PERCENT OF ALL SCREENED OR NEAR LY 17 32 PERCENT OF POSITIVES, TO SPECIALISTS FOR FURTHER CARE HEALTH RELATED BEHAVIORS H EALTH RELATED BEHAVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPLES HEALTH AND WELL-BE ING ITS IMPORTANCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICINE HAS ADVANCED DISEAS ES THAT WERE ONCE INCURABLE CAN NOW BE PREVENTED OR SUCCESSFULLY TREATED HEALTH RELATED B EHAVIORS, SUCH AS IMMUNIZATION

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FORM 990, PART III, LINE 4A (CONTINUED)	, SMOKING CESSATION, IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY, ORAL HEALTH AND INJU RY PREVENTION, HAVE BECOME IMPORTANT COMPONENTS OF LONG TERM LIFE THE RISK FACTORS FOR MA NY CHRONIC DISEASES ARE WELL KNOWN IN PARTICULAR, AN UNHEALTHY DIET, PHYSICAL INACTIVITY AND SUBSTANCE ABUSE HAVE NEED CITED BY THE WORLD HEALTH ORGANIZATION (HTTP //WWW WHO INT/C HP) AS IMPORTANT HEALTH BEHAVIORS THAT CONTRIBUTE TO ILLNESSES SUCH AS CARDIOVASCULAR DISE ASE, CANCER, CHRONIC RESPIRATORY DISEASE, DIABETES, AND OTHERS INCLUDING MENTAL DISORDERS AND ORAL DISEASES - THE HASD&IC 2016 CHNA PROCESS CONTINUED TO IDENTIFY THE FOLLOWING AMO NG THE TOP PRIORITY HEALTH CONDITIONS IN SAN DIEGO COUNTY HOSPITALS DIABETES, OBESITY, CA RDIOVASCULAR DISEASE AND STROKE, MENTAL HEALTH AND MENTAL DISORDERS, UNINTENTIONAL INJURY, HIGH-RISK PREGNANCY, ASTHMA, CANCER, BACK PAIN, INFECTIOUS DISEASE AND RESPIRATORY DISEAS ES RESULTS OF THE FITNESSGRAM PHYSICAL FITNESS TEST SHOW THAT 29 35% OF CHILDREN IN GRADES 5,7 AND 9 RANKED WITHIN THE "HIGH RISK"NEEDS IMPROVEMENT" ZONES FOR AEROBIC CAPACITY FOR THE 20132014 YEAR THE PERCENTAGE OF CHILDREN THAT ARE NOT IN THE HEALTHY FITNESS ZONE VAR IES AMONG ETHNIC GROUPS WITH THE LOWEST BEING NON-HISPANIC ASIANS AT 20 6% AND THE HIGHEST BEING HISPANIC OR LATINOS AT 42 1% ALTHOUGH THIS IS SMALLER THAN THE STATE AVERAGE OF 36 9%, IT IS STILL CAUSE FOR CONCERN AND MAY LEAD TO SIGNIFICANT HEALTH ISSUES, SUCH AS OBES ITY, DIABETES, AND POOR CARDIOVASCULAR HEALTH - ALCOHOL CONSUMPTION THE PERCENTAGE OF AD ULTS AGE 18 AND OLDER WHO SELF-REPORT HEAVY ALCOHOL CONSUMPTION (DEFINED AS MORE THAN TWO DRINKS PER DAY ON AVERAGE FOR MEN AND ONE DRINK PER DAY ON AVERAGE FOR WOMEN) IS 17 2% IN SAN DIEGO COUNTY ACCORDING TO THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) BEHA VIORS SUCH AS EXCESSIVE ALCOHOL CONSUMPTION ARE DETRIMENTAL TO FUTURE HEALTH AND MAY ILLUS TRATE OR PRECLUDE SIGNIFICANT HEALTH ISSUES, SUCH AS CIRRHOSIS, CANCER, AND UNTREATED MENT AL AND BEHAVIORAL HEALTH NEEDS - TOBACCO USAGE THE BFRSS ALSO REPORTS THAT 12 1% OF ADUL TS AGE 18 AND OLDER SELF-REPORTED CURRENTLY SMOKING CIGARETTES SOME DAYS OR EVERY DAY COMP ARE TO 18 1% IN THE UNITED STATES, ADJUSTED FOR AGE TOBACCO USE IS LINKED TO LEADING CAUS ES OF DEATH INCLUDING CANCER AND CARDIOVASCULAR DISEASE - THE HHSAS LIVE WELL SAN DIEGO (LWSD) 3-4-50 INITIATIVE IDENTIFIED THREE BEHAVIORS (POOR DIET, PHYSICAL INACTIVITY AND TOB ACCO USE) THAT CONTRIBUTE TO FOUR CHRONIC CONDITIONS (CANCER, HEART DISEASE/STROKE, TYPE 2 DIABETES AND PULMONARY DISEASES), WHICH RESULT IN MORE THAN 50 PERCENT OF DEATHS WORLDWID E IN 2015, 54 PERCENT OF ALL DEATHS IN SDC WERE ATTRIBUTED TO 3-4-50 CONDITIONS - IN 201 6, 16 3 PERCENT OF ADULTS AGES 18 AND OLDER IN SDC SELF-REPORTED EATING AT FAST-FOOD RESTA URANTS FOUR OR MORE TIMES EACH WEEK (CHIS, 2016)

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FORM 990, PART III, LINE 4A (CONTINUED)	- THE HASD&IC AND SCRIPPS 2016 CHNA COMMUNITY ENGAGEMENT ACTIVITIES EMPHASIZED 10 SOCIAL D ETERMINANTS OF HEALTH (SDOH) AS HAVING A SERIOUS IMPACT ON THE FOUR PRIORITY HEALTH ISSUES IN SAN DIEGO COUNTY (CARDIOVASCULAR DISEASE, TYPE 2 DIABETES, BEHAVIORAL HEALTH AND OBESI TY) THESE 10 SOCIAL DETERMINANTS ARE FOOD INSECURITY AND ACCESS TO HEALTHY FOOD, ACCESS TO CARE OR SERVICES, HOMELESS/HOUSING ISSUES, PHYSICAL ACTIVITY, EDUCATION/KNOWLEDGE, CULT URAL COMPETENCY, TRANSPORTATION, INSURANCE ISSUES, STIGMA, AND POVERTY - KEY INFORMANT IN TERVIEWS CONDUCTED AS PART OF THE HASD&IC 2016 CHNA SUGGESTED SEVERAL HEALTH IMPROVEMENT S TRATEGIES TO ADDRESS THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED FOR SAN DIEGO COUNTY THES E STRATEGIES INCLUDE BEHAVIORAL HEALTH PREVENTION AND STIGMA REDUCTION, EDUCATION ON DISE ASE MANAGEMENT AND FOOD INSECURITY, INTEGRATING PHYSICAL AND MENTAL HEALTH CARE, BETTER CO ORDINATION OF CARE, GREATER CULTURAL COMPETENCE AND DIVERSITY, AND ENGAGEMENT OF PATIENT N AVIGATORS AND CASE MANAGERS IN THE COMMUNITY - FRUIT/VEGETABLE CONSUMPTION ACCORDING TO DATA FROM CALIFORNIA HEALTH INTERVIEW SURVEY, 48 3% OF CHILDREN AGE 2 AND OLDER REPORTED C ONSUMING LESS THAN FIVE SERVINGS OF FRUITS AND VEGETABLES A DAY COMPARED TO 47 7% IN CALIF ORNIA OVERALL ADULTS AGE 18 AND OVER REPORTED EVEN LESS FRUIT AND VEGETABLE CONSUMPTION APPROXIMATELY 70 5% OF ADULTS REPORTED EATING THE RECOMMENDED AMOUNT EACH DAY UNHEALTHY E ATING HABITS ARE A SIGNIFICANT CONTRIBUTING FACTOR TO FUTURE HEALTH ISSUES INCLUDING OBESI TY AND DIABETES - PHYSICAL INACTIVITY ACCORDING TO THE CDCS NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, 14 9% OF ADULTS AGE 20 AND OLDER SELF-REPORTED TH AT THEY PERFORM NO LEISURE TIME PHYSICAL ACTIVITY HIGHER RATES OF LIMITED LEISURE TIME AC TIVITY WERE REPORTED AT THE STATE AND NATIONAL LEVEL (16 6% AND 22 6% RESPECTIVELY) FOR Y OUTH RESULTS OF THE FITNESSGRAM PHYSICAL FITNESS TEST SHOW THAT 29 35% OF CHILDREN IN GRAD ES 5,7 AND 9 RANKED WITHIN THE HIGH RISK OR NEEDS IMPROVEMENT ZONES FOR AEROBIC CAPACITY F OR THE 20132014 YEAR THE PERCENTAGE OF CHILDREN THAT ARE NOT IN THE HEALTHY FITNESS ZONE VARIES AMONG ETHNIC GROUPS WITH THE LOWEST BEING NON-HISPANIC ASIANS AT 20 6% AND THE HIGH EST BEING HISPANIC OR LATINOS AT 42 1% ALTHOUGH THIS IS SMALLER THAN THE STATE AVERAGE OF 36 9%, IT IS STILL CAUSE FOR CONCERN AND MAY LEAD TO SIGNIFICANT HEALTH ISSUES, SUCH AS O BESITY, DIABETES, AND POOR CARDIOVASCULAR HEALTH - ALCOHOL CONSUMPTION THE PERCENTAGE OF ADULTS AGE 18 AND OLDER WHO SELF-REPORT HEAVY ALCOHOL CONSUMPTION (DEFINED AS MORE THAN T WO DRINKS PER DAY ON AVERAGE FOR MEN AND ONE DRINK PER DAY ON AVERAGE FOR WOMEN) IS 17 2% IN SAN DIEGO COUNTY ACCORDING TO THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) B EHAVIORS SUCH AS EXCESSIVE ALCOHOL CONSUMPTION ARE DETRIMENTAL TO FUTURE HEALTH AND MAY IL LUSTRATE OR PRECLUDE SIGNIFICANT HEALTH ISSUES, SUCH AS CIRRHOSIS, CANCER, AND UNTREATED M ENTAL AND BEHAVIORAL HEALTH NE

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FORM 990, PART III, LINE 4A (CONTINUED)	EDS - TOBACCO USAGE THE BFRSS ALSO REPORTS THAT 12 1% OF ADULTS AGE 18 AND OLDER SELF-RE PORTED CURRENTLY SMOKING CIGARETTES SOME DAYS OR EVERY DAY COMPARE TO 18 1% IN THE UNITED STATES, ADJUSTED FOR AGE TOBACCO USE IS LINKED TO LEADING CAUSES OF DEATH INCLUDING CANCE R AND CARDIOVASCULAR DISEASE - THE HHSAS LIVE WELL SAN DIEGO (LWSD) 3-4-50 INITIATIVE IDE NTIFIED THREE BEHAVIORS (POOR DIET, PHYSICAL INACTIVITY AND TOBACCO USE) THAT CONTRIBUTE T O FOUR CHRONIC CONDITIONS (CANCER, HEART DISEASE/STROKE, TYPE 2 DIABETES AND PULMONARY DIS EASES), WHICH RESULT IN MORE THAN 50 PERCENT OF DEATHS WORLDWIDE IN 2015, 54 PERCENT OF A LL DEATHS IN SDC WERE ATTRIBUTED TO 3-4-50 CONDITIONS - IN 2016, 16 3 PERCENT OF ADULTS A GES 18 AND OLDER IN SDC SELF-REPORTED EATING AT FAST-FOOD RESTAURANTS FOUR OR MORE TIMES E ACH WEEK (CHIS, 2016) UNDERSTANDING THAT PERSONAL BEHAVIORS PLAY A SIGNIFICANT ROLE IN AN INDIVIDUALS OVERALL HEALTH STATUS, SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLN ESS PROGRAMS THAT HELP PEOPLE TAKE CHARGE OF THEIR OWN, AND THEIR FAMILIES, HEALTH DURING FISCAL YEAR 2018, SCRIPPS SPONSORED A NUMBER OF HEALTH BEHAVIOR MODIFICATION EFFORTS COM MUNITY PROGRAMS AND CLINICAL SERVICES OF SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNITY BENE FITS AND FAMILY MEDICINE RESIDENCY PROGRAMS HAVE DELIVERED EXTENSIVE VALUE WITH SUPERIOR O UTCOMES COMMUNITY SERVICES COMBINED REACHED 43,872 (11,400 SCRIPPS MERCY HOSPITAL + 2,000 PROGRAM PARTICIPANTS RESIDENCY + 30,472 RESIDENCY CLINIC VISITS) PROGRAM PATIENTS AND PAR TICIPANTS THERE WERE MORE THAN 30,472 (24,849 RESIDENCY CLINICAL SERVICES + 2523 SCHOOL B ASED CLINIC + 3100 OTHER COMMUNITY CLINICS AND RESIDENCY) CLINICAL VISITS PROVIDED BY SCRI PPS FAMILY MEDICINE RESIDENCY COMMUNITY BASED HEALTH IMPROVEMENT ACTIVITIES EACH MONTH AP PROXIMATELY 11,400 COMMUNITY MEMBERS PARTICIPATE IN CLASSES, PREVENTION LECTURES AND SUPPO RT GROUPS HELD AT THE WELL BEING CENTER SENIOR FOCUSED ACTIVITIES AT ST CHARLES NUTRITIO N CENTER AND NORMAN PARK SENIOR CENTER REACHED OVER 200 PARTICIPANTS YOUTH EDUCATIONAL PR OGRAM ACTIVITIES SCRIPPS CHULA VISTA COMMUNITY BENEFITS SERVICES IMPLEMENTED A WIDE VARIET Y OF YOUTH IN HEALTH CAREER ACTIVITIES INCLUDING CAMP SCRIPPS, MENTORING PROGRAMS, HOSPIT AL TOURS, IN- CLASSROOM PRESENTATIONS AND SURGERY VIEWINGS SCRIPPS FAMILY MEDICINE RESIDE NTS ALSO PROVIDE FOOTBALL GAME COVERAGE, SPORT INJURY CLINICS AND PHYSICALS A TOTAL OF 3, 391 YOUTH PARTICIPATED IN THESE PROGRAMS CAMP SCRIPPS DESIGNED TO INTRODUCE YOUTH TO HEAL TH CAREERS, THIS PROGRAM IS A THREE-WEEK CAMP EXPERIENCE TO EDUCATE YOUTH PARTICIPANTS ON THE DUTIES PERFORMED BY HEALTH CARE PROFESSIONALS IN VARIOUS MEDICAL FIELDS PARTICIPANTS RECEIVE OPPORTUNITIES FOR INTERACTIONS WITH THE HEALTH PROFESSIONALS CAMP ACTIVITIES INCL UDE TOURS OF HOSPITAL DEPARTMENTS, HANDS-ON ACTIVITIES WITH HEALTH CARE PROFESSIONALS AND PRESENTATIONS ON SPECIFIC HEALTH CAREERS AND/OR HEALTH-RELATED ISSUES EXAMPLES OF ACTIVIT IES INCLUDE VISITS TO THE LABO

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FORM 990, PART III, LINE 4A (CONTINUED)	RATORY, RADIOLOGY, NURSING UNITS AND THE CATH LAB FAMILY MEDICINE RESIDENTS PROVIDE A VAR IETY OF PRESENTATIONS AND INTERACTION ACTIVITIES FOR THE YOUTH SOME OF THESE INCLUDE "DOC 101VISITS TO SPECIFIC HOSPITAL DEPARTMENTS MENTORING PROGRAM DESIGNED TO HELP HIGH SCHOO L STUDENTS SET A COURSE FOR A SUCCESSFUL CAREER IN HEALTH CARE, PARTICIPANTS ARE PAIRED WI TH VARIOUS HEALTH AND SOCIAL SERVICE PROFESSIONALS FOR HOURLY SESSIONS TWICE A WEEK FOR FI VE WEEKS IN THE HOSPITAL SETTING STUDENTS ARE EXPOSED TO A VARIETY OF DUTIES AND ROLES AN D VARIOUS DEPARTMENTS STUDENTS LEARN FIRST-HAND FROM THEIR MENTORS ABOUT THE PARTICULARS OF THAT DEPARTMENT AND POSITION INCLUDING THE PATH THEY NEED TO TAKE IN ORDER TO ACHIEVE A CAREER GOAL STUDENTS ALSO RECEIVE PRESENTATIONS ON VARIOUS HEALTH CAREERS AND JOB READIN ESS FAMILY MEDICINE RESIDENTS ARE MENTORS FOR THIS PROGRAM AND MEET WITH THE STUDENTS EAC H WEEK STUDENTS WILL SHADOW RESIDENTS DURING ROUNDS AND THROUGHOUT THE EXPERIENCE HEALTH PROFESSIONS OVERVIEW 101 STUDENTS FROM LOCAL HIGH SCHOOLS TOUR THE HOSPITAL IN DEPARTMENT S WHERE PATIENTS ARE NOT PRESENT FAMILY MEDICINE RESIDENTS EXPOSE STUDENTS TO THE 80 OR M ORE HEALTH PROFESSIONS IN THE HOSPITAL THESE TOURS ARE DESIGNED TO PEAK STUDENTS INTEREST IN PURSUING A CAREER IN HEALTH CARE HEALTH PROFESSIONALS IN THE CLASSROOM HEALTH CARE PR OFESSIONALS, SUCH AS MEDICAL RESIDENTS, DIETICIANS, NURSES AND DOCTORS, ENLIGHTEN STUDENTS ON HEALTH CARE CAREERS AND HEALTH RELATED TOPICS THESE ARE INTERACTIVE SESSIONS ON NURSI NG 101, DOC 101, HEALTH AND NUTRITION, STROKE PREVENTION, BREAST HEALTH, TEEN PREGNANCY, S UBSTANCE ABUSE, STDS, HEALTH PROFESSIONS 101 AND MENTAL HEALTH ISSUES THAT IMPACT HIGH SCH OOL STUDENTS STUDENTS RECEIVE HEALTH CAREER TOOLS/BROCHURES THAT INCLUDE INFORMATION ON E DUCATION REQUIREMENTS, SCHOLARSHIPS AND WAY TO PAY FOR COLLEGE FAMILY MEDICINE RESIDENTS THROUGHOUT THE YEAR WILL PRESENT IN THE CLASSROOM SURGERY VIEWING INTERESTED STUDENTS HAV E AN OPPORTUNITY TO OBSERVE ELECTIVE SURGERIES SUCH AS TOTAL KNEE AND HIP REPLACEMENTS ST UDENTS ARE ABLE TO INTERACT AND TO ASK ON THE SPOT QUESTIONS WITH THE SURGEONS AND OTHER O PERATING ROOM STAFF MEMBERS SCHOOL BASED CLINICS TWO HEALTH CLINICS AT PALOMAR AND SOUTHW EST HIGH SCHOOL ARE ESTABLISHED FOR MEDICAL RESIDENTS TO GAIN ADDITIONAL SKILLS IN ADOLESC ENT MEDICINE AND FOR YOUTH TO GAIN THE KNOWLEDGE, ATTITUDES, AND SKILLS NECESSARY TO PURSU E HEALTH CAREERS DESIGNED BY STUDENTS, FAMILY MEDICINE RESIDENTS AND FACULTY BASED ON YOU TH NEEDS ASSESSMENT SURVEYS, RESIDENTS AND STUDENTS INTERACT TWICE PER WEEK AT THE CLINIC PROVIDING ADOLESCENT MEDICINE

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FORM 990, PART III, LINE 4A (CONTINUED)	SENIOR PROGRAMS EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD IN PARTNERSHIP WITH LOCAL SENIOR CENTERS, CHURCHES, AND SENIOR HOUSING THE FOLLOWING PROGRAMS ARE CONDUCTED AS PAR T OF SCRIPPS MERCY HOSPITAL CHULA VISTAS SAN DIEGO BORDER AREA HEALTH EDUCATION CENTER AND SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM THESE SENIOR HEALTH CHATS ARE DESIGNED TO PROV IDE HEALTH EDUCATION TO THE OLDER ADULT COMMUNITY APPROXIMATELY 20-25 SENIORS ATTEND THES E MONTHLY THROUGHOUT THE YEAR THESE PRESENTATIONS INCLUDE A VARIETY OF HEALTH AND AGE REL ATED TOPICS THAT INCLUDE NUTRITION, HEARING LOSS, AND MAINTAINING A HEALTHY LIFE STYLE TH ESE PRESENTATIONS ARE FACILITATED BY VARIOUS HEALTH CARE PROFESSIONS AND RESIDENTS TOPICS ARE ALL CHOSEN BY THE SENIORS THEMSELVES SO AS TO MEET THEIR LOCAL NEEDS ALSO, THE HEALT H CHATS PROVIDE AN INTERCHANGE BETWEEN THE COMMUNITY MEMBERS AND OUR MEDICAL RESIDENTS AND OTHER HEALTH CARE PROFESSIONALS TO FOSTER HEALTHY LIFESTYLES AND HEALTH PREVENTION THE P ROGRAM ARE CONDUCTED IN COLLABORATION WITH NORMAN PARK CENTER, CONGREGATIONAL TOWERS SENIO R LIVING AND ST CHARLES NUTRITION CENTER FAMILY MEDICINE RESIDENTS ROTATE THROUGH THESE P ROGRAMS TO LEARN MORE ABOUT GERIATRIC MEDICINE, HEALTH AND WELLNESS AND OVERALL PUBLIC HEA LTH AND COMMUNITY TRAINING OVER 223 SENIORS PARTICIPATED IN THESE PROGRAMS PATIENT COMMU NITY SERVICES SERVICES ARE OFFERED DIRECTLY TO PATIENTS AND THEIR FAMILY POST DISCHARGE TO DECREASE THE RISKS OF READMISSION AND TO INCREASE PATIENT CONTINUITY SUPPORT SERVICES AR E REFERRAL BASED AND PROVIDE ASSISTANCE WITH THE FOLLOWING HOUSING/HOMELESSNESS, SENIOR I SSUES, CHRONIC DISEASE ISSUES, DRUG/ALCOHOL AND MENTAL HEALTH, CANCER AND MORE THIS SERVI CE IS CURRENTLY ONLY AVAILABLE AT THE SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS SINCE THE START OF THE PROJECT IN JULY 2014, 1,539 REFERRALS HAVE BEEN RECEIVED COMMUNITY HEALTH IM PROVEMENT PARTNERS (CHIP) AND RESIDENT LEADERSHIP ACADEMY MODEL SCRIPPS IS A PARTNER WITH CHIP AND COLLABORATIVELY WORKS ON A RESIDENT LEADERSHIP MODEL THAT HAS EMPOWERED 700+ CITI ZENS ACROSS THE COUNTY (AND BEYOND) TO AFFECT CHANGE IN A WIDE RANGE OF COMMUNITY HEALTH A REAS SUCH AS PUBLIC SAFETY, ACCESS TO HEALTHY FOODS, AND INCREASED OPPORTUNITIES FOR PHYSI CAL ACTIVITY HEALTH EDUCATION AND SUPPORT GROUPS EDUCATION AND SUPPORT GROUPS ARE PROVIDE D TO SAN DIEGO COUNTY RESIDENTS FOR A WIDE VARIETY OF HEALTH CONCERNS TOPICS INCLUDE, MAC ULAR DEGENERATION, FALL PREVENTION, STROKE AWARENESS, MENOPAUSE, SLEEP DISORDERS, FOOT HEA LTH, BLADDER AND PELVIC FLOOR WELLNESS, MENTAL ILLNESS, POSTPARTUM ISSUES, GYNECOLOGICAL C ANCER, AND MULTIPLE SCLEROSIS PRESCRIPTION TAKE BACK DAY PRESCRIPTION DRUG ABUSE IS A GRO WING PROBLEM IN THE UNITED STATES ABOUT 54 MILLION PEOPLE, OR MORE THAN 20 PERCENT OF THO SE AGED 12 AND OLDER, HAVE USED PRESCRIPTION MEDICATIONS SUCH AS POWERFUL PAIN-REDUCING OP IOIDS LIKE OXYCODONE AND HYDROCODONE FOR NONMEDICAL REASONS AT LEAST ONCE IN THEIR LIFETIM E, ACCORDING TO THE MOST RECEN

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FORM 990, PART III, LINE 4A (CONTINUED)	T NATIONAL SURVEY ON DRUG USE AND HEALTH EVERY DAY, 5,750 MORE AMERICANS MISUSE PRESCRIPT ION DRUGS FOR THE FIRST TIME AND 62 PERCENT OF TEENS WHO ADMIT TAKING MEDICATIONS FOR NON -MEDICAL REASONS SAY THEY GOT THOSE DRUGS FROM MEDICINE CABINETS IN THEIR HOMES SCRIPPS E NCOURAGES PATIENTS TO REMOVE EXPIRED, UNWANTED AND UNUSED MEDICINES FROM THEIR HOMES AS QU ICKLY AS POSSIBLE AND TO AVOID THROWING THEM INTO THE TRASH OR FLUSHING THEM DOWN THE TOIL ET BECAUSE THIS UNWITTINGLY RISKS EXPOSING OTHERS TO THE DRUGS AND DAMAGES THE ENVIRONMENT THE SEMI-ANNUAL EVENT OFFERS A NO-QUESTIONS-ASKED METHOD TO SAFELY DISPOSE OF SUCH MEDIC ATIONS, SUCH AS THE REMAINDER OF THE 20-DAY OXYCODONE SUPPLY FROM THAT OUTPATIENT PROCEDUR E LAST YEAR FLUSHING DRUGS DOWN THE TOILET CAN HARM THE ENVIRONMENT SCRIPPS COLLABORATES WITH THE COUNTY OF SAN DIEGO ON THE PRESCRIPTION DRUG TAKE BACK DAY WHICH PROVIDES AN OPP ORTUNITY FOR SAFE DISPOSAL OF LEFT OVER MEDICATIONS THE U S DRUG ENFORCEMENT ADMINISTRAT ION, LOCAL LAW ENFORCEMENT AGENCIES AND COUNTY OFFICIALS HOST COLLECTION EVENTS FOR UNWANT ED PRESCRIPTION DRUGS AT 44 SITES ACROSS THE COUNTY OPIOID STEWARDSHIP PROGRAM (OSP) THE OPIOID STEWARDSHIP PROGRAM HAS SPEARHEADED MULTIPLE PROJECTS AT SCRIPPS TO EDUCATE PATIENT S AND PROVIDERS ABOUT THE RISKS OF OPIOIDS AND THE BENEFITS OF ALTERNATIVE MULTI-MODAL PAI N MANAGEMENT OPTIONS TO REDUCE OPIOID USE THE PROGRAM HAS ESTABLISHED PRESCRIBING STANDAR DS FOR OPIOIDS, RESULTING IN A 25 PERCENT REDUCTION IN THE NUMBER OF OPIOID PILLS PER PRES CRIPTION AT SCRIPPS HOSPITALS AND OUTPATIENT CENTERS IN 2018 SCRIPPS ALSO HAS OPENED THRE E DRUG TAKE-BACK KIOSKS AT ITS ON-SITE PHARMACIES, OFFERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OUTDATED MEDICATIONS SPONDYLITIS ASSOCIATION SCRIPPS HEALTH PROVIDES MEETING SPACE TO THE SPONDYLITIS ASSOCIATION OF AMERICA (SAA) THIS IS A NONPROF IT ORGANIZATION FOUNDED IN 1983 TO ADDRESS THE NEEDS OF PEOPLE AFFECTED BY SPONDYLOARTHRIT IS SINCE THAT TIME, SAA HAS BEEN AT THE FOREFRONT OF THE FIGHT TO PROMOTE MEDICAL RESEARC H, EDUCATE BOTH THE MEDICAL COMMUNITY AND GENERAL PUBLIC AND ADVOCATE ON BEHALF OF THE PEO PLE THEY SERVE DEMENTIA AND ALZHEIMERS DISEASE DEMENTIA IS A CLINICAL SYNDROME OF DECLINE IN MEMORY AND OTHER THINKING ABILITIES IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS T HAT RESULT IN DAMAGE TO BRAIN CELLS AND LEAD TO DISTINCT SYMPTOM PATTERNS AND DISTINGUISHI NG BRAIN ABNORMALITIES ALZHEIMERS DISEASE (AD) IS A PROGRESSIVE BRAIN DISORDER THAT GRADU ALLY DESTROYS A PERSONS MEMORY AND ABILITY TO LEARN, REASON, MAKE JUDGEMENTS, COMMUNICATE AND CARRY OUT DAILY ACTIVITIES SUCH AS BATHING AND EATING A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF DEMENTIA AND ALZHEIMERS DISEASE IS DESCRIBED BELOW - THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY ALZHEIMERS DISEASE AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIONS A MONG SAN DIEGO COUNTY HOSPITALS - IN 2016, ALZHEIMERS DISEASE WAS THE 6TH LEADING CAUSE O F DEATH IN THE UNITED STATES A

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FORM 990, PART III, LINE 4A (CONTINUED)	ND 3RD LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY - IN 2016, THE TOP 10 LEADING CAUSES OF DEATH AMONG ADULTS AGES 65 AND OLDER IN SAN DIEGO COUNTY WERE (IN RANK ORDER) OVERALL CA NCER, ALZHEIMERS DISEASE AND OTHER DEMENTIAS (ADOD), CORONARY HEART DISEASE (CHD), STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)/CHRONIC LOWER RESPIRATORY DISEASES, OVERALL HYPERTENSIVE DISEASES, DIABETES, UNINTENTIONAL INJURIES, PARKINSONS DISEASE AND FALLS - I N 2016, HOSPITALIZATION RATES AMONG SENIORS WERE HIGHER THAN THE GENERAL POPULATION DUE TO CHD, STROKE, COPD, NONFATAL UNINTENTIONAL INJURIES (INCLUDING FALLS), OVERALL CANCER AND ARTHRITIS - THE TOP THREE CAUSES OF ED UTILIZATION AMONG SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER IN 2016 WERE UNINTENTIONAL INJURIES, FALLS AND ARTHRITIS/OTHER RHEUMATIC COND ITIONS - SENIORS IN SAN DIEGO COUNTY USE THE 911 SYSTEM AT HIGHER RATES THAN ANY OTHER AG E GROUP THE MOST COMMON COMPLAINTS INCLUDE GENERAL MEDICAL, ALTERED NEUROLOGICAL STATE, R ESPIRATORY DISTRESS, CARDIAC CHEST PAIN AND TRAUMA TO THE EXTREMITIES (HHSA, 2015) - ACCO RDING TO THE CDC, 2 8 MILLION OLDER ADULTS, OR MORE THAN ONE IN FOUR, ARE TREATED IN THE E D FOR FALLS EVERY YEAR ONE IN FIVE FALLS CAUSES A SERIOUS INJURY, SUCH AS BROKEN BONES OR A HEAD INJURY, AND WITH EACH FALL, THE CHANCE OF FALLING AGAIN DOUBLES THESE INJURIES MA Y RESULT IN SERIOUS MOBILITY ISSUES AND DIFFICULTY WITH EVERYDAY TASKS OR LIVING INDEPENDE NTLY THE DIRECT MEDICAL COSTS FOR FALL INJURIES ARE ESTIMATED AT $31 BILLION ANNUALLY (CD C, 2018) - IN 2013, AN ESTIMATED 62,000 SAN DIEGANS AGES 55 AND OLDER WERE LIVING WITH AL ZHEIMERS DISEASE AND OTHER DEMENTIAS (ADOD), WHICH ACCOUNTED FOR 8 3 PERCENT OF THIS AGE G ROUP ASSUMING CURRENT TRENDS CONTINUE, BY 2030, NEARLY 94,000 RESIDENTS 55 YEARS AND OLDE R WILL BE LIVING WITH ADOD, WHICH IS A 51 PERCENT INCREASE FROM 2013 (ALZHEIMERS DISEASE A ND OTHER DEMENTIAS IN SAN DIEGO COUNTY, HHSA, 2016) - IN 2016, AN ESTIMATED 71 4 PERCENT OF SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER REPORTED THAT THEY WERE VACCINATED FOR INF LUENZA IN THE PAST 12 MONTHS (CHIS, 2016) IN 2016, 26 OF THE 46 RECORDED INFLUENZA DEATHS IN SAN DIEGO COUNTY OCCURRED AMONG RESIDENTS AGES 65 AND OLDER THE AGE-ADJUSTED RATE OF INFLUENZA DEATH AMONG THIS GROUP WAS 6 0 PER 100,000 (HHSA, 2016) - RESEARCH SHOWS THAT C AREGIVING CAN HAVE SERIOUS PHYSICAL AND MENTAL HEALTH CONSEQUENCES ACCORDING TO FINDINGS FROM THE STRESS IN AMERICA SURVEY DESCRIBED IN A REPORT TITLED "VALUING THE INVALUABLE", C AREGIVERS TO OLDER RELATIVES REPORT POORER HEALTH AND HIGHER STRESS LEVELS THAN THE GENERA L POPULATION FIFTY-FIVE PERCENT OF SURVEYED CAREGIVERS REPORTED FEELING OVERWHELMED BY TH E AMOUNT OF CARE THEIR FAMILY MEMBER NEEDS (AARP PUBLIC POLICY INSTITUTE, UPDATED JULY 201 5)

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FORM 990, PART III, LINE 4A (CONTINUED)	- ACCORDING TO AARP, MORE THAN 40 MILLION PEOPLE IN THE U S ACT AS UNPAID CAREGIVERS TO P EOPLE AGES 65 AND OLDER MORE THAN 10 MILLION OF THESE CAREGIVERS ARE MILLENNIALS WITH SEP ARATE FULL- OR PART-TIME JOBS, AND ONE IN THREE EMPLOYED MILLENNIAL CAREGIVERS EARNS LESS THAN $30,000 PER YEAR (AARP, 2018) - ACCORDING TO A REPORT FROM THE NATIONAL ALLIANCE FOR CAREGIVING (NAC) AND AARP TITLED CAREGIVING IN THE U S 2015, 60 PERCENT OF UNPAID CAREGI VERS 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 PLIGHT OF CALIFORNIAS HIDDEN POOR, FINDING 772,000 SENIORS WHO LIVE IN THE GAP BETWEEN THE FPL AND T HE ELDER ECONOMIC SECURITY STANDARD THE HIGHEST PROPORTION OF SENIORS LIVING IN THIS GAP INCLUDES RENTERS, LATINOS, WOMEN AND GRANDPARENTS RAISING GRANDCHILDREN (PADILLA-FRAUSTO & WALLACE, 2015) DURING FISCAL YEAR 2018, SCRIPPS ENGAGED IN THE FOLLOWING ALZHEIMERS AND DEMENTIA PREVENTION AND TREATMENT ACTIVITIES SENIOR HEALTH AND WELL BEING PROGRAMS SENIOR HEALTH CHATS ARE DESIGNED TO INCREASE HEALTH CARE INFORMATION AND PREVENTATIVE SERVICES F OR SENIORS/OLDER ADULTS IN THE SOUTH BAY EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD AT LOCAL SENIOR CENTERS, CHURCHES AND SENIOR HOUSING APPROXIMATELY 20-25 SENIORS ATTEND THESE MONTHLY THROUGHOUT THE YEAR, THESE PRESENTATIONS INCLUDE A VARIETY OF HEALTH AND AGE RELATED TOPICS THAT INCLUDE NUTRITION, HEARING LOSS, DEMENTIA, ALZHEIMERS AND PAIN MANAGE MENT, NUTRITION AND WELLNESS AND MAINTAINING A HEALTHY LIFE STYLE THESE PRESENTATIONS ARE FACILITATED BY VARIOUS HEALTH CARE PROFESSIONALS AND RESIDENTS TOPICS ARE ALL CHOSEN BY SENIORS THEMSELVES SO AS TO MEET THEIR LOCAL NEEDS ALSO, THE HEALTH CHATS PROVIDE AN INTE RCHANGE BETWEEN THE COMMUNITY MEMBERS AND THE MEDICAL RESIDENTS AND OTHER HEALTH CARE PROF ESSIONALS TO FOSTER HEALTHY LIFESTYLES AND HEALTH PREVENTION THE ALZHEIMERS PROJECT SAN D IEGO UNITES FOR A CURE AND CARE THE ALZHEIMERS PROJECT IS A COUNTYWIDE INITIATIVE AIMED AT ACCELERATING THE SEARCH FOR A CURE AND HELPING THE ESTIMATED 60,000 SAN DIEGANS WITH THE DISEASE, ALONG WITH THEIR CAREGIVERS PARTICIPANTS BEGAN MEETING IN EARLY 2014 TO CRAFT A REGIONAL ROADMAP TO ADDRESS THE DISEASE, FOCUSING ON CURE, CARE, CLINICAL, AND PUBLIC AWAR ENESS AND EDUCATION INITIATIVES THE BOARD OF SUPERVISORS APPROVED THE ROADMAP IN DECEMBER 2014 AND LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE DR MICHAEL LOBATZ FROM S CRIPPS HEALTH IS A LEADING PARTICIPANT OF THIS INITIATIVE AS A CO-CHAIRPERSON OF THE CLINI CAL ROUND TABLE AND IS A MEMBER OF THE STEERING COMMITTEE THE SCRIPPS HEALTH ALZHEIMERS C ARE CONFERENCE THE SCRIPPS HEALTH ALZHEIMERS CARE CONFERENCE TOOK PLACE ON FEBRUARY 10, 20 18 AND WAS OFFERED TO HEALTH CARE PROFESSIONALS WHO CARE FOR THE PATIENT WITH OR AT RISK F OR ALZHEIMERS DISEASE AND RELATED DEMENTIAS, IN ORDER TO SUPPORT THEM WITH THE BEST IN ADV ANCED TOOLS FOR SCREENING, EVA

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FORM 990, PART III, LINE 4A (CONTINUED)	LUATING, DIAGNOSING AND TREATING THE CARE CONFERENCE ADDRESSED STATISTICAL NATIONAL LOCAL TRENDS IN ALZHEIMERS DISEASE AND RELATED DEMENTIAS, FOCUSING ON PREVALENCE, MORTALITY, CO ST AND BURDEN TO HEALTHCARE PROVIDERS AND CAREGIVERS PARKINSONS LSVT (LEE SILVERMAN TRAIN ING) BIG EXERCISE SCRIPPS PROVIDES A MAINTENANCE CLASS FOR THOSE WHO HAVE COMPLETED THE L SVT BIG EXERCISE PROTOCOL THIS CLASS IS TAUGHT BY A PHYSICAL THERAPIST AND IS DESIGNED FO R PARKINSONS PATIENTS TO IMPROVE STRENGTH AND MOBILITY FOR A HEALTHIER LIFE EMPOWERMENT P ARKINSONS EVENT SCRIPPS OFFERED A CONFERENCE IN 2018 TO MORE THAN 300 GUESTS WHERE THEY LE ARNED NEW WAYS TO TAKE CONTROL OF THEIR HEALTH AT THE EMPOWERMENT FOR PARKINSONS DAY AT MA RINA VILLAGE ATTENDEES LEARNED THE BENEFITS OF EXERCISE AND DIET CHANGE, MASSAGE, ACUPUNC TURE, MUSIC THERAPY AND WERE ARMED WITH KNOWLEDGE TO HELP THEM MAKE POSITIVE CHANGES OBES ITY, WEIGHT STATUS, NUTRITION, ACTIVITY AND FITNESS OBESITY IS AN IMPORTANT HEALTH NEED DU E TO ITS HIGH PREVALENCE IN THE U S AND SAN DIEGO ALTHOUGH IT IS NOT A LEADING CAUSE OF DEATH, IT IS A SIGNIFICANT CONTRIBUTOR TO THE DEVELOPMENT OF OTHER CHRONIC CONDITIONS A S UMMARY OF THE MAGNITUDE AND PREVALENCE OF OBESITY, WEIGHT STATUS, NUTRITION AND ACTIVITY & FITNESS IS DESCRIBED BELOW - THE SCRIPPS 2016 CHNA CONTINUED TO IDENTIFY OBESITY AS A PR IORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - ACCORDING TO 2017 CHIS DATA, THE SELF-REPORTED OBESITY RATE FOR ADULTS AGES 18 AND OLDER IN SAN DIEGO COUNTY WAS 22 5 PERCENT - IN 2017, BETWEEN 25 AND 30 PERCENT OF ADULTS IN CALIFORNIA SELF -REPORTED BEING OBESE OBESITY LEVELS DECREASED AS EDUCATION LEVELS INCREASED, INDICATING A NEED FOR HEALTH EDUCATION AS A TOOL FOR REDUCING OBESITY RATES (CDC, 2017) - OBESITY HA S BEEN LINKED TO ENVIRONMENTAL FACTORS, SUCH AS ACCESSIBILITY AND AFFORDABILITY OF FRESH F OODS, PARK AVAILABILITY, SOCIAL COHESION AND NEIGHBORHOOD SAFETY (UCLA CENTER FOR HEALTH P OLICY RESEARCH, 2015) - ACCORDING TO DATA FROM THE 2016 NATIONAL STUDY OF CHILDRENS HEALT H, NEARLY ONE-THIRD OF CHILDREN IN CALIFORNIA ARE OBESE CALIFORNIA HAS ONE OF THE HIGHEST CHILDHOOD OBESITY RATES IN WESTERN STATES (THE STATE OF OBESITY, 2018) - ACCORDING TO TH E CDC, SOME OF THE LEADING CAUSES OF PREVENTABLE DEATH INCLUDE OBESITY-RELATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DIABETES AND CERTAIN TYPES OF CANCER IN 2016, 39 8 PERCENT OF AMERICANS WERE OBESE (CDC, 2017) - OBESITY IS LARGELY CATEGORIZED AS A SECOND ARY DIAGNOSIS IN HOSPITAL DISCHARGE DATA WHEN EXAMINING INPATIENT HOSPITAL DISCHARGE DATA WITH OBESITY AS A SECONDARY DIAGNOSIS, IT WAS FOUND THAT THE MOST COMMON PRIMARY DIAGNOSI S OF THOSE PATIENTS WERE NONSPECIFIC CHEST PAIN IN AGES 25-64, ABNORMAL PAIN FOR THOSE AGE S 15-24, AND THOSE OVER 65 YEARS THEIR PRIMARY DIAGNOSIS WAS OSTEOARTHRITIS, SEPTICEMIA FO LLOWED BY CONGESTIVE HEART FAILURE - RESEARCH HAS SHOWN THAT AS WEIGHT INCREASES TO REACH THE LEVELS OF "OVERWEIGHT"OBE

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FORM 990, PART III, LINE 4A (CONTINUED)	SITY" THE RISKS FOR THE FOLLOWING CONDITIONS ALSO INCREASES - CORONARY HEART DISEASE - TY PE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST AND COLON) - HYPERTENSION (HIGH BLOOD PRESSUR E) - STROKE - LIVER AND GALLBLADDER DISEASE - SLEEP APNEA AND RESPIRATORY PROBLEMS - OSTEO ARTHRITIS OBESITY IS ADDRESSED THROUGH GENERAL NUTRITION AND EXERCISE EDUCATION AND RESOUR CES PROVIDED AT SCRIPPS AS WELL AS PROGRAMS THAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CA RE FOR HEART DISEASE, CANCER, DIABETES AND OTHER HEALTH ISSUES INFLUENCED BY HEALTHY WEIGH T AND EXERCISE DURING FY18, SCRIPPS ENGAGED IN THE FOLLOWING OBESITY PREVENTION AND TREAT MENT ACTIVITIES COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND CHILDHOOD OBESITY INITIAT IVE THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE (THE INITIATIVE) IS A PRIVATE PUBLIC PARTNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SYSTEMS, AND ENVIRONMENT CHANGE THE INITIATIVE IS FACILITATED BY COMMUNITY HEALTH IMPROV EMENT PARTNERS (CHIP) CORE FUNDING FOR THE INITIATIVE IS PROVIDED BY THE COUNTY OF SAN DI EGO, FIRST 5 COMMISSION OF SAN DIEGO COUNTY, THE CALIFORNIA ENDOWMENT, AND KAISER-PERMANEN TE SCRIPPS IS A STRONG PARTNER WITH CHIP AND THE OUTCOMES OF THE INITIATIVE HAVE SHOWN A DECREASED CHILDHOOD OBESITY FROM 4% FROM 2005-2010, THE LARGEST DROP IN SOUTHERN CALIFORNI A (MANY AREAS HAVE SEEN INCREASES) ACCORDING TO THE 2016 SAN DIEGO COUNTY STATE OF CHILDH OOD OBESITY REPORT, THE RATE OF OBESITY FOR HISPANIC STUDENTS IS MORE THAN TWICE THAT OF W HITE STUDENTS THE RATE OF OBESITY FOR ECONOMICALLY DISADVANTAGED STUDENTS IS MORE THAN TW ICE THAT OF STUDENTS WHO ARE NOT ECONOMICALLY DISADVANTAGED HISPANIC STUDENTS REPRESENT A PPROXIMATELY HALF OF ALL PUBLIC SCHOOL STUDENTS IN SAN DIEGO COUNTY WITH RESPECT TO RACE/E THNICITY, AND LOW-INCOME STUDENTS ACCOUNT FOR HALF OF ALL PUBLIC SCHOOL STUDENTS DIABETES PREVENTION PROGRAM (DPP) BASED ON A LARGE CLINICAL TRIAL CONCLUDED THAT PEOPLE WITH PREDI ABETES COULD REDUCE THEIR LIKELIHOOD OF DEVELOPING DIABETES BY 5870 PERCENT IF THEY LOST J UST 57 PERCENT OF THEIR BODY WEIGHT THE DIABETES PREVENTION PROGRAM IS A SCIENTIFICALLY V ALIDATED LIFESTYLE INTERVENTION BASED MODEL THE CENTERS FOR DISEASE CONTROL (CDC) AND THE NATIONAL INSTITUTES OF HEALTH (NIH) PROMOTE WIDESPREAD ADOPTION OF THE DPP DUE TO ITS DEM ONSTRATED EFFECTIVENESS SCRIPPS IS RECOGNIZED BY THE CENTERS FOR DISEASE CONTROL AS A NAT IONAL DPP PROVIDER, AND ROLLED OUT THE PROGRAM TO PATIENTS AND COMMUNITY MEMBERS IN 2016 SCRIPPS AIMS TO DECREASE THE INCIDENCE OF TYPE 2 DIABETES BY MANAGING A MAJOR DIABETES RIS K FACTOR, OBESITY IN THE UNDERSERVED, ETHNICALLY DIVERSE POPULATIONS BY TESTING THE EFFECT IVENESS OF LIFESTYLE CURRICULUM THE PROGRAM USES TRAINED LIFESTYLE COACHES AND A STANDARD IZED CURRICULUM, PARTICIPANTS MEET IN GROUPS WITH A COACH FOR 16 WEEKLY SESSIONS AND SIX T O EIGHT MONTHLY FOLLOW-UP SESSIONS

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FORM 990, PART III, LINE 4A (CONTINUED)	10 SESSIONS AND A 38% IMPROVEMENT RATE FOR BEHAVIOR AFTER PARTICIPATING IN THE 5210 SESSI ONS CITY HEIGHTS WELLNESS CENTER LA MAESTRA FAMILY CLINIC, INC JOINED THE CITY HEIGHTS W ELLNESS CENTER COLLABORATIVE PARTNERSHIP WITH SCRIPPS MERCY HOSPITAL AND RADY CHILDRENS HO SPITAL AS THE LEASE HOLDER OF THE WELLNESS CENTER STARTING SEPTEMBER 1, 2016 SINCE ITS IN CEPTION IN 2002, THE CITY HEIGHTS WELLNESS CENTER HAS BEEN A DYNAMIC, COMMUNITY BASED PROG RAM DEVELOPED BY SCRIPPS MERCY HOSPITAL AND RADY CHILDRENS HOSPITAL, WORKING WITH RESIDENT S TO IMPROVE THEIR LIFESTYLE BEHAVIORS AND SELF-SUFFICIENCY SKILLS MULTIPLE NOT-FOR-PROFI T AND GOVERNMENTAL ORGANIZATIONS, PHILANTHROPIC FOUNDATIONS AND GRASSROOTS GROUPS HAVE JOI NED THE EFFORT CONDUCTING HEALTH PROMOTION AND EDUCATIONAL ACTIVITIES FOR COMMUNITY RESIDE NTS A UNIQUE ASPECT OF THE CITY HEIGHTS WELLNESS CENTER IS THE TEACHING KITCHEN THAT IS K NOWN THROUGHOUT THE COMMUNITY AS A PLACE WHERE RESIDENTS AND PROVIDERS COME TOGETHER TO CO OK, DISCOVER AND COMMUNICATE IN A SAFE AND TRUSTED ENVIRONMENT LA MAESTRA FAMILY CLINIC B RINGS A NEW PERSPECTIVE TO THE PARTNERSHIP AS A COMMUNITY HEALTH CENTER AND PRIMARY CARE P ROVIDER SERVING THE CULTURALLY DIVERSE POPULATIONS WITHIN THE CITY HEIGHTS COMMUNITY LA M AESTRA IS COMMITTED TO MAINTAINING THE COLLABORATIVE NATURE OF THE PARTNERSHIP, AND CONTIN UES TO WORK WITH CURRENT CHWC AGENCIES AS WELL AS LOOK FOR OPPORTUNITIES TO EXPAND HEALTH PROMOTION SERVICES THE SCRIPPS MERCY SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AN D CHILDREN (WIC), COLLOCATED IN THE WELLNESS CENTER, WILL CONTINUE TO PROVIDE WIC SERVICES AS ONE PROGRAM WITHIN THE CITY HEIGHTS WELLNESS CENTER COLLABORATIVE FOR HEALTHY WEIGHT COLLABORATE FOR HEALTHY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINISTR ATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDRENS HEALTHCARE QUALITY (NICHQ) THE SHA RED VISION IS TO CREATE PARTNERSHIPS BETWEEN PRIMARY CARE, PUBLIC HEALTH, AND COMMUNITY OR GANIZATIONS TO DISCOVER SUSTAINABLE WAYS TO PROMOTE HEALTHY WEIGHT AND ELIMINATE HEALTH DI SPARITIES IN COMMUNITIES ACROSS THE UNITED STATES COLLABORATE FOR HEALTHY WEIGHT MEETS MO NTHLY AND ALL THREE SECTORS COLLABORATE, USING EVIDENCE-BASED APPROACHES, TO REVERSE THE O BESITY EPIDEMIC AND IMPROVE THE HEALTH OF OUR COMMUNITIES THIS PROGRAM WILL CONTINUE IN 2 019 AND SEVERAL MANUSCRIPTS ARE UNDER DEVELOPMENT FOOD ADDICTS ANONYMOUS SCRIPPS HEALTH P ROVIDES FOOD ADDICTS ANONYMOUS MEETING SPACE TO MEET FOOD ADDICTS ANONYMOUS IS AN INTERNA TIONAL FELLOWSHIP OF MEN AND WOMEN WHO HAVE EXPERIENCED DIFFICULTIES IN LIFE AS A RESULT O F THE WAY THEY EAT TAKE OFF POUNDS SENSIBLY (TOPS) MEETING SCRIPPS HEALTH PROVIDES MEETIN G SPACE TO TAKE OFF POUNDS SENSIBLY (TOPS) TOPS (TAKE OFF POUNDS SENSIBLY) IS THE SHORT N AME FOR TOPS CLUB, INC , THE ORIGINAL NONPROFIT, NONCOMMERCIAL NETWORK OF WEIGHT-LOSS SUPP ORT GROUPS AND WELLNESS EDUCATION ORGANIZATION OVEREATERS ANONYMOUS SPANISH SCRIPPS HEALT H PROVIDES MEETING SPACE TO OV

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FORM 990, PART III, LINE 4A (CONTINUED)	EREATERS ANONYMOUS THIS IS A SUPPORT GROUP THAT PROVIDES DIETARY EDUCATION FOR INDIVIDUAL S WHO DESIRE TO LOSE WEIGHT THE GROUPS IS HELD IN SPANISH GREATER LA JOLLA MEALS ON WHEE LS GREATER LA JOLLA MEALS ON WHEELS IS A NON-PROFIT SENIOR SERVICE ORGANIZATION IT PROVID ES NUTRITIOUS MEALS TO SENIORS, THE HOMEBOUND AND THE DISABLED RESIDING IN THE COMMUNITIES OF LA JOLLA AND UNIVERSITY CITY SCRIPPS HEALTH PROVIDES OFFICE SPACE TO THE GREATER LA J OLLA MEALS ON WHEELS PROGRAM IN THE VOLUNTEER SERVICE OFFICE THIS SHARED SPACE IS USED BY MEALS ON WHEELS FOR ITS COORDINATORS TO CONDUCT BUSINESS ON BEHALF OF THE PROGRAM FOOD H ANDLERS TRAINING COURSE SCRIPPS HEALTH PROVIDES THE USE OF A CLASSROOM TO FULL SPECTRUM NU TRITION SERVICES TO PROVIDE A THREE HOUR COURSE WHICH PROVIDES CERTIFICATION FOR FOOD HAND LERS AND MEETS REQUIREMENTS OF THE SAN DIEGO COUNTY FOOD HANDLERS ORDINANCE MATERNAL CHIL D HEALTH & HIGH RISK PREGNANCY MOTHERS, INFANTS AND CHILDREN MAKEUP A LARGE SEGMENT OF THE U S POPULATION AND THEIR WELL-BEING IS A HEALTH PREDICTOR FOR THE NEXT GENERATION THERE IS TREMENDOUS FOCUS ON MATERNAL ILLNESS AND DEATH, AND INFANT HEALTH AND SURVIVAL, INCLUD ING INFANT MORTALITY RATES, ACCESS TO PREVENTATIVE CARE, AND FETAL, PERINATAL AND OTHER IN FANT DEATHS MATERNAL AND INFANT HEALTH ISSUES INCLUDE - ALCOHOL, TOBACCO AND ILLEGAL SUB STANCES DURING PREGNANCY, WHICH ARE MAJOR RISK FACTORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS ABORTION, LO W PRE-PREGNANCY WEIGHT AND SMOKING - INFANT DEATH RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAGERS AND MOTHERS 44 YEARS AND OLDER BEING PREGNANT, OR TRYING TO BECOME PREGN ANT, IS ONLY A SMALL PORTION OF A WOMANS LIFE UNINTENDED PREGNANCY, EITHER MISTIMED OR UN WANTED AT THE TIME OF CONCEPTION, ACCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIES IN T HE U S THESE PREGNANCIES ARE ASSOCIATED WITH INCREASED MORBIDITY, AS WELL AS BEHAVIORS LI NKED TO ADVERSE HEALTH WOMEN WHO CAN PLAN THE NUMBER AND TIMING OF THEIR CHILDREN EXPERIE NCE IMPROVED HEALTH, FEWER UNPLANNED PREGNANCIES AND BIRTHS, AND LOWER ABORTION RATES HIG H RISK PREGNANCY HIGH RISK PREGNANCY CAN BE THE RESULT OF A MEDICAL CONDITION PRESENT BEFO RE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES THE PREGNANCY TO BECOME HIGH RISK A HIGH RISK PREGNANCY CAN POSE PROBLEMS BEFO RE, DURING OR AFTER DELIVERY AND MIGHT REQUIRE SPECIAL MONITORING THROUGHOUT THE PREGNANCY RISK FACTORS - ADVANCED MATERNAL AGE INCREASED RISK FOR MOTHER'S 35 YEARS AND OLDER - LIFESTYLE CHOICES SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL DRUGS - MEDICAL HISTORY PRIOR HIGH RISK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIONS, FAMILY HISTORY OF GE NETIC CONDITIONS - UNDERLYING CONDITIONS DIABETES, HIGH BLOOD PRESSURE AND EPILEPSY - M ULTIPLE PREGNANCY - OBESITY DURING PREGNANCY

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF MATERNAL AND CHILD HEALTH & HIGH RISK PREGNAN CIES ARE DESCRIBED BELOW - THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY HIGH RISK PREGNANC IES AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS - IN 2016, THERE WERE 42,654 LIVE BIRTHS IN SDC OVERALL THE 2016 FETAL MORTALITY RATE WAS 3 2 INFANT DEATHS PER 1,000 LIVE BIRTHS IN THE NORTH INLAND REGION, 3 4 IN THE NORTH COASTAL R EGION, 3 7 IN THE EAST REGION AND SDC OVERALL, 3 8 IN THE CENTRAL REGION, 3 9 IN THE NORTH CENTRAL REGION, AND 4 3 IN THE SOUTH REGION 7 - IN 2016, 159 INFANTS DIED BEFORE THEIR FI RST BIRTHDAY IN SDC INFANT MORTALITY WAS HIGHER AMONG MALE INFANTS (93 DEATHS) THAN FEMAL E INFANTS (66 DEATHS) AFRICAN AMERICAN/BLACK INFANTS HAD THE HIGHEST MORTALITY RATE (10 7 INFANT DEATHS PER 1,000 LIVE BIRTHS) WHEN COMPARED TO INFANTS OF ALL OTHER RACES AND ETHN ICITIES HISPANIC INFANTS HAD THE SECOND HIGHEST MORTALITY RATE OF 4 5 DEATHS PER 1,000 LI VE BIRTHS IN ADDITION, THERE WERE 3,628 PRETERM BIRTHS (LESS THAN 37 WEEKS GESTATION) IN SDC DURING 2016 COMPARED TO ALL OTHER RACES AND ETHNICITIES, HISPANIC MOTHERS HAD THE HIG HEST TOTAL NUMBER OF BIRTHS (16,978), 8 2 PERCENT OF WHICH WERE PRETERM DESPITE HAVING FE WER TOTAL BIRTHS THAN HISPANIC MOTHERS (1,781), 11 6 PERCENT OF BIRTHS BY AFRICAN AMERICAN /BLACK MOTHERS WERE PRETERM SIMILARLY, ALTHOUGH WOMEN AGES 25 TO 39 HAD THE HIGHEST TOTAL NUMBER OF BIRTHS COMPARED TO OTHER AGE GROUPS, MOTHERS AGE 40 AND ABOVE WERE MORE LIKELY TO GIVE BIRTH PRETERM COMPARED TO YOUNGER AGE GROUPS (45 8 PERCENT PRETERM BIRTHS AMONG MO THERS AGE 40 AND ABOVE COMPARED TO 15 4 PERCENT PRETERM BIRTHS AMONG MOTHERS AGES 25 TO 39) - IN 2016, ALL SDC REGIONS MET THE HP2020 NATIONAL TARGETS FOR PRENATAL CARE, PRETERM B IRTHS, LOW BIRTH WEIGHT (LBW) INFANTS, VERY LOW BIRTH WEIGHT (VLBW) INFANTS AND INFANT MOR TALITY SEE TABLE 2 FOR A SUMMARY OF MATERNAL AND INFANT HEALTH INDICATORS IN SAN DIEGO CO UNTY IN 2016 AND TABLE 3 FOR A SUMMARY OF MATERNAL AND INFANT HEALTH INDICATORS BY REGION SCRIPPS HEALTH CONTINUED TO ENHANCE PRENATAL EDUCATION FOR LOW INCOME WOMEN IN SAN DIEGO COUNTY IN FISCAL YEAR 2018 THE FOLLOWING ARE SOME EXAMPLES COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 1,200 MATERNAL CHILD HEALTH CLASSES THROUGHOUT SAN DIEGO COUNTY TO ENHAN CE PARENTING SKILLS LOW INCOME WOMEN IN SAN DIEGO WHO WERE ELIGIBLE ATTENDED CLASSES AT N O CHARGE OR ON A SLIDING FEE SCHEDULE - MAINTAINED EXISTING PRENATAL EDUCATION SERVICES I N ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A SATISFACTIO N RATING ABOVE 90 PERCENT - PROVIDED AND SUPPORTED WEEKLY BREASTFEEDING SUPPORT GROUPS AT SIX LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING THREE WITH BILINGUAL SERVICES - OFF ERED MATERNAL CHILD HEALTH CLASSES THROUGHOUT THE COMMUNITY, SUCH AS GETTING READY FOR THE BABY AND GRAND PARENTING TODAY - OFFERED THE DOGS AND BABIES PROGRAMS QUARTERLY, WITH MO RE THAN 40 ATTENDEES - OFFERE

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FORM 990, PART III, LINE 4A (CONTINUED)	D A PRENATAL YOGA PROGRAM FOR EXPECTANT WOMEN IN SAN DIEGO COUNTY - OFFERED CLASSES IN PE LVIC FLOOR AND POSTPARTUM CHANGES FOR NEW MOTHERS THROUGHOUT THE COMMUNITY FIRST 5 AND PR OMISE NEIGHBORHOOD PARENTING CLASSES ARE OFFERED AT THE SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER FOR PARENTS WITH INFANTS, TODDLERS AND PRESCHOOLERS A WIDE VARIETY OF TOPICS ARE COVERED INCLUDING ISSUES RELATED TO HEALTH, LEARNING/DEVELOPMENT, FAMILY/SAFETY , ADVOCACY AS WELL AS PARENTING TIPS DEVELOPMENTAL ASSESSMENTS ARE CONDUCTED BY RADY CHIL DRENS HOSPITAL MORE THAN 400 SERVICES WERE RECEIVED FOR FIRST TIME MOTHERS INCLUDING HOM E VISITS, REFERRALS RECEIVED, DATA ENTRY, FOLLOW UP PHONE CALLS, PARENTING CLASSES AND OTH ER SUPPORT SERVICES A TOTAL OF 209 PARENTS PARTICIPATED IN PARENTING CLASSES, 180 SESSION S PROVIDED MATERNAL CHILD HEALTH NURSING STUDENTS SCRIPPS PERINATAL EDUCATION PROGRAM SUP PORTS LOCAL NURSING STUDENTS WITH THE OPPORTUNITY TO OBSERVE PRENATAL EDUCATIONAL CLASSES THIS CRITICAL ASPECT OF THE NURSING EDUCATION ALLOWS THE HOURS AND INFORMATION TO MEET TH EIR CLINICAL ROTATION REQUIREMENTS IN MATERNAL CHILD HEALTH SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) THE SPECIAL SUPPLEMENT NUTRITION P ROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) WAS ESTABLISHED AS A PERMANENT PROGRAM IN 197 4 TO SAFEGUARD THE HEALTH OF LOW-INCOME WOMEN, INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITIONAL RISK SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZATIONS THAT ADMIN ISTER THE STATE FUNDED WIC PROGRAM THE PROGRAM SERVES SIX LOCATIONS CONVENIENTLY SITUATED NEAR COMMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA WIC TARGETS LOW IN COME PREGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5 YEARS) SCRIPPS MERC Y WIC SERVES APPROXIMATELY 6,500 WOMEN AND CHILDREN ANNUALLY, 44 PERCENT IN THE CITY HEIGH TS COMMUNITY IN CITY HEIGHTS CLIENTS ARE 91 PERCENT HISPANIC AND INCLUDE PREGNANT AND POS TPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FISCAL YEAR 2017, THE PROGRAM PR OVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS FOR 71,357 WOMEN AND CHILDREN IN S OUTH AND CENTRAL SAN DIEGO THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CA RE BY REACHING LOW INCOME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEEDING DURING PREGNANCY AND OFFER LACTATION SUPPORT (ONE ON ONE AND GROUP), AS WELL AS SUPPLIES, PUMPS AND BREAST PADS, DURING THE POSTPARTUM PERIOD CENTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY RAISING HEALTHY FAMILIES AND CARING FOR THE NEXT GENERATION OF SAN DIEG ANS BEFORE THEYRE BORN HELP CREATE A HEALTHIER COMMUNITY FOR YEARS TO COME THE SCRIPPS FA MILY MEDICINE PROGRAM AT SCRIPPS MERCY HOSPITAL CHULA VISTA, IS PROVIDING ACCESS, EDUCATIO N AND CLINICAL SERVICES TO NEARLY 200 PREGNANT WOMEN IN SOUTH SAN DIEGO COUNTY THE GOAL O F THE PROGRAM, "IMPROVING PERINATAL CARE FOR UNDERSERVED LATINA WOMEN - HEALTHY WOMEN, HEA LTHY BABIES", IS TO PROVIDE AC

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FORM 990, PART III, LINE 4A (CONTINUED)	CESS TO PERINATAL CARE FOR UNDERSERVED LATINA WOMEN IN ORDER TO IMPROVE BIRTH OUTCOMES TH E PROGRAM APPLIES THE PRINCIPLES OF THE CENTER HEALTH CARE INSTITUTE AND FOCUSES ON CHANGI NG THE WAY PATIENTS EXPERIENCE THEIR CARE THROUGH ASSESSMENT, EDUCATION AND GROUP SUPPORT CENTERING PREGNANCY IS THE INSTITUTES MODEL DEVOTED SPECIFICALLY TO IMPROVING MATERNAL AN D CHILD HEALTH, AND HAS BEEN SHOWN TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREASTFEEDING AND STRONGER RELATIONSHIPS BETWEEN MOTHERS AND THEIR HEALTHCARE PROVIDERS BEFORE, DURING AND AFTER PREGNANCY THE RESULTS ARE PROMISING WOMEN WHO GAVE BIRTH REPOR TED AN ENHANCED PRENATAL EXPERIENCE, GAINED LESS WEIGHT THROUGHOUT THEIR PREGNANCY AND SHO WED IMPROVED HEALTHCARE KNOWLEDGE AS THE PROGRAM CONTINUES, PATIENT NAVIGATORS WILL FOLLO W-UP WITH PARTICIPANTS TO GAUGE OTHER IMPORTANT FACTORS AND HELP THEM MAINTAIN HEALTHY LIF ESTYLES UNINTENTIONAL INJURY AND VIOLENCE UNINTENTIONAL INJURIES OCCUR AT HOME, AT WORK, WHILE PARTICIPATING IN SPORTS AND RECREATION, ON THE STREETS AND AT SCHOOL AND ARE ASSOCIA TED WITH MOTOR VEHICLE ACCIDENTS, FALLS, FIREARMS, FIRE/BURNS, DROWNING, POISONING (INCLUD ING DRUGS AND CAUSTIC SUBSTANCES), ALCOHOL, GAS, CLEANERS AND MANY OTHER CAUSES THE DEATH S ASSOCIATED WITH UNINTENTIONAL INJURIES ARE SIGNIFICANT, YET REPRESENT ONLY A SMALL PART OF A MUCH LARGER PUBLIC HEALTH PROBLEM HOSPITALIZATION DATA IS A BETTER MEASURE OF THE IN JURY PROBLEM THAN THE DEATH DATA ALONE UNINTENTIONAL INJURIES, MOTOR VEHICLE ACCIDENTS, F ALLS, PEDESTRIAN RELATED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING DRUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES) CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK, ARE ONE OF THE LEADING CAUSES OF DEATH FOR SDC RESIDENTS OF ALL AGES, REGARDLESS OF GENDE R, RACE OR REGION MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AN D PREVENTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDIN G INDIVIDUAL BEHAVIORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK TAKING, THE PHYSICAL ENVIR ONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FO R INJURY RELATED CARE, THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF UNINTENTIONAL INJURY AND VIOLENCE IS DESCRIBED BELOW - THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY UNINTENTIONAL INJURY AS ONE OF THE TO P 15 PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS

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FORM 990, PART III, LINE 4A (CONTINUED)	- IN 2016, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CAUSE OF DEATH FOR SA N DIEGO COUNTY OVERALL UNINTENTIONAL INJURIES (I E , MOTOR VEHICLE ACCIDENTS, FALLS, PEDE STRIAN-RELATED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSIONS, POISONING (INCLUDING DRUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES), CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRICAL CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND WORKPLACE INJURIES) ARE ONE OF THE LEADING CAUSES OF DEATH FOR SAN DIEGO COUNTY RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION - BETWEEN 2012 AND 2016, MORE THAN 5,700 SAN DIEGANS DIED FROM UNINTENTIONAL INJURIES - IN 2016, THERE WERE 1,071 DEATHS DUE TO UNINTENTIONAL INJURY IN SAN DIEGO COUNTY THE COUNTYS AGE-ADJUSTED DEATH RATE DUE TO UNINTENTIONAL INJURY WAS 31 1 DEATHS PER 100,000 POPULATION IN 2016, UNINTENTIONAL INJURY ACCOUNTED FOR 5 1 PERCENT OF TOTAL DEATHS IN SAN DIEGO COUNTY - IN 2016, THERE WERE 20,247 HOSPITALIZATIONS RELATED T O UNINTENTIONAL INJURY IN SAN DIEGO COUNTY THE AGE-ADJUSTED RATE OF HOSPITALIZATIONS DUE TO UNINTENTIONAL INJURY WAS 589 4 PER 100,000 POPULATION - IN 2016, THERE WERE 169,017 ED DISCHARGES RELATED TO UNINTENTIONAL INJURY IN SDC THE AGE-ADJUSTED RATE OF DISCHARGES DU E TO UNINTENTIONAL INJURY WAS 5,160 3 PER 100,000 POPULATION - CDPH INJURY DATA REPORTS T HAT IN 2016, UNINTENTIONAL INJURIES CAUSED OVER 13,000 DEATHS, 200,000 NON-FATAL 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 2015, THE CDC RECORDED APPROXIMATELY 30 8 MILLION ED VISITS IN THE U S FOR UNINTENTIONAL INJURIES (CDC, 2015) - IN 2016, UNINTENTIONAL INJURY WAS THE THIRD LEADING CAUSE OF DEATH ACROSS ALL AGE GROUPS IN THE U S , ACCOUNTING FOR OV ER 160,000 DEATHS UNINTENTIONAL INJURY WAS THE LEADING CAUSE OF DEATH IN THE U S FOR PEO PLE AGES 1 TO 44, AND THE SEVENTH LEADING CAUSE OF DEATH 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), A ND FALLS (16 5 PERCENT) - UNINTENTIONAL INJURIES ARE THE LEADING CAUSE OF DEATH AMONG CHI LDREN IN THE U S , WHILE NONFATAL UNINTENTIONAL INJURIES CAN RESULT IN CHILDREN HAVING LON G-TERM DISABILITIES (LWSD REPORT CARD ON CHILDREN, FAMILIES, AND COMMUNITY, 2017) - TRAUM ATIC INJURY IS THE LEADING CAUSE OF DEATH AMONG CHILDREN, WITH MANY SURVIVORS ENDURING THE CONSEQUENCES OF BRAIN AND SPINAL CORD INJURIES THE PHYSICAL, EMOTIONAL, PSYCHOLOGICAL AN D LEARNING PROBLEMS THAT AFFECT INJURED CHILDREN, ALONG WITH THE ASSOCIATED COSTS, MAKE RE DUCING TRAUMATIC INJURIES A HIGH PRIORITY FOR HEALTH AND SAFETY ADVOCATES THROUGHOUT THE N ATION EDUCATIONAL PROGRAMS LIKE THINKFIRST INCREASE KNOWLEDGE AND AWARENESS OF THE CAUSES AND RISK FACTORS OF BRAIN AND

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FORM 990, PART III, LINE 4A (CONTINUED)	SCI, INJURY PREVENTION MEASURES, AND THE USE OF SAFETY HABITS AT AN EARLY AGE (WWW THINKF IRST ORG/KIDS, 2015) - SAN DIEGO COUNTY HAS MADE STRIDES TO DECREASE DEATHS FROM UNINTENT IONAL INJURIES AS WELL AS NON-FATAL UNINTENTIONAL INJURY RATES, THOUGH NON-FATAL UNINTENTI ONAL INJURY RATES CONTINUE TO EXCEED STATE AND FEDERAL RATES SDC HAS FOCUSED INJURY PREVE NTION EFFORTS ON THE MOST VULNERABLE POPULATIONS, INCLUDING CHILDREN OF ALL AGES (ESPECIAL LY OLDER CHILDREN), NATIVE AMERICAN AND RURAL CHILDREN SUCCESSFUL INTERVENTIONS INCLUDE S AFETY CAMPAIGNS, EDUCATIONAL STRATEGIES AND CHANGES IN PARENTING PRACTICES (LWSD REPORT CA RD ON CHILDREN, FAMILIES, AND COMMUNITY, 2017) - ACCORDING TO HP2020, MOST EVENTS RESULTI NG IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THERE ARE MANY RISK FAC TORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAVIORS AND CHOICES, SU CH 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, INC LUDING INDIVIDUAL SOCIAL EXPERIENCES (E G , SOCIAL NORMS, EDUCATION AND VICTIMIZATION HIST ORY), SOCIAL RELATIONSHIPS (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, IN CENTIVES AND DISINCENTIVES, LAWS AND REGULATIONS) SCRIPPS HEALTH CONTINUES TO ADDRESS UNI NTENTIONAL INJURY AND VIOLENCE IN FISCAL YEAR 2018 THE FOLLOWING ARE SOME EXAMPLES AGING SUMMIT EXPO SCRIPPS PROVIDED A CONFERENCE ON HOME AND MEDICATION SAFETY AND FALL PREVENTI ON THIS CONFERENCE WAS DESIGNED TO PROVIDE SENIORS WITH EDUCATION AND RESOURCES FOR HEALT HY LIVING FALL PREVENTION AND HOME SAFETY SCRIPPS SOCIAL WORKER AND RN LECTURE ON WAYS TO REDUCE FALL RISK, IMPROVE SAFETY AWARENESS AND UTILIZE AVAILABLE RESOURCES TO PROMOTE IND EPENDENCE AND OVERALL SAFETY BALANCE CLASSES ARE DESIGNED TO HELP BUILDING BALANCE, POSTU RE AND COORDINATION THROUGH STRENGTHENING AND BALANCE EXERCISES THIS IMPORTANCE ASPECT TO HEALTHY LIVING FOR SENIORS PROVIDES EDUCATION ON PREVENTING FALLS THROUGH EXERCISE AND BE ING PROACTIVE THROUGH SAFETY MEASURES IN THE HOME SAN DIEGO BRAIN INJURY FOUNDATION PROVI DE QUALITY OF LIFE IMPROVEMENTS FOR BRAIN INJURY SURVIVORS AND SUPPORT TO FAMILY MEMBERS SCRIPPS MEMORIAL HOSPITAL ENCINITAS DONATES SPACE TO THIS ORGANIZATION FOR MEETINGS BRAIN MASTERS BRAINMASTERS IS A SUPPORTIVE COMMUNICATION GROUP FOR ADULTS COPING WITH ACQUIRED B RAIN INJURY IT IS OFFERED AS COMMUNITY BENEFIT THROUGH THE REHABILITATION CENTER AT SCRIP PS MEMORIAL HOSPITAL ENCINITAS THE MAIN GOAL OF BRAINMASTERS IS TO HELP BRAIN INJURY SURV IVORS TO BUILD CONFIDENCE BY PRACTICING THINKING ON THEIR FEET THIS HELPS TO ALLEVIATE CH ALLENGES WITH COMMUNICATION AND SOCIAL ISOLATION THAT SO MANY BRAIN INJURY SURVIVORS EXPER IENCE EVERY 15 MINUTES ALCOHO

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FORM 990, PART III, LINE 4A (CONTINUED)	L CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN THE U S ANNUALLY, INCLUDING 41% OF ALL TRAFFIC FATALITIES THE EVERY 15 MINUTES PROGRAM IS A TWO-DAY IMMERSION EXPERIENCE FOR TE ENS ON THE REALISTIC CONSEQUENCES OF DRINKING AND DRIVING, WHICH INVOLVES THE SCHOOLS, LAW ENFORCEMENT, COURTS, EMERGENCY SERVICE PROVIDERS, AND THE MORTUARY THE "INJURED" STUDENT S ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER THIS PROGRAM IS SPONSORED JOINTLY BY LOCAL HIG H SCHOOLS, COUNTY POLICE AND SHERIFFS DEPARTMENTS, AMBULANCE SERVICES, AND EMERGENCY DEPAR TMENTS BEACH AREA COMMUNITY COURT PROGRAM THE PROGRAM IS AN EDUCATIONAL PROGRAM FOR FIRST TIME OFFENDERS FOR QUALITY OF LIFE CRIMES THIS IS A COLLABORATION WITH THE SAN DIEGO POL ICE DEPARTMENT, PARKS AND RECREATION, DISTRICT ATTORNEYS OFFICE AND DISCOVER PACIFIC BEACH EDUCATION IS PROVIDED TO THE PARTICIPANTS REGARDING THESE QUALITY OF LIFE CRIMES AND THE IR EFFECTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALCOHOL CONSUMPTION AND THE RULES AND REGULATIONS FOR THE BEACH COMMUNITY SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE I N FY18, THE TRAUMA DEPARTMENT AT SCRIPPS LA JOLLA HOSTED THE FIRST EVER SAN DIEGO COUNTY L IFEGUARD EDUCATION CONFERENCE MORE THAN 150 LIFEGUARDS REPRESENTING ALL 11 SAN DIEGO COUN TY LIFEGUARD AGENCIES WERE IN ATTENDANCE AT THE EVENT INFORMATION WAS SHARED ON A NUMBER OF TOPICS CRITICAL FOR LIFEGUARDS, INCLUDING DOWNING RESUSCITATION, SAND ENTRAPMENT AND SK IN CANCER PREVENTION A PHYSICIAN PRESENTED ON SHARK BITE ATTACK SURVIVAL THE TRAUMA DEPA RTMENT PLANS TO CONTINUE THIS PARTNERSHIP WITH THE COUNTY LIFEGUARDS TO PROVIDE EDUCATION AND HELP THEM FURTHER IDENTIFY OPPORTUNITIES FOR COMMUNITY OUTREACH AND INJURY PREVENTION SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE SCRIPPS HAS PARTNERED WITH THE SA N DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE TO OFFER "SOFT ROOMS" AT ALL SCRIPPS HOSPITAL FACILITIES EXCEPT SCRIPPS GREEN HOSPITAL THESE SOFT ROOMS WILL BE AVAILABLE TO PROJECT LIFE ON A MOMENTS NOTICE TO SERVE AS A SAFE, CONFIDENTIAL ENVIRONMENT FOR LAW ENFO RCEMENT TO INTERVIEW VICTIMS OF HUMAN TRAFFICKING AND FOR SERVICE PROVIDERS TO CONNECT WIT H THE VICTIMS WITH EMERGENCY SHELTER AND COMMUNITY RESOURCES THE SAN DIEGO HUMAN TRAFFICK ING TASK FORCE RECEIVES 3,000 TO 8,000 HUMAN TRAFFICKING VICTIMS EVERY YEAR IN SAN DIEGO C OUNTY APPROXIMATELY 80 PERCENT ARE BORN IN THE UNITED STATES SAVING LIVES THROUGH STOP T HE BLEED CAMPAIGN WHETHER FROM A BULLET WOUND OR OTHER TRAUMATIC INJURY, SEVERE BLOOD LOSS CAN KILL IN JUST FIVE MINUTES HOWEVER, ONE-FIFTH OF TRAUMA DEATHS, THE LEADING CAUSE OF DEATH FOR AMERICANS UNDER AGE 46, COULD BE PREVENTED BY STANCHING THE BLEEDING SCRIPPS DO CTORS PARTICIPATE AND CONVEY THE IMPORTANT MESSAGES OF THE NATIONAL STOP THE BLEED CAMPAIG N

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FORM 990, PART III, LINE 4A (CONTINUED)	TRAUMA AWARENESS CONFERENCE SCRIPPS PARTICIPATES WITH LOCAL AGENCIES GIVING ATTENDEE THE O PPORTUNITY TO LEARN MORE ABOUT TRAUMA SERVICES EDUCATION IS PROVIDED ON INJURY PREVENTION AND THE LATEST TRAUMA RESEARCH ACTIVITIES INCLUDE CONCUSSION PREVENTION, FATAL VISION G OGGLES, AND LEARNING THE CONSEQUENCES OF DISTRACTED DRIVING BEHAVIORAL HEALTH BEHAVIORAL H EALTH IS AN IMPORTANT HEALTH NEED BECAUSE IT IMPACTS AN INDIVIDUALS OVERALL HEALTH STATUS AND IS A COMORBIDITY OFTEN ASSOCIATED WITH MULTIPLE CHRONIC CONDITIONS, SUCH AS DIABETES, OBESITY AND ASTHMA BEHAVIORAL HEALTH ENCOMPASSES MANY DIFFERENT AREAS INCLUDING MENTAL HE ALTH, MENTAL ILLNESS AND SUBSTANCE ABUSE BECAUSE OF ITS BROADNESS, IT IS OFTEN DIFFICULT TO CAPTURE THE NEED FOR BEHAVIORAL HEALTH SERVICES WITH A SINGLE MEASURE AN ANALYSIS OF M ORTALITY DATA IN SAN DIEGO COUNTY FOUND THAT IN 2016, ALZHEIMERS DISEASE AND SUICIDE AS TH E THIRD AND NINTH LEADING CAUSES OF DEATH IN SAN DIEGO COUNTY, RESPECTIVELY A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF BEHAVIORAL HEALTH IS DESCRIBED BELOW - THE SCRIPPS 2016 C HNA CONTINUED TO IDENTIFY BEHAVIORAL HEALTH AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS O F THE COMMUNITIES SERVED BY SCRIPPS - THE HASD&IC 2016 CHNA IDENTIFIED BEHAVIORAL HEALTH AS THE TOP PRIORITY HEALTH ISSUE FOR COMMUNITY MEMBERS IN SAN DIEGO COUNTY - IN THE HASD& IC 2016 CHNA MENTAL HEALTH ISSUES AND ALCOHOL/DRUG ABUSE ISSUES WERE CONSISTENTLY SELECTED BY THE HIGHEST NUMBER OF HHSA SURVEY PARTICIPANTS IN ALL REGIONS AS HEALTH PROBLEMS THAT HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HEALTH IN ADDITION, AGING CONCERNS INCLUDIN G ALZHEIMERS DISEASE WAS CITED AMONG THE TOP FIVE MOST IMPORTANT HEALTH NEEDS IN ALL REGIO NS IN SAN DIEGO COUNTY EXCEPT THE CENTRAL REGION THE FOLLOWING CATEGORIES WERE FOUND TO B E IMPORTANT HEALTH NEEDS WITH BEHAVIORAL HEALTH IN SAN DIEGO COUNTY - ALZHEIMERS DISEASE (SENIORS) - ANXIETY (ALL AGE GROUPS) - DRUG AND ALCOHOL ISSUES (TEENS AND ADULTS) - MOOD D ISORDERS (ALL AGE GROUPS) - FEEDBACK FROM THE BEHAVIORAL HEALTH DISCUSSIONS IN THE 2016 CH NA FOUND THAT HIGH RATES OF PSYCHOTIC DISCHARGES IN AGES 25 TO 44 WERE LIKELY LINKED TO UN DERLYING SUBSTANCE ABUSE PROBLEMS ALTHOUGH PARTICIPANTS AGREED WITH THE FINDINGS, IT WAS FOUND THAT HOSPITAL CODING MAY POTENTIALLY UNDERREPRESENT THE PREVALENCE OF UNDERLYING ISS UES AND MISS CERTAIN CONDITIONS MOST NOTABLY MISSING FROM OSHPD DATA WAS DEVELOPMENTAL DI SORDERS THE GROUPS ALSO POINTED OUT THE IMPORTANCE OF EMERGING DATA TRENDS IN RECENT YEA RS, DISCUSSION PARTICIPANTS CITED A SIGNIFICANT INCREASE IN DRUG-RELATED DISCHARGES, PARTI CULARLY METHAMPHETAMINE (~OVER 100%) - AN ANALYSIS OF 2016 MORTALITY DATA FOR SAN DIEGO C OUNTY REVEALED ALZHEIMERS DISEASE AND SUICIDE AS THE THIRD AND NINTH LEADING CAUSES OF DEA TH FOR SAN DIEGO COUNTY, RESPECTIVELY - AMONG ADULTS 14 6% OF MEDICARE BENEFICIARIES SUF FER FROM DEPRESSION, 10 3% HAVE SERIOUSLY CONSIDERED SUICIDE AND 12 4% PER 100,000 COMMIT SUICIDE EACH YEAR - IN 2016,

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FORM 990, PART III, LINE 4A (CONTINUED)	5,692 INDIVIDUALS WERE DISCHARGED FROM THE EMERGENCY DEPARTMENT (ED) FOR SELF-INFLICTED IN JURY IN SAN DIEGO COUNTY, AN AGE-ADJUSTED RATE OF 173 20 PER 100,000 POPULATION THIS INCL UDED 191 INDIVIDUALS AGES 65 AND OLDER, AN AGE-ADJUSTED RATE OF 44 37 PER 100,000 POPULATI ON OF THESE SENIORS, 90 WERE HOSPITALIZED (20 91 PER 100,000 POPULATION) DURING THE SAME YEAR, THE AGE-ADJUSTED DEATH RATE DUE TO SUICIDE IN SAN DIEGO COUNTY WAS 11 89 DEATHS PER 100,000 POPULATION, OR 406 DEATHS THE RATE FOR SENIORS WAS MUCH GREATER AT 18 35 DEATHS PER 100,000 POPULATION BOTH RATES ARE HIGHER THAN THE HP2020 TARGET OF NO MORE THAN 10 2 DEATHS PER 100,000 POPULATION - ACCORDING TO 2017 DATA FROM THE OFFICE OF STATEWIDE HEALT H PLANNING AND DEVELOPMENT (OSHPD), ANXIETY DISORDERS WERE THE TOP PRIMARY DIAGNOSIS FOR B EHAVIORAL HEALTH-RELATED ED DISCHARGES AMONG THOSE AGES FIVE TO 44 AND AGES 65 AND OLDER FOR THOSE AGES 45 TO 64, THE TOP ED DISCHARGE FOR BEHAVIORAL HEALTH WAS ALCOHOL-RELATED DI SORDERS, FOLLOWED BY ANXIETY AND MOOD DISORDERS - ACCORDING TO 2017 CHIS DATA, 11 8 PERCE NT OF ADULTS IN SDC HAVE EVER SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE, A 40 5 PERCENT I NCREASE SINCE 2013 (8 4 PERCENT) - IN 2016, THERE WERE 1,080 HOSPITALIZATIONS DUE TO OVER DOSE/POISONING IN SDC THE AGE-ADJUSTED RATE OF HOSPITALIZATIONS DUE TO OVERDOSE/POISONING WAS 31 2 PER 100,000 POPULATION - IN 2016, THE AGE-ADJUSTED RATE OF OVERDOSE/POISONING-R ELATED ED DISCHARGES IN SDC WAS 162 3 PER 100,000 POPULATION AGE-ADJUSTED RATES FOR OVERD OSE/POISONING-RELATED ED DISCHARGES WERE HIGHER AMONG MALES, BLACKS AND INDIVIDUALS AGES 1 5 TO 24 YEARS IN COMPARISON AMONG GROUPS - IN 2014-2015, 12 3 PERCENT OF CALIFORNIA ADOLE SCENTS AGES 12 TO 17 EXPERIENCED A MAJOR DEPRESSIVE EPISODE (MDE) THIS RATE HAS INCREASED 3 1 PERCENT SINCE 2011-2012 (SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (S AMHSA), BEHAVIORAL HEALTH BAROMETER CALIFORNIA VOLUME 4, 2017) - FROM 2011 TO 2015, LESS THAN A THIRD OF CALIFORNIA ADOLESCENTS AGES 12 TO 17 WHO EXPERIENCED AN MDE IN THE PAST YE AR RECEIVED TREATMENT (SAMHSA, BEHAVIORAL HEALTH BAROMETER CALIFORNIA VOLUME 4, 2017) - A PPROXIMATELY 10 2 MILLION U S ADULTS HAVE CO-OCCURRING MENTAL HEALTH AND ADDICTION DISORD ERS (NAMI, 2016) SUICIDE AND SUICIDE ATTEMPTS SUICIDE IS A MAJOR COMPLICATION OF DEPRESSI ON AND A LEADING CAUSE OF NON-NATURAL DEATH FOR ALL AGES IN SAN DIEGO COUNTY, SECOND ONLY TO MOTOR VEHICLE ACCIDENTS COMPARED TO 2016, THE COUNTYS SUICIDE RATE IN 2017 INCREASED 5 % FROM 13 1 TO 13 8 PER 100,000 POPULATION THIS INCREASE FOLLOWS A 5% DECREASE IN REGIONA L SUICIDE RATES FROM 2013-TO 2016 IN CONTRAST, THE RATE OF REGIONAL EMERGENCY DEPARTMENT DISCHARGES DUE TO NON-FATAL SELF-HARM DECREASED 5% BETWEEN 2015 AND 2016 (MOST RECENT DATA AVAILABLE) IN ADDITION, SIGNIFICANT GAINS IN HELP-SEEKING ARE EVIDENT CRISIS CALLS TO T HE LOCAL ACCESS & CRISIS HOTLINE IN 2017 INCREASED 22% TO AN UNPRECEDENTED 31 4% OF ALL CA LL VOLUME FOR MORE INFORMATIO

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FORM 990, PART III, LINE 4A (CONTINUED)	N ON THE STATUS OF SUICIDE AND SUICIDE PREVENTION IN SAN DIEGO COUNTY 2018 REPORT CARD h ttp //www sdchip org/initiatives/suicide-prevention-council/reports-resou rces/ IN 2010, THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA) LAUNCHED A SUICIDE PREVENT ION PLANNING PROCESS, WHICH WAS FORMED BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION AND THE CALIFORNIA STRATEGIC PLAN ON SUICIDE PREVENTION SCRIPPS IS A MEMBER OF THE COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP), WHICH COLLABORATES WITH THE COUNTY ON THIS INITIATIVE THE BEHAVIORAL HEALTH PROGRAM AT SCRIPPS MERCY ALSO SUPPORTS COMMUNITY PROGRAMS TO REDUC E THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNIT Y SCRIPPS HEALTH BEHAVIORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SUFFERING FROM ACUTE PS YCHIATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER T O THEMSELVES OR OTHERS IN SUCH CASES, HOSPITALIZATION MAY BE THE MOST APPROPRIATE ALTERNA TIVE THE BEHAVIORAL HEALTH INPATIENT PROGRAM AT SCRIPPS MERCY HOSPITAL HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNESS AND RESUME THEIR D AILY LIVES CHALLENGES - LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE WITH THE COST TO PROVIDE CARE - IN FISC AL YEAR 2018, THE SCRIPPS MERCY BEHAVIORAL HEALTH PROGRAM EXPERIENCED A $4 7 MILLION LOSS IN TOTAL OPERATIONS, HOWEVER 3 3 MILLION OF THIS IS CAPTURED IN MEDI-CAL/CMS AND CHARITY C ARE - IN 2018, 2 0 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNINSURED BEHAVIORAL HE ALTH OUTPATIENT PROGRAMS SCRIPPS BEHAVIORAL HEALTH ENTERED INTO AN AGREEMENT IN MAY 2016 T O TRANSITION THE INTENSIVE BEHAVIORAL HEALTH OUTPATIENT PROGRAM TO THE FAMILY HEALTH CENTE RS OF SAN DIEGO AND EXPAND OUTPATIENT BEHAVIORAL HEALTH OFFERINGS TO THE POPULATION SERVED SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP SCRIPPS MERCY HAS ESTABLISHED AN INITIATIVE WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) TO CREATE A MORE ROBUST BEHAVIORAL HEALTH CARE SYSTEM FOR MEDI-CAL PATIENTS THAT RECEIVE CARE AT SMH THE GOAL IS TO STRENGTHEN THE CONTINUUM OF INTEGRATED PRIMARY AND MENTAL HEALTH SERVICES FOR P ATIENTS DISCHARGED FROM VARIOUS HOSPITAL SETTINGS (MEDICAL AND BEHAVIORAL HEALTH INPATIENT AND EMERGENCY CARE) THROUGH A VARIETY OF TIMELY PATIENT ENGAGEMENT STRATEGIES INCLUDING T HE EXPANSION OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES ADJACENT TO THE HOSPITAL THE U LTIMATE GOAL IS TO INVOLVE PATIENTS IN APPROPRIATE OUTPATIENT CARE BEFORE THEIR BEHAVIORAL HEALTH ISSUES BECOME ACUTE SO THEY DO NOT RETURN TO THE EMERGENCY DEPARTMENT

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FORM 990, PART III, LINE 4A (CONTINUED)	MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM BEHAVIORAL HEALTH S ERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNERSHIP WITH THE SAN DIEGO CHAPTER OF MENTAL HEA LTH OF AMERICA ESTABLISHED THE A-VISIONS VOCATIONAL TRAINING PROGRAM (SOCIAL REHABILITATIO N AND PREVOCATIONAL SERVICES FOR PEOPLE LIVING WITH MENTAL ILLNESS) TO HELP DECREASE THE S TIGMA OF MENTAL ILLNESS AND OFFER VOLUNTEER AND EMPLOYMENT OPPORTUNITIES TO PERSONS WITH M ENTAL ILLNESS THIS SUPPORTIVE EMPLOYMENT PROGRAM PROVIDES VOCATIONAL TRAINING FOR PEOPLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALLY LEADING TO GREATER INDEPENDENCE THIS YEAR, BEHAVIORAL HEALTH SERVICES CONTINUED PARTICIPATING IN THE A-VISIONS PROGRAM SINCE ITS IN CEPTION, 577 CLIENTS HAVE BEEN ENROLLED AND 96 HAVE BEEN SCRIPPS VOLUNTEERS AND 52 HAVE BE EN EMPLOYED AT SCRIPPS HEALTH CURRENTLY, THERE ARE A TOTAL OF 20 EMPLOYEES AND FOUR VOLUN TEERS PARTICIPATING IN THIS SUPPORTIVE EMPLOYMENT PROGRAM A-VISIONS PARTICIPANTS HAVE BEE N EMPLOYED ON A CASUAL/PER DIEM BASIS BY SCRIPPS ENVIRONMENTAL SERVICES, FOOD SERVICES AND CLERICAL SUPPORT FOR HEALTH AND INFORMATION SERVICES, EMERGENCY SERVICES, NURSING RESEARC H, HUMAN RESOURCES, ACCESS, BEHAVIORAL HEALTH, CREDENTIALING, LABOR AND DELIVERY, LABORATO RY, MEDICAL STAFFING, PERFORMANCE IMPROVEMENT, SPIRITUAL CARE AND PALLIATIVE CARE SERVICES PAID A-VISIONS CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHICH ALLO WS THEM TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFITS, MEDICATIONS AND ONGOING BEHAV IORAL HEALTHCARE THAT SUPPORTS THEIR WORK INCREASING AWARENESS OF MENTAL HEALTH ISSUES IN FISCAL YEAR 2018, SCRIPPS BEHAVIORAL HEALTH SERVICES IMPROVED AWARENESS OF MENTAL HEALTH ISSUES BY PROVIDING INFORMATION AND SUPPORTIVE SERVICES FOR MORE THAN 900 PEOPLE AT COMMUN ITY EVENTS COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND SUICIDE PREVENTION COUNCIL TH E SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL (SPC) IS A COLLABORATIVE COMMUNITY-WIDE EFFO RT FOCUSED ON REALIZING A VISION OF ZERO SUICIDES IN SAN DIEGO COUNTY ITS GOAL IS TO PREV ENT SUICIDE AND ITS DEVASTATING CONSEQUENCES IN SAN DIEGO COUNTY SINCE 2010, WITH SUPPORT FROM THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES, CHIP PROVIDES DIRECT OVERSIGHT A ND GUIDANCE TOWARD THE IMPLEMENTATION OF THE SUICIDE PREVENTION ACTION PLAN THE CORE STRA TEGIES OF THE SPC ARE -ENHANCING COLLABORATIONS TO PROMOTE A SUICIDE-FREE COMMUNITY - CON DUCTING NEEDS ASSESSMENTS TO IDENTIFY GAPS IN SUICIDE PREVENTION SERVICES AND SUPPORTS - D ISSEMINATING VITAL INFORMATION ON THE SIGNS OF SUICIDE AND EFFECTIVE HELP-SEEKING -PROVIDI NG RESOURCES TO THOSE AFFECTED BY SUICIDE AND SUICIDAL BEHAVIOR - ADVANCING POLICIES AND P RACTICES THAT CONTRIBUTE TO THE PREVENTION OF SUICIDE PSYCHIATRIC LIAISON TEAM (PLT) THE P SYCHIATRIC LIAISON TEAM IS A MOBILE PSYCHIATRIC ASSESSMENT TEAM CLINICIANS PROVIDE MENTAL HEALTH EVALUATION AND TRIAGE SERVICES TO ACCURATELY ASSESS PATIENTS AND PROVIDE THEM WITH BEST AND SAFEST COMMUNITY RES

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FORM 990, PART III, LINE 4A (CONTINUED)	OURCES TO PROMOTE ONGOING CARE THE TEAM AIMS TO HELP PEOPLE ADHERE TO TREATMENT PLANS, RE DUCE HOSPITAL READMISSION RATES, RELIEVE SYMPTOMS AND ULTIMATELY ENSURE THE LONG-TERM STAB ILIZATION OF THE PATIENT'S MENTAL HEALTH SCRIPPS WILL CONTINUE TO PROVIDE A DEDICATED PSY CHIATRIC LIAISON TEAM AT ALL SCRIPPS HOSPITALS EMERGENCY DEPARTMENTS AND URGENT CARE SETTI NGS (RANCHO BERNARDO AND TORREY PINES) MI PUENTE/MY BRIDGE-SCRIPPS MERCY HOSPITAL CHULA V ISTA SCRIPPS WHITTIER DIABETES INSTITUTE ALSO RECEIVED A $2 4 MILLION STUDY GRANT FROM THE NIH'S NATIONAL INSTITUTE OF NURSING RESEARCH IN 2015 TO EVALUATE MI PUENTE, A PROGRAM AT SCRIPPS MERCY CHULA VISTA HOSPITAL THAT USES A "NURSE + VOLUNTEER" TEAM APPROACH TO HELP H OSPITALIZED HISPANIC PATIENTS WITH MULTIPLE CHRONIC DISEASES REDUCE THEIR HOSPITALIZATIONS AND IMPROVE THEIR DAY-TO-DAY HEALTH AND QUALITY OF LIFE INDIVIDUALS OF LOW SOCIOECONOMIC (SES) AND ETHNIC MINORITY STATUS, INCLUDING HISPANICS, THE LARGEST U S ETHNIC MINORITY G ROUP ARE DISPROPORTIONATELY BURDENED BY CHRONIC CARDIOVASCULAR AND METABOLIC CONDITIONS (" CARDIOMETABOLIC" E G OBESITY, DIABETES, HYPERTENSION, HEART DISEASE) HIGH LEVELS OF UNME T BEHAVIORAL HEALTH IN THIS POPULATION CONTRIBUTE TO STRIKING DISPARITIES IN DISEASE PREVA LENCE AND OUTCOMES A BEHAVIORAL HEALTH NURSE PROVIDES IN-HOSPITAL COACHING TO PATIENTS, W HO ARE THEN FOLLOWED AFTER DISCHARGE BY A VOLUNTEER COMMUNITY PEER MENTOR TO ASSIST THEM I N OVERCOMING BARRIERS THAT MAY INTERFERE WITH ACHIEVING AND MAINTAINING GOOD HEALTH MI PU ENTE AIMS TO IMPROVE CONTINUITY OF CARE AND ADDRESS THE (PHYSICAL AND BEHAVIORAL) HEALTH N EEDS OF THE AT-RISK HISPANIC POPULATION THIS PROGRAM HOLDS PROMISE FOR IMPACTFUL EXPANSIO N TO OTHER CONDITIONS AND UNDERSERVED POPULATIONS BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES MANY PEOPLE FIND THAT THE DAY-TO-DAY TASKS ASSOCIATED WITH HAVING DIABET ES TESTING ONES BLOOD SUGAR, PLANNING MEALS, GETTING ENOUGH PHYSICAL ACTIVITY AND REMEMBER ING TO TAKE MEDICATIONS CAN BE STRESSFUL A COMMON CONDITION KNOWN AS "DIABETES DISTRESS" CAN BE THE RESULT OF FEELING LIKE IT'S ALL TOO MUCH SCRIPPS DIABETES CARE AND PREVENTION HAS A DIABETES BEHAVIORAL SPECIALIST ON STAFF TO HELP PEOPLE MANAGE THEIR DIABETES WITHOUT BEING OVERWHELMED OR UNDULY DISTRESSED THE BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES IS AN INTEGRATED, INTERDISCIPLINARY APPROACH TO MANAGING THE EMOTIONAL AND BEH AVIORAL NEEDS OF INDIVIDUALS WITH TYPE 1 AND TYPE 2 DIABETES THE COLLOCATION OF MEDICAL A ND BEHAVIORAL HEALTH SERVICES IN THE SAME FACILITY ALLOW FOR CONVENIENT, WARM HAND-OFF FRO M PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST IT ALSO AFFORDS OPPORTUNITIES FOR PHYSICIANS, DIABETES EDUCATORS AND OTHERS TO RECEIVE CONSULTATION ON BEHAVIORAL HEALTH CONCERNS, AND IN TURN, MORE COMPREHENSIVELY ADDRESS THE MULTI-FACETED NEEDS OF THEIR PATIENTS WITH DIABE TES GUIDING VETERANS TO MENTAL HEALTH SERVICES SAN DIEGO IS HOME TO MORE THAN 250,000 VET ERANS A SUBSTANTIAL NUMBER OF

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FORM 990, PART III, LINE 4A (CONTINUED)	OUR SERVICE MEMBERS HAVE SUFFERED OR ARE STRUGGLING WITH POST-TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL CONDITIONS RELATED TO MILITARY SERVICE AND REPEATED DEPLOYMENTS PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, SCRIPPS IS ACTIVE LY WORKING TO ASSIST THESE VETERANS THROUGH INFORMATIONAL SESSIONS DESIGNED TO IMPROVE KNO WLEDGE OF VETERANS MENTAL HEALTH ISSUES AND ACCESS TO COMMUNITY-BASED SERVICES SCRIPPS IS WORKING WITH SAN DIEGO STATE UNIVERSITY TO IMPLEMENT A VETERANS MENTAL HEALTH COURSE IN T HE SOCIAL WORK DEPARTMENT MENTAL HEALTH SUPPORT SERVICES AT LOCAL SCHOOL-BASED CLINICS SC RIPPS FAMILY MEDICINE RESIDENCY AND SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER H AVE PARTNERED TO OFFER CLINICAL TRAINING OPPORTUNITIES FOR MASTER SOCIAL WORK STUDENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOUTHWEST AND PALOMAR HIGH SCHOOLS THESE STUD ENTS WORK WITH LOCAL PROVIDERS THAT ADDRESS THE MENTAL HEALTH NEEDS OF VULNERABLE ADOLESCE NTS A VARIETY OF MENTAL HEALTH ISSUES ARE PRESENT FOR LOCAL HIGH SCHOOL STUDENTS MANY OF THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND SUICIDE RELATED CONCERNS THE PROGRAM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-BASED CLINIC AP PROXIMATELY 240 HOURS WERE SPENT IN THE SCHOOL-BASED CLINICS OFFERING SERVICES FOR ADOLESC ENTS TO AN AVERAGE OF 12 STUDENTS PER WEEK WIDOWED SUPPORT GROUP THIS SUPPORT GROUP OFFER S BEREAVEMENT/MENTAL HEALTH SUPPORT AND GUIDANCE TO FAMILIES WHO HAVE LOST A LOVED ONE TH E GROUP FACILITATES DISCUSSION AND GUEST LECTURES ABOUT TOPICS RELATED TO THE LOSS OF LOVE D ONES THERE ARE APPROXIMATELY 6-10 PARTICIPANTS MONTHLY THAT ATTEND AND MANY HAVE BEEN A PART OF THE GROUP FOR MORE THAN 15-20 YEARS PATIENT COMMUNITY SERVICES PATIENTS ARE REFE RRED FROM SCRIPPS MERCY HOSPITAL CHULA VISTA, FOR ASSISTANCE WITH A WIDE VARIETY OF BEHAVI ORAL HEALTH NEEDS INCLUDING ADDICTION, LOSS, ANXIETY AND OTHER MENTAL HEALTH ISSUES THE W ELL-BEING CENTER OFFERS WEEKLY COUNSELING AND/OR REFER PATIENTS TO LOCAL MENTAL HEALTH COU NSELING SERVICES ALCOHOLIC ANONYMOUS SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF ALCOHOLIC ANONYMOUS A FELLOWSHIPS OF MEN AND WOMEN WHO SHARE THEIR EXPERIENCE, STRENGTH AND SUPPORT OF EACH OTHER GRIEF RECOVERY AFTER A SUBSTANCE PASSING (GRASP) SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF GRASP GRASP WAS FOUNDED TO HELP PROVIDE SOURCES OF HELP, COMPASSION AND MOST OF ALL, UNDERSTANDING, FOR FAMILIES OR INDIVIDUALS WHO HAVE HAD A LOVED ONE DIE AS A RESULT OF SUBSTANCE ABUSE OR ADDICTION NATIONAL ALLIANCE OF MENTAL ILLNESS (NAMI) SIBLINGS SUPPORT SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF NAMI SIBLING SUPPORT THIS IS A CONFIDENTIAL SUPPORT GROUP FOR SIBLINGS OF PERSON WITH MENTAL I LLNESS AND ADULT CHILDREN OF PARENTS WITH MENTAL ILLNESS

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FORM 990, PART III, LINE 4A (CONTINUED)	SURVIVORS OF SUICIDE LOSS SAN DIEGO CHAPTER SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMB ERS OF THE SURVIVORS OF SUICIDE LOSS SAN DIEGO CHAPTER THE ORGANIZATION REACHES OUT TO AN D SUPPORTS PEOPLE WHO HAVE LOST A LOVED ONE TO SUICIDE THE GOAL IS TO GIVE SURVIVORS A PL ACE WHERE THEY CAN BE COMFORTABLE EXPRESSING THEMSELVES, A PLACE TO FIND SUPPORT, COMFORT, RESOURCES AND HOPE IN A JUDGMENT-FREE ENVIRONMENT SCRIPPS DRUG AND ALCOHOL RESOURCES THE RE ARE IN EXCESS OF 25 MILLION ILLICIT DRUG USERS IN THE US THERE ARE AN ESTIMATED 136 9 MILLION CURRENT DRINKERS OF ALCOHOLIC BEVERAGES AND OF THOSE, APPROXIMATELY 23 PERCENT BIN GE DRANK IN THE LAST 30 DAYS AND 6 3 PERCENT ARE CONSIDERED HEAVY DRINKERS IT IS ESTIMATE D THERE ARE 8 7 MILLION UNDER-AGE DRINKERS SUBSTANCE USE, PARTICULARLY OPIOID MISUSE, IS A HEALTH CRISIS THAT HAS REACHED EPIDEMIC PROPORTIONS BOTH NATIONALLY AND LOCALLY IN SAN DIEGO, THE RATE OF DISCHARGE FROM EMERGENCY DEPARTMENTS FOR CHRONIC SUBSTANCE ABUSE INCREA SED BY 559% FROM 2014-2016, RATES FOR THOSE 65 YEARS AND OLDER INCREASED THE MOST BY 714% THE RATE OF DISCHARGE FOR OPIOID MISUSE FOR THIS AGE GROUP WAS EVEN MORE STARTLING IT ROS E BY 1 734% OVER THIS TWO YEAR PERIOD RATES OF DISCHARGE FROM EMERGENCY DEPARTMENTS FOR A CUTE SUBSTANCE ABUSE ALSO ROSE RATES INCREASED FOR PEOPLE OF ALL RACIAL AND ETHNIC BACKGR OUNDS, HOWEVER, THE MOST SUBSTANTIAL INCREASES (177%) WAS FOR BLACKS HEAVY ALCOHOL CONSUM PTION IS ALSO A PROBLEM IN SAN DIEGO NEARLY 20% OF ALL ADULTS AGES 18 AND OLDER SELF-REPO RT EXCESSIVE ALCOHOL USE SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES AWARE OF TH E IMPACT DRUGS AND ALCOHOL CAN HAVE ON OUR COMMUNITY, SCRIPPS HAS DEVELOPED INNOVATIVE WAY S TO TREATING THIS DESTRUCTIVE DISEASE SCRIPPS HAS DEPLOYED SPECIALIZED NURSES CERTIFIED IN ADDICTION, THEY SEE PATIENTS AT THEIR BEDSIDE AND WORK CLOSELY WITH THE PATIENTS ENTIRE HEALTH CARE TEAM TO HELP FACILITATE A SAFE DETOX WHILE HOSPITALIZED THE SUBSTANCE USE DI SORDER SERVICE (SUDS) NURSES ACT IN A PROACTIVE AND REACTIVE ROLE IN ALL OF THE SCRIPPS HO SPITALS, HELPING TO IDENTIFY PATIENTS WHO ARE AT RISK, OR ARE CURRENTLY EXPERIENCING WITHD RAWAL FROM ADDICTIVE SUBSTANCES THIS MOBILE GROUP OF SPECIALLY TRAINED DRUG AND ALCOHOL R ESOURCE NURSES PROVIDE EDUCATION, INTERVENTIONS AND DISCHARGE PLACEMENT ASSISTANCE TO PATI ENTS IN THE SCRIPPS HOSPITALS THE RESOURCE NURSES WORK DIRECTLY WITH THE NURSING STAFF AT EACH OF THE HOSPITALS IN SEARCH OF PATIENTS WHO MAY BE AT RISK FOR ALCOHOL/DRUG WITHDRAWA L AND ASSIST WITH IMPLEMENTING A STANDARDIZED PROTOCOL WITHDRAWAL PROCESS SCRIPPS HAS CHA NGED THE WAY WE DELIVER DRUG AND ALCOHOL TREATMENT BY COLLABORATING WITH OTHERS TO DELIVER A CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY WHEN PATIENTS NEED ADDITIO NAL CARE, SCRIPPS HAS LINKED ITSELF TO TWO SEPARATE TREATMENT PROGRAMS DESIGNED TO MEET TH E COMMUNITY NEEDS BETTY FORD CENTER IN 2016, SCRIPPS PARTNERED WITH THE BETTY FORD CENTER , WHICH EXPANDED ITS DRUG AND

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FORM 990, PART III, LINE 4A (CONTINUED)	ALCOHOL TREATMENT PROGRAMMING INTO SAN DIEGO THIS TREATMENT CENTER BRINGS WORLD-RENOWNED ALCOHOL AND DRUG REHAB TO MORE PEOPLE THROUGH WEEKDAY AND WEEKNIGHT OUTPATIENT SERVICES F AMILY HEALTH CENTERS OF SAN DIEGO FAMILY HEALTH CENTERS OF SAN DIEGO PROVIDES AN ARRAY OF SERVICES, INCLUDING OUTPATIENT DRUG AND ALCOHOL TREATMENT ALONG WITH MEDICATION-ASSISTED T REATMENT AND HARM REDUCTION PROGRAMS THEIR SERVICE ALSO INCLUDE INDIVIDUAL COUNSELING AND ONE-ON-ONE SUPPORT, EDUCATIONAL SESSIONS, HIV RESTING, HEPATITIS B& C TESTING AND TREATME NT OPIOID STEWARDSHIP PROGRAM (OSP) THE OPIOID STEWARDSHIP PROGRAM HAS SPEARHEADED MULTIP LE PROJECTS AT SCRIPPS TO EDUCATE PATIENTS AND PROVIDERS ABOUT THE RISKS OF OPIOIDS AND TH E BENEFITS OF ALTERNATIVE MULTI-MODAL PAIN MANAGEMENT OPTIONS TO REDUCE OPIOID USE THE PR OGRAM HAS ESTABLISHED PRESCRIBING STANDARDS FOR OPIOIDS, RESULTING IN A 25 PERCENT REDUCTI ON IN THE NUMBER OF OPIOID PILLS PER PRESCRIPTION AT SCRIPPS HOSPITALS AND OUTPATIENT CENT ERS IN 2018 SCRIPPS ALSO HAS OPENED THREE DRUG TAKE-BACK KIOSKS AT ITS ON-SITE PHARMACIES , OFFERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OUTDATED MEDICATIO NS SOCIAL DETERMINANTS OF HEALTH PER SECTION 2, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ADDITION TO THE HEALTH OUTCOME NEEDS THAT WERE IDENTIFIED IN THE CHNA, SOCIAL DETERMIN ANTS OF HEALTH WERE A KEY THEME IN ALL OF THE COMMUNITY ENGAGEMENT ACTIVITIES ANALYSIS OF RESULTS FROM THE COMMUNITY PARTNER DISCUSSIONS AND KEY INFORMANT INTERVIEWS REVEALED THE MOST COMMONLY ASSOCIATED SOCIAL DETERMINANTS OF HEALTH FOR EACH OF THE TOP HEALTH NEEDS T HE TOP TEN SOCIAL DETERMINANTS WERE CONSISTENTLY REFERENCED ACROSS THE DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES, FOOD INSECURITY & ACCESS TO HEALTHY FOOD, ACCESS TO CARE OR SERVIC ES, HOMELESS/HOUSING ISSUES, PHYSICAL ACTIVITY, EDUCATION/KNOWLEDGE, CULTURAL COMPETENCY, TRANSPORTATION, INSURANCE ISSUES, STIGMA AND POVERTY THE IMPORTANCE OF THESE SOCIAL DETER MINANTS WAS ALSO CONFIRMED BY QUANTITATIVE DATA APPROXIMATELY 80 PERCENT OF MODIFIABLE RI SKS FOR DISEASES ARE ATTRIBUTABLE TO NONMEDICAL (UPSTREAM) DETERMINANTS OF HEALTH, SUCH AS HEALTH BEHAVIORS, SOCIOECONOMIC STATUS, AND ENVIRONMENTAL CONDITIONS TO PREVENT CHRONIC CONDITIONS AND PROMOTE HEALTH, GREATER EMPHASIS SHOULD BE PLACED ON POPULATION HEALTH, WHI CH HAS BEEN DEFINED TO FOCUS ON OUTCOMES AS WELL AS ON THE BROADER FACTORS THAT INFLUENCE HEALTH AT A POPULATION LEVEL, INCLUDING MEDICAL CARE SYSTEMS, THE SOCIAL ENVIRONMENT, AND THE PHYSICAL ENVIRONMENT FOOD INSECURITY FOOD INSECURITY IS THE INABILITY TO AFFORD ENOUG H FOOD FOR AN ACTIVE, HEALTHY LIFE THE HASD&IC 2016 CHNA IDENTIFIED FOOD INSECURITY AND A CCESS TO HEALTHY FOOD AS THE TOP SOCIAL DETERMINANT IMPACTING SAN DIEGOS PRIORITY HEALTH N EEDS (DIABETES, OBESITY, CARDIOVASCULAR DISEASE AND BEHAVIORAL HEALTH) ACCORDING TO THE L ATEST RESEARCH FROM THE SAN DIEGO HUNGER COALITION, ALMOST HALF A MILLION SAN DIEGANS, 1 I N 7 RESIDENTS, OR 15 PERCENT O

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FORM 990, PART III, LINE 4A (CONTINUED)	F THE SAN DIEGO COUNTY POPULATION ARE CONSIDERED TO BE FOOD INSECURE, AN ECONOMIC AND SOCI AL CONDITION CHARACTERIZED BY LIMITED OR UNCERTAIN ACCESS TO ADEQUATE FOOD TO PUT THE TOT AL NUMBER OF FOOD INSECURE SAN DIEGANS INTO PERSPECTIVE, IT IS ROUGHLY EQUIVALENT TO THE E NTIRE POPULATIONS OF CHULA VISTA, OCEANSIDE, IMPERIAL BEACH, CORONADO, AND SOLANA BEACH CO MBINED RATES IN IMPERIAL COUNTY ARE EVEN HIGHER, WITH 17% OF THE GENERAL POPULATION SUFFE RING FOOD INSECURITY EVEN MORE ALARMING IS THAT THE RATE OF FOOD INSECURITY AMONG CHILDRE N IN IMPERIAL COUNTY IS THE HIGHEST IN CALIFORNIA AT OVER 33% THE CALFRESH PROGRAM, FEDER ALLY KNOWN AS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), ISSUES MONTHLY ELECTRO NIC BENEFITS THAT CAN BE USED TO BUY FOODS AT PARTICIPATING MARKETS AND STORES MORE THAN 290,000 SAN DIEGANS RECEIVE CALFRESH AN ADDITIONAL ONE IN FIVE SAN DIEGANS WERE FOOD SECU RE BUT RELIED ON SUPPLEMENTAL NUTRITION ASSISTANCE TO SUPPORT THEIR FOOD BUDGET IN 2016, 21 PERCENT OF HOUSEHOLDS IN SAN DIEGO COUNTY PARTICIPATED IN SUPPLEMENTAL NUTRITION ASSIST ANCE PROGRAM (SNAP) BENEFITS, WHILE 23 3 PERCENT OF THOSE BELOW 138 PERCENT OF THE FPL WER E ELIGIBLE FOR SUCH BENEFITS REFER TO TABLE 4 FOR SNAP PARTICIPATION AND ELIGIBILITY IN S AN DIEGO COUNTY STUDIES DEMONSTRATE THAT HUNGER SIGNIFICANTLY IMPACTS HEALTH LACK OF ACC ESS TO HEALTHY FOOD, OFTEN DUE TO AVAILABILITY AND COST, ARE STRESSORS THAT CONTRIBUTE TO DIABETES, HEART DISEASE, OBESITY, AND OTHER BEHAVIORAL HEALTH ISSUES IN A MYRIAD OF WAYS - FOOD INSECURE ADULTS WITH DIABETES HAVE HIGHER AVERAGE BLOOD SUGARS - FOOD INSECURE ADU LTS ARE MORE LIKELY TO BE OBESE - FOOD INSECURITY IS SIGNIFICANTLY MORE PREVALENT IN ADUL TS WITH MOOD DISORDERS - FOOD INSECURITY IS ASSOCIATED WITH INCREASED RISK OF SUICIDAL TH OUGHTS AND SUBSTANCE ABUSE IN ADOLESCENTS - FOOD INSECURE SENIORS HAVE A SIGNIFICANTLY HI GHER LIKELIHOOD OF HEART DISEASE, DEPRESSION AND LIMITED ACTIVITIES OF DAILY LIVING - FOO D INSECURE ADULTS DELAY BUYING FOOD IN ORDER TO PURCHASE MEDICATIONS THE PROGRAMS HIGHLIG HTED BELOW ARE WAYS THAT SCRIPPS HEALTH IS ADDRESSING FOOD INSECURITY, SCREENINGS AND ELIG IBILITY BENEFITS SCRIPPS HEALTH CALFRESH SCREENINGS AS HEALTH CARE DELIVERY SYSTEMS MOVES TOWARDS A POPULATION HEALTH PARADIGM THAT INCENTIVIZES KEEPING PATIENTS HEALTHY, HOSPITAL S AND CLINICS ARE RECOGNIZING THE SIGNIFICANCE OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH , SUCH AS FOOD INSECURITY (FI) HOSPITALS HAVE BEEN MORE PROACTIVE IN INTERVENING AT SOME LEVEL OF CARE TO AID THE INDIVIDUALS SUFFERING FROM FI AND THEIR ABILITY TO GAIN CONTROL O VER THEIR HEALTH

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FORM 990, PART III, LINE 4A (CONTINUED)	ACCORDINGLY, FOOD ASSISTANCE PROVIDED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SN AP) KNOWN AS CALFRESH IN CALIFORNIA, SIGNIFICANTLY REDUCES THE RATE AND SEVERITY OF POVERT Y THROUGHOUT THE STATE (CALIFORNIA BUDGET & POLICY CENTER, 2018) WHILE SNAP AND WOMENS, I NFANTS, CHILDREN (WIC) HAVE BEEN SUCCESSFUL IN ASSISTING LOW-INCOME CHILDREN AND THEIR FAM ILIES WITH ADDITIONAL FUNDING FOR PURCHASING HEALTHY FOODS, THERE IS EVIDENCE THAT SUGGEST S SCREENING FOR FI IN HEALTHCARE SETTINGS IS THE BEST INDICATOR FOR PATIENTS TO ACCESS FOO D-RELATED ASSISTANCE SCRIPPS HEALTH BEGAN SCREENING FOR CALFRESH IN JUNE 2017 THROUGH THE SUPPORT OF THE PUBLIC RESOURCE SPECIALIST (PRS) TEAM THE PRS ARE EXPERIENCED STAFF WITH STRONG KNOWLEDGE OF THE COUNTY PROGRAMS THEY SCREEN ALL UNINSURED PATIENTS WHO HAVE RECEI VED SERVICES AT ANY OF THE FIVE SCRIPPS HOSPITAL FACILITIES THE IN-HOUSE APPLICATION PROC ESS CAN TAKE UP TO 45 MINUTES AS THEY ARE SCREENING FOR MULTIPLE PROGRAMS CONCURRENTLY ON CE AN APPLICATION HAS BEEN COMPLETED, THE PRS STAFF SUBMITS IT TO THE COUNTY VIA THE HOSPI TAL OUTSTATION SERVICES (HOS) PROGRAM ONCE SUBMITTED, A COUNTY HOS WORKER IS ASSIGNED AND THE PRS TEAM TRACKS THE APPLICATION, ADVOCATING FOR THE PATIENTS THROUGHOUT THE PROCESS T HAT CAN TAKE UP TO 45 DAYS TO RECEIVE AN ELIGIBILITY RESPONSE IN SOME INSTANCES HAVING TO GO THROUGH THE APPEAL PROCESS THAT MAY ADD AN ADDITIONAL 30 DAYS IN DOING SO, THE PRS TE AM HELPS PATIENTS MANEUVER A COMPLEX APPLICATION PROCESS THAT OTHERWISE MAY DETER THEM FRO M SEEKING MUCH NEEDED ACUTE AND PREVENTATIVE CARE THE TEAM HAS BEEN SUCCESSFUL IN HAVING THE IMPORTANT CONVERSATION ABOUT FOOD INSECURITY WITH 36% OF THE PATIENTS THEY HAVE SCREEN ED IN THIS PAST FISCAL YEAR THE CITY HEIGHTS WELLNESS CENTER (CHWC) SCRIPPS MERCY HOSPITA L HAS ESTABLISHED A PARTNERSHIP AT THE CITY HEIGHTS WELLNESS CENTER (CHWC) WITH LA MAESTRA FAMILY CLINIC AND RADY CHILDRENS HOSPITAL TO ADDRESS SOME OF THE ATTRIBUTING FACTORS TO P OOR HEALTH STATUS FOR LOCAL RESIDENTS WITH LA MAESTRA SERVING AS THE LEAD AGENCY, SCRIPPS MERCY AND RADY CHILDRENS ARE CONTRIBUTING RESOURCES TO SUPPORT OPERATIONAL COSTS OF THE C ENTER IN ORDER TO PROVIDE CAPACITY FOR NEED COMMUNITY LINKAGES ELIGIBILITY WORKERS FROM L A MAESTRA FAMILY CLINIC ARE AVAILABLE TO COUNSEL PEOPLE AND ASSIST FILLING OUT APPLICATION S FOR FOOD STAMP ASSISTANCE CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THE ACTIVITY, BUT ALSO ACTIVELY PARTICIPATES BY DEVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS APPLICATIONS AND ASSISTANCE FOR CALFRESH TO SUPPL EMENT FOOD BUDGET AND ALLOW FAMILIES/INDIVIDUALS TO BUY NUTRITIOUS FOOD SCRIPPS MERCY WIC PROGRAM THE CITY HEIGHTS WELLNESS CENTER IS HOME TO THE SCRIPPS MERCY HOSPITAL-WIC PROGRA M THAT PROVIDES NUTRITION EDUCATION AND COUNSELING, BREASTFEEDING EDUCATION AND SUPPORT AN D FOOD VOUCHERS TO PREGNANT AND PARENTING WOMEN, AND CHILDREN 0-5 YEARS OF AGE FOOD FINDE RS RESCUING FOOD, REDUCING HUN

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FORM 990, PART III, LINE 4A (CONTINUED)	GER SCRIPPS CORPORATE FOOD SERVICE PARTNERED WITH FOOD FINDERS, A MULTI-REGIONAL FOOD BANK AND FOOD RESCUE PROGRAM THAT CONNECTS BUSINESSES TO CHARITABLE INSTITUTIONS IN NEED OF DO NATIONS FOOD FINDERS CONNECTED SCRIPPS WITH INTERFAITH COMMUNITY SERVICES IN ESCONDIDO, W HICH DISTRIBUTES FOOD TO PEOPLE IN NEED ALL LEFTOVER FOOD FROM SCRIPPS CORPORATE FACILITI ES IS PACKAGED, PICKED UP EACH DAY AND TRANSFERRED TO THE SCRIPPS 4S RANCH FOOD AND NUTRIT ION SERVICES FREEZER FOR STORAGE THE COST IS MINIMAL, AS SCRIPPS USES THE SAME AMOUNT OF LABOR TO PACKAGE THE FOOD AS IT WOULD TO DISPOSE OF IT, AND UNSOLD "GRAB AND GO" ITEMS ARE ALREADY PACKAGED INTERFAITH COMMUNITY SERVICES PICKS UP THE FROZEN FOOD TWICE PER WEEK A ND TRANSPORTS IT TO ONE OF THEIR FACILITIES TO HELP FEED THE COMMUNITY BETWEEN FOOD DONAT ED BY SCRIPPS AND OTHERS, INTERFAITH DISTRIBUTES AN AVERAGE OF 126,000 HOT MEALS AND PACKE D LUNCHES AND 23,000 EMERGENCY MEALS, FEEDING APPROXIMATELY 17,000 PEOPLE EVERY YEAR FOST ERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN PEOPLE TAKE AN ACT IVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT TO MAKE AN EV EN LARGER IMPACT ON THEIR COMMUNITY SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLOYEE S AND PHYSICIANS WITH COMMUNITY NEEDS, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS A ND PROVIDING FREE MEDICAL AND SURGICAL CARE FOR PATIENTS IN NEED IN ADDITION TO THE FINAN CIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURING FY18, SCRIPPS EMPLOYEES AND AFFILIATED PH YSICIANS DONATED A SIGNIFICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRI PPS SPONSORED COMMUNITY BENEFIT PROGRAMS WITH CLOSE TO 10,191 HOURS, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $507,887 44*, WHICH IS NOT INCLUDED IN THE SCRIPPS FY18 COMMUNITY BENEFIT PROGRAMS AND SERVICES TOTALS (*CALCULATION BASED UPON AN AVERAGE HOURLY WAGE FOR THE SCRIPPS HEALTH SYSTEM PLUS BENEFITS) UNCOMPENSATED HEALTH CARE SCRIPPS CONT RIBUTES SIGNIFICANT RESOURCES TO PROVIDE LOW AND NO-COST HEALTH CARE FOR OUR PATIENTS IN N EED DURING FY18, SCRIPPS CONTRIBUTED $358,318,252 IN UNCOMPENSATED HEALTH CARE, INCLUDING $20,245,366 IN CHARITY CARE, $331,743,910 IN MEDI- CAL AND MEDICARE SHORTFALL, AND $6,328 ,976 IN BAD DEBT SCRIPPS PROVIDES HOSPITAL SERVICES FOR ONE-QUARTER OF THE COUNTYS UNINSU RED PATIENTS SCRIPPS MERCY HOSPITAL, SAN DIEGO AND SCRIPPS MERCY HOSPITAL, CHULA VISTA PR OVIDE 64 PERCENT OF SCRIPPS CHARITY CARE THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY I S HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND M EDICALLY UNDERSERVED COMMUNITIES FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE TH E SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSID IES DO NOT COVER THE FULL COST

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FORM 990, PART III, LINE 4A (CONTINUED)	OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ABSORB THE COST OF CARING FOR UNINSURED PATIENTS IN THEIR OPERATING BUDGETS THI S PLACES A SIGNIFICANT FINANCIAL BURDEN ON HOSPITALS AND PHYSICIANS DEMOGRAPHIC PROFILE O F SAN DIEGO COUNTY CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COM MUNITIES POPULATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATI ON ARE ALL IMPORTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS SAN DIEGO IS THE SECO ND MOST POPULOUS COUNTY IN CALIFORNIA AND FIFTH MOST POPULOUS IN THE UNITED STATES SAN DI EGO HAS - CLOSE TO 3 3 MILLION RESIDENTS - MAJORITY MINORITY POPULATION - BUSIEST LAND BO RDER CROSSING IN THE WORLD 1 OF EVERY 13 PEOPLE WHO ENTER THE US COME THROUGH SAN YSIDRO - 70 MILES OF COASTLINE - 16 NAVAL AND MILITARY INSTALLATIONS - 18 FEDERALLY QUALIFIED RECO GNIZED INDIAN RESERVATIONS - A TOTAL OF 4,526 SQUARE MILES, LARGER THAN RHODE ISLAND AND D ELAWARE COMBINED POPULATION OVER THREE MILLION PEOPLE (3,337,685) LIVE IN THE 4,526 SQUA RE MILE AREA OF SAN DIEGO COUNTY (SDC) ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUN ITY SURVEY 2009-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 7 46 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APP ROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN U RBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEE N DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIF ICANT SHIFT IN TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDENTIFIED AS NON-HISP ANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIA N (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), A ND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (3 2 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) SAN DIEGOS UNINSURED THE LACK OF HEA LTH INSURANCE IS A SIGNIFICANT BARRIER TO ACCESSING NEEDED HEALTH CARE AND TO MAINTAINING FINANCIAL SECURITY BETWEEN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNIT ED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY

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FORM 990, PART III, LINE 4A (CONTINUED)	IN THE PAST, GAPS IN THE PUBLIC INSURANCE SYSTEM AND LACK OF ACCESS TO AFFORDABLE PRIVATE COVERAGE LEFT MILLIONS WITHOUT HEALTH INSURANCE, AND THE NUMBER OF UNINSURED AMERICANS GRE W OVER TIME, PARTICULARLY DURING ECONOMIC DOWNTURNS BY 2013, THE YEAR BEFORE THE MAJOR CO VERAGE PROVISIONS OF THE AFFORDABLE CARE ACT (ACA) WENT INTO EFFECT, MORE THAN 44 MILLION NONELDERLY INDIVIDUALS LACKED COVERAGE UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE A CT (ACA), MILLIONS OF CALIFORNIANS HAVE GAINED HEALTH COVERAGE THESE GAINS HAVE COME EITH ER THROUGH THE EXPANSION OF MEDICAID (CALLED MEDI-CAL IN CALIFORNIA) TO LOW INCOME ADULTS EARNING UP TO 138% OF THE FEDERAL POVERTY GUIDELINE (FPG), OR THROUGH COVERED CALIFORNIA, THE STATES ACA HEALTH INSURANCE MARKETPLACE, WHERE PEOPLE EARNING UP TO 400% FPG CAN PURCH ASE SUBSIDIZED INSURANCE COVERAGE THE MAJOR COVERAGE EXPANSIONS OF THE ACA WERE IMPLEMENT ED STARTING IN 2014, AND BY 2016 THE UNINURED RATE AMONG NONELDERLY CALIFORNIANS HAD FALLE N FROM 15 5% TO A HISTORIC LOW OF 8 5% (THIS PERCENTAGE INCLUDES CHILDREN) KEY FINDINGS SINCE 2010, GENERALLY ALL AGE GROUPS EXPERIENCED A DECLINE IN THE PERCENT UNINSURED FOR BO TH THE COUNTY AND STATE THE 18-64 YEAR AGE GROUP EXPERIENCED THE GREATEST DECLINE IN NUMB ER OF PEOPLE UNINSURED UNDER THE ACA FINANCIAL ASSISTANCE ASSISTING LOW-INCOME, UNINSURED PATIENTS ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS CONSISTENT WITH THE LANGUAGE OF BOTH STATE (AB774) CALIFORNIA HOSPITAL FAIR PRICING PO LICY LEGISLATION AND THE INTERNAL REVENUE CODE (IRC) 501(R) REGULATIONS THESE PRACTICES R EFLECT OUR COMMITMENT TO ASSISTING LOW-INCOME AND UNINSURED PATIENTS WITH DISCOUNTED HOSPI TAL CHARGES, CHARITY CARE AND FLEXIBLE BILLING AND DEBT COLLECTION PRACTICES THESE PROGRA MS ARE AVAILABLE TO EVERYONE IN NEED, REGARDLESS OF THEIR RACE, ETHNICITY, GENDER, RELIGIO N OR NATIONAL ORIGIN SCRIPPS MAKES EVERY EFFORT TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATI ON WHEN NEEDED IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY R ESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS ELIGIBILITY FOR FINANCIAL ASSISTAN CE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LES S THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS FORGIVES THE ENTIRE BILL FOR THOSE PATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, A PORTION OF THE BILL IS FORGIVEN P ATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT CHARGED MORE THAN SCRIPPS DISCOUNTED FINANCIAL ASSISTANCE AMOUNT FOR 2019, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES DEFINED A FAMILY OF FOUR AT 200 PERCENT FEDERAL POVERTY LEVEL AS $51,500 PROFESSIONAL EDUCATION & HEALTH RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AN D MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS, OR TO O

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FORM 990, PART III, LINE 4A (CONTINUED)	FFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CAR E WILL BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING T HE COMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND INNOVATIVE TREATMENTS EACH YEAR, SCRI PPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH, MEDICAL EDUCATION AND HEALTH PROFESSIONAL EDUCATION DURING FISCAL YEAR 2018 (OCTOBER 2017 TO SEP TEMBER 2018), SCRIPPS INVESTED $26,757,826 IN PROFESSIONAL TRAINING PROGRAMS AND CLINICAL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES IN SAN DIEGO COUNTY THIS SEC TION HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AND HEALTH RESEARCH ACTIVITIES HEALTH PROFESSIONS TRAINING INTERNSHIPS SCRIPPS COMMITMENT TO ONGOING LEARNING AND HEALTH CARE EX CELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR STUDENT PROGRAMS HELP PROMOTE HEALTH CARE CA REERS TO A NEW GENERATION, SHAPE THE FUTURE WORKFORCE AND DEVELOP FUTURE LEADERS IN OUR CO MMUNITY INTERACTING WITH HEALTH CARE PROFESSIONALS IN THE FIELD EXPANDS EDUCATION OUTSIDE THE CLASSROOM SCRIPPS EMPLOYEES PLAY AN IMPORTANT ROLE AS PRECEPTORS BY INVESTING THEIR TIME TO CREATE A VALUABLE EXPERIENCE FOR THE COMMUNITY IN FY18, SCRIPPS HOSTED 1,927 STUD ENTS WITHIN OUR SYSTEM AND PROVIDED 277,789 DEVELOPMENT HOURS SPANNING NURSING AND ALLIED HEALTH SETTINGS COLLEGE AND UNIVERSITY AFFILIATIONS SCRIPPS COLLABORATES WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO HELP STUDENTS EXPLORE HEALTH CARE ROLES AND GAIN FIR STHAND EXPERIENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS SCRIPPS IS AFFILIATED WITH MORE THAN 110 SCHOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PARTNERSHIPS LOCAL SCH OOLS INCLUDE, BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), SAN DIEGO ST ATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE , GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE SCRIPPS IS REGULARLY ACCEPTIN G NEW PARTNERSHIPS, BASED ON COMMUNITY AND WORKFORCE NEEDS, AND MAINTAINS AN AFFILIATION A GREEMENT COMMITTEE TO REVIEW ALL REQUESTS AND PROVIDE A SYSTEMWIDE APPROACH TO SECURING NE W STUDENTS PLACEMENTS THIS INTERDISCIPLINARY COMMITTEE REPRESENTS EDUCATION AND DEPARTMEN T LEADERSHIP ACROSS THE SCRIPPS SYSTEM ENSURING A PROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT TO ENSURE STUDENTS FROM HEALTH CARE PROFESSIONS PROGRAMS HAVE ACC ESS TO APPROPRIATE EDUCATIONAL EXPERIENCES AT SCRIPPS AND FOSTER A SMOOTH, EFFICIENT PROCE SS FOR STUDENT PLACEMENT REQUESTS RECEIPT AND MANAGEMENT, SCRIPPS IS A MEMBER OF THE SAN D IEGO NURSING AND ALLIED HEALTH SERVICE EDUCATION CONSORTIUM AND AMERICAN DATABANKS COMPLIO ONLINE COMPLIANCE TRACKING SYSTEM RESEARCH STUDENTS SCRIPPS SUPPORTS GRADUATE RESEARCH F OR MASTERS AND DOCTORAL STUDENT AT UNIVERSITIES WITH AFFILIATION AGREEMENTS SCRIPPS TALEN T DEVELOPMENT OVERSEES THE STU

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FORM 990, PART III, LINE 4A (CONTINUED)	DENTS PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WHO CONDUCT RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEALTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY AND NURSING IN FY18, SCRIPPS RESEARCH INCLUDED STUDENTS FROM USD, WESTERN GOVERNORS UNIVE RSITY, SDSU, PLNU, LOMA LINDA UNIVERSITY AND POSTDOCTORAL PHARMACY RESIDENCY PROGRAMS, INC LUDING THE PGY1 PHARMACY RESIDENCY PROGRAM HIGH SCHOOL PROGRAMS SCRIPPS IS DEDICATED TO P ROMOTING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH A NUMBER OF HIGH SCHOOLS TO OFFER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIEN CE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS BELOW IS A SUMMARY OF THE HIGH SCHOOL P ROGRAMS SCRIPPS MADE AVAILABLE TO THE COMMUNITY SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM H EALTH AND SCIENCE PIPELINE INITIATIVE (HASPI) THIS PROGRAM REACHES OUT TO SCAN DIEGO HIGH SCHOOL STUDENTS INTERESTED IN EXPLORING A CAREER IN HEALTH CARE IN FISCAL YEAR 2018, 25 S TUDENTS PARTICIPATED IN THE PROGRAM DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS WERE EX POSED TO DIFFERENT DEPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUABLE LIFE LESSON ABOUT HEALTH AND HEALING UNIVERSITY CITY HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SC RIPPS PARTNERED TO PROVIDE A REAL-LIFE CONTEXT TO THE SCHOOLS HEALTH CARE ESSENTIALS COURS E FOR FY18, 14 STUDENTS WERE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRING SEMESTER, TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS UC HIGH S TUDENTS VISITED SCRIPPS CLINIC CARMEL VALLEY, RANCHO BERNARDO, MERCY SAN DIEGO, SCRIPPS ME MORIAL HOSPITAL LA JOLLA, ENCINITAS AND GREEN HOSPITAL THE STUDENTS WERE ABLE TO VIEW SUR GERIES AND SHADOWING HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PHARMACY, CARDIAC CATHETER LAB, DEFINITIVE OBSERVATION UNI T, AMBULATORY SERVICES, REHAB THERAPY, PATIENT LOGISTICS, LAB AND TRAUMA YOUNG LEADER IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HEALTH CAR E TARGETS LOCAL HIGH SCHOOLS STUDENTS INTERESTED IN EXPLORING HEALTH CARE CAREERS STUDENT S GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVIDES A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNITIES THE MISSION OF THE YOU NG LEADERS IN HEALTH CARE IS - TO PROVIDE A FORUM FOR HIGH SCHOOLS STUDENTS TO LEARN ABOU T THE HEALTH CARE SYSTEM AND ITS BREADTH OF CAREER OPPORTUNITIES - MENTOR STUDENTS IN THE ACT OF LEADERSHIP GIVING THEM TOOLS TO USE IN THEIR DAILY LIFE CHALLENGES - PROVIDE A SE RVICE PROJECT TO SATISFY HIGH SCHOOL REQUIREMENTS AND MAKE A POSITIVE IMPACT ON THE COMMUN ITY - PROVIDE A VENUE FOR A STUDENT-RUN COMPETITION WHERE EACH SCHOOL PRESENTS A TOPIC IN LINE WITH THE YEARS GOAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEETINGS AT LOCAL SCHOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS AT SCRIPPS HOSPITAL ENCINITAS THE PROGRAM MENT ORS STUDENTS ON LEADERSHIP AND PROVIDES TOOLS FOR DAILY CHALLENGES EACH YEAR THE STUDENTS WORK TOWARD A FINAL PRESENTATION BASED ON THEIR COMMUNITY SERVICE PROJECTS RELATED TO HEA LTH CARE AND WELLNESS THE 2018 CLASS TOUCHED A VARIETY OF TOPICS FROM MENTAL ILLNESS TO I NFLUENZA MORE THAN 100 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED T HE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTATIONS ON TY PES OF CANCER AND TREATMENTS STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIGIBLE TO APP LY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM THIS YEARS 2018 YLHC SERVICE PRO JECT PRESENTATION AWARDS WERE GIVEN TO - 1ST PLACE MISSION VISTA HIGH SCHOOL FOR THEIR P RESENTATION ON MENTAL HEALTH - 2ND PLACE WESTVIEW HIGH SCHOOL FOR THEIR PRESENTATION ON A LZHEIMERS - 3RD PLACE FRANCIS PARKER HIGH SCHOOL FOR THEIR PRESENTATION ON INFLUENZA - 4T H PLACE SAN DIEGUITO HIGH SCHOOL FOR THEIR PRESENTATION ON EPIDEMIOLOGY - 5TH PLACE CANY ON CREST ACADEMY FOR THEIR PRESENTATION ON STEM CELLS SCRIPPS HEALTH GRADUATE MEDICAL EDUC ATION FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS HAV E HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION SCRIPPS HAS A COMPREHENSI VE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIPPS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS ARE WELL-KNOWN FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUSES ON PATI ENT-CENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCLUDING INTERNAL MEDI CINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE SCRIPPS HAS A PHARMACY RESI DENCY PROGRAM WHICH TRAIN RESIDENTS WITH DOCTOR OF PHARMACY DEGREES IN FY18, SCRIPPS HAD A TOTAL OF 149 RESIDENTS AND 38 FELLOWS ENROLLED THROUGHOUT THE SCRIPPS HEALTH SYSTEM MOR E DETAILS ON THESE PROGRAMS ARE INCLUDED IN THE COMMUNITY BENEFIT REPORT UCSD/SCRIPPS HEA LTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM THE UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM IS A ONE-YEAR PROGRAM DESIGNED FOR PHYSICIANS WHO WISH TO BECOME SUB-SPECIALISTS AND HAVE A LONG-TERM CAREER IN HOSPICE AND PALLIATIVE MEDIC INE IN 2017, THE HOSPICE PROGRAM TRANSITIONED TO THE ELIZABETH HOSPICE AND IT BECAME THE HOSPICE ROTATION SITE FOR THE FELLOWSHIP THIS IS A UNIQUE PARTNERSHIP IN WHICH UCSD AND S CRIPPS HEALTH SHARE RESPONSIBILITY FOR THE FELLOWS, WITH TRAINEES SPENDING EQUAL TIME IN B OTH INSTITUTIONS WITH ALL THE BENEFITS OF BOTH INSTITUTIONS THE PROGRAM PREPARES TRAINEES TO WORK IN A VARIETY OF ROLES, INCLUDING LEADERSHIP POSITIONS IN THE FIELD GRADUATES HAV E SUCCESSFULLY BECOME HOSPICE MEDICAL DIRECTORS AND PALLIATIVE MEDICINE CONSULTANTS IN OUT PATIENT AND INPATIENT SETTINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ACROSS THE UNITED STATES FELLOWS WHO COMPLETE THE UCSD/SCRIPPS HEALTH PROGRAM ARE WELL E QUIPPED TO PRACTICE IN DIVERSE SETTINGS, INCLUDING ACUTE PALLIATIVE CARE UNITS, INPATIENT CONSULTATION, OUTPATIENT CONSULTATION, PATIENTS' HOMES, AND LONG-TERM CARE FACILITIES FO RM 990, PART VI, LINE 11 990 REVIEW PROCESS WITH THE GOVERNING BODY THE FORM 990 WAS PREPA RED BY AN OUTSIDE ACCOUNTING FIRM WITH THE SUPPORT OF THE CORPORATE FINANCE TEAM WITH INPU T FROM HUMAN RESOURCES, FOUNDATION, AND LEGAL OFFICE THE FORM 990 WAS REVIEWED BY THE PRE SIDENT, LEGAL COUNSEL, CHIEF FINANCIAL OFFICER, AUDIT COMMITTEE, HUMAN RESOURCES AND COMPE NSATION COMMITTEE PRIOR TO FILING IN ADDITION, A FULL COPY OF THE 990 WAS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL IN ADVANCE OF FILING FORM 990 WITH THE IRS FORM 990, PART VI , LINE 12C COMPLIANCE POLICY MONITORING WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISORS AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & C OMPLIANCE SERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER E MPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFI CIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUS INESS PRACTICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INT EREST COMMITMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANG E IN OUTSIDE PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACT UAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISORS AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIA L OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUP ERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSO N ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT IS REQUIRED TO COMPLETE AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTERE ST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OC CURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURE S REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTE E DISCLOSURES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNIT CHIEF EXECUTIVE A ND EMPLOYEE'S SUPERVISOR LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIO R TO THE MEETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN AP PROPRIATE COURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEM ENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NG THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO THE BOARD MINUTES RE GARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETERMINATION IS THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INTERESTED PERSON" UND ER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH APPLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY THE COVERED INDIVIDU AL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISCUSSION AND VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES - FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - THE BOARD SELECTS THE 65TH PERCENTILE FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I E , THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL) - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON JANUARY 24, 2018 AND MARCH 28, 2018 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES FORM 990, PART VI, LINE 16 JOINT VENTURES SCRIPPS HEALTH HAS MAINTAINED A LONG STANDING PRACTICE OF REVIEWING ALL POTENTIAL JOINT VENTURE OR SIMILAR ARRANGEMENTS TO ENSURE THAT CONTRACT TERMS ARE CONSISTENT WITH THE PROTECTION OF ITS TAX-EXEMPT STATUS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS JOINT VENTURES DISTRIBUTION 1,931,964 TRANSFER FROM GLUCK FOR THE GLUCK LLC MERGER 1,707,949 TRANSFER OF ENDOWMENT FUNDS (7,329,791) OTHER CHANGES IN NET ASSETS 551,964 CHANGE IN VALUE IN DEFERRED GIFTS (485,937) ROUNDING (19,007) ---------- TOTAL (3,642,858)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES 389737921

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SVS - NON MED TOTAL FEES 83028528

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 59072263

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 27317652

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER FEES FOR SERVICES TOTAL FEES 22552736

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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
SCRIPPS HEALTH

Employer identification number
95-1684089

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Maxwell H & Muriel Gluck Child Care Ctr 10140 Campus Point Drive San Diego, CA 92121 35-0504809	Childcare	CA	501(c)(3)	2	SCRIPPS HLTH	Yes	
(2) Mercy Hospital Foundation 10140 Campus Point Drive San Diego, CA 92121 94-2958094	Fundraising	CA	501(c)(3)	12a	SCRIPPS HLTH	Yes	
(3) Scripps Health Plan Services Inc 10140 Campus Point Drive San Diego, CA 92121 33-0782099	HLTHCARE SVCS	CA	501(c)(3)	12a	SCRIPPS HLTH	Yes	
(4) Horizon Hospice 10140 Campus Point Drive San Diego, CA 92121 33-0220777	Hospice Care	CA	501(c)(3)	10	SCRIPPS HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Scripps Encinitas Surgery Ctr 15305 DALLAS PKWY STE 1600 LB 28 Addison, TX 75001 20-5942958	AMBUL SURGERY	CA	Scripps Health	Related	1,603,130	613,674		No	0		No	55 500 %
(2) Scripps Mercy Ambulatory Surgical Center 10140 Campus Point Drive San Diego, CA 92121 45-0503246	AMBUL SURGERY	CA	Scripps Health	Related	1,138,189	4,316,490		No	0	Yes		73 500 %
(3) ScrippsUSP Surgery Centers 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 20-5942911	AMBUL SURGERY	CA	NA	Related	558,825	2,009,046		No	0		No	50 000 %
(4) Scripps IDN Management LLC 10140 Campus Point Drive San Diego, CA 92121 45-4557426	HEALTHCARE SVCS	CA	NA	Related	0	16,126		No	0	Yes		50 000 %
(5) Scripps Memorial Ximed Med Center 9850 Genesee Ave Ste 900 La Jolla, CA 92037 33-0475481	Real Estate	CA	Scripps Health	Related	646,917	2,701,071		No	0	Yes		15 300 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Scripps Care 10140 Campus Point Drive San Diego, CA 92121 45-2870638	HEALTHCARE SRVCS	CA	Scripps Health	C Corp	0	0	100 000 %	Yes	
(2) Scripps Clinical Science Center 10140 Campus Point Drive San Diego, CA 92121 26-4479543	Research	CA	Scripps Health	C Corp	0	0	100 000 %	Yes	
(3) Charitable Remainder Trust (46) 10140 Campus Point Drive San Diego, CA 92121 20-5156965	Hospital Support	CA	NA	Trust					
(4) Charitable Lead Trust (3) 10140 Campus Point Drive San Diego, CA 92121 33-0796247	Hospital Support	CA	NA	Trust					

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Scripps Mercy Billing LLC 10140 Campus Point Drive San Diego, CA 92121 87-0737748	HLTHCR ADMIN	CA	50,332,512	0	SCRIPPS HLTH
IHS Holding Company LLC 10140 Campus Point Drive San Diego, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,800,118	SCRIPPS HLTH
Imaging Healthcare Specialists LLC 10140 Campus Point Drive San Diego, CA 92121 20-3872122	MED IMAGING	CA	39,576,674	29,325,240	IHS Holding
Scripps Cardio&Thoracic Surgery Billing 10140 Campus Point Drive San Diego, CA 92121 27-0620996	HLTHCR ADMIN	CA	4,940,124	0	SCRIPPS HLTH
Scripps Hospital Billing Services LLC 10140 Campus Point Drive San Diego, CA 92121 61-1677183	HLTHCR ADMIN	CA	4,999,120	0	SCRIPPS HLTH
Scripps Clinic Billing LLC 10140 Campus Point Drive San Diego, CA 92121 87-0737749	HLTHCR ADMIN	CA	347,154,581	0	SCRIPPS HLTH
Scripps Accountable Care Organization 10140 Campus Point Drive San Diego, CA 92121 36-4837441	HLTHCR ADMIN	CA	171,388	4,546,442	SCRIPPS HLTH
Maxwell H & Muriel Gluck Child Care Ctr 10140 Campus Point Drive San Diego, CA 92121 83-1953045	Childcare	CA	1,458,492	1,550,388	SCRIPPS HLTH
Scripps ASC Management LLC 10140 Campus Point Drive San Diego, CA 92121 83-1187975	HLTHCR ADMIN	CA	0	0	IHS HOLDING

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Scripps Health Plan Services (SHPS)	m	139,219,727	Accrual
Scripps Health Plan Services (SHPS)	q	19,491,376	Accrual
Scripps Encinitas Surgery Center	a(IV)	362,124	Accrual
Scripps Mercy Ambulatory Surgery Center	a(IV)	564,803	Accrual
Scripps Health Plan Services (SHPS)	b	2,500,000	Accrual
Scripps Health Plan Services (SHPS)	j	163,306	Accrual
Scripps Health Plan Services (SHPS)	l	283,368,002	Accrual
MAXWELL H & MURIEL GLUCK CHILD CARE CTR	s	1,707,949	Accrual