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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

C Name of organization
Grossmont Hospital Foundation

Doing business as

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

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

D Employer identification number
33-0124488

E Telephone number
(858) 499-5150

G Gross receipts $ 11,621,173

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

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

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

H(c) Group exemption number ▶

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

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

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

L Year of formation 1985

M State of legal domicile CA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	271
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,121,421	8,718,113
9	Program service revenue (Part VIII, line 2g)	1,400,463	1,208,292
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518,490	428,794
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,539	79,658
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,133,913	10,434,857

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,446,982	3,840,341
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,125,539	1,000,822
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶757,435		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	215,347	203,415
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,787,868	5,044,578
19	Revenue less expenses Subtract line 18 from line 12	5,346,045	5,390,279

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	30,758,410	36,388,658
21	Total liabilities (Part X, line 26)	779,547	806,611
22	Net assets or fund balances Subtract line 21 from line 20	29,978,863	35,582,047

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

****** 2020-08-13
Signature of officer Date

KATE WAYNE DIR OF DEVELOPMENT
Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,875,843 including grants of $ 3,840,341) (Revenue $ 1,208,292)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 3,875,843

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	33		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dee Ammon CHAIR	30 20	X		X				0	0	0
(2) Howard Levenson VICE CHAIR	10 0	X		X				0	0	0
(3) Peter Shusterman TREASURER	20 0	X		X				0	0	0
(4) Kristy Gregg SECRETARY	20 0	X		X				0	0	0
(5) John Fonseca DIRECTOR	20 20	X						0	0	0
(6) Lew Silverberg DIRECTOR	20 20	X						0	0	0
(7) Renae Arabo DIRECTOR	10 0	X						0	0	0
(8) Kathy Bongiovanni DIRECTOR	20 0	X						0	0	0
(9) Noori Barka PhD DIRECTOR	10 0	X						0	0	0
(10) Connie Connard DIRECTOR	20 0	X						0	0	0
(11) Ann Goldberg DIRECTOR	20 0	X						0	0	0
(12) Al Johnstone DIRECTOR	10 0	X						0	0	0
(13) Scott Musicant MD DIRECTOR	10 0	X						1,000	0	0
(14) Danny Hambrick DIRECTOR	20 0	X						0	0	0
(15) Sherri Summers DIRECTOR	50 0	X						0	0	0
(16) Sue Wing DIRECTOR	10 0	X						0	0	0
(17) Phillip Pailey MD DIRECTOR	10 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Maggie Watkins DIRECTOR	1 0 0	X						0	0	0
(19) Kate Wayne DIR DEVELOPMENT-GHF	40 0 0 0			X				0	113,105	25,190
(20) Elizabeth Morgante VP MAJOR GIFTS	4 0 36 0					X		0	308,442	42,044
(21) Norman Timmins PLANNED GIVING/MAJOR GIFTS OFFICER	20 0 20 0					X		0	155,266	14,517
(22) William Navrides MGR DEVELOPMENT GHF	45 0 0 0					X		0	127,989	20,807
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								1,000	704,802	102,558

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,079			
	b Membership dues	1b				
	c Fundraising events	1c	1,329,091			
	d Related organizations	1d	82,233			
	e Government grants (contributions)	1e	4,073,729			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,228,981			
	g Noncash contributions included in lines 1a - 1f $ 127,103					
	h Total. Add lines 1a-1f		8,718,113			

Program Service Revenue	Business Code				
2a FUNDRAISING ACTIVITIES	900099	1,193,042	1,193,042		
b HEALTHCARE EDUCATION	900099	15,250	15,250		
c					
d					
e					
f All other program service revenue		0	0	0	0
g Total. Add lines 2a–2f		1,208,292			

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			419,363			419,363
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)	0	0				
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	687,846					
b Less cost or other basis and sales expenses	678,415					
c Gain or (loss)	9,431	0				
d Net gain or (loss)			9,431			9,431
8a Gross income from fundraising events (not including $ 1,329,091 of contributions reported on line 1c) See Part IV, line 18	a	550,874				
b Less direct expenses	b	500,051				
c Net income or (loss) from fundraising events			50,823			50,823
9a Gross income from gaming activities See Part IV, line 19	a	32,400				
b Less direct expenses	b	7,850				
c Net income or (loss) from gaming activities			24,550			24,550
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REVENUE		900099	4,285			4,285
b						
c						
d All other revenue			0	0	0	0
e Total. Add lines 11a–11d			4,285			
12 Total revenue. See Instructions			10,434,857	1,208,292	0	508,452

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,817,227	3,817,227		
2 Grants and other assistance to domestic individuals See Part IV, line 22	23,114	23,114		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,329	5,890	64,789	125,650
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	613,332	18,400	202,400	392,532
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,408	1,272	13,995	27,141
9 Other employee benefits	93,044	2,791	30,705	59,548
10 Payroll taxes	55,709	1,671	18,384	35,654
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying	10		3	7
e Professional fundraising services See Part IV, line 17				
f Investment management fees	20,748		20,748	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,815	534	5,879	11,402
12 Advertising and promotion	2,833	85	935	1,813
13 Office expenses	94,902	2,847	31,318	60,737
14 Information technology	25,180	755	8,309	16,116
15 Royalties . .				
16 Occupancy				
17 Travel	6,731	202	2,221	4,308
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,979	59	653	1,267
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD, DUES & MISC	33,217	996	10,961	21,260
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	5,044,578	3,875,843	411,300	757,435
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	4,789,310	2	9,186,374
	3	Pledges and grants receivable, net	5,806,837	3	5,789,775
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,286	9	16,770
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 760,000			
	b	Less accumulated depreciation — 10b: 0	760,000	10c	760,000
	11	Investments—publicly traded securities	14,960,543	11	15,294,375
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,436,434	15	5,341,364
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	30,758,410	16	36,388,658
Liabilities	17	Accounts payable and accrued expenses	95,085	17	152,468
	18	Grants payable		18	
	19	Deferred revenue	630,117	19	599,798
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	54,345	25	54,345
	26	**Total liabilities.** Add lines 17 through 25	779,547	26	806,611
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	9,020,739	27	10,100,320
	28	Temporarily restricted net assets	19,838,721	28	24,361,325
	29	Permanently restricted net assets	1,119,403	29	1,120,402
		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	29,978,863	33	35,582,047
	34	Total liabilities and net assets/fund balances	30,758,410	34	36,388,658

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,434,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,044,578
3	Revenue less expenses Subtract line 2 from line 1	3	5,390,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,978,863
5	Net unrealized gains (losses) on investments	5	212,905
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,582,047

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Form 990 (2018)

Form 990, Part III, Line 4a:

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025430

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,288,336	5,446,433	2,725,489	8,121,421	8,718,113	29,299,792
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	4,288,336	5,446,433	2,725,489	8,121,421	8,718,113	29,299,792
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)						5,278,965
6 **Public support.** Subtract line 5 from line 4						24,020,827

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	4,288,336	5,446,433	2,725,489	8,121,421	8,718,113	29,299,792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	385,382	300,739	333,472	368,266	419,363	1,807,222
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	80,571	52,050	54,101	93,539	79,658	359,919
11 **Total support.** Add lines 7 through 10						31,466,933

12 Gross receipts from related activities, etc (see instructions) **12** 5,896,604

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 2018 (line 6, column (f) divided by line 11, column (f))	**14**	76 34 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	66 09 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - MISCELLANEOUS, FUNDRAISING EVENTS, GAMING ACTIVITIES, COLUMN A - 80571 0, CO LUMN B - 52050 0, COLUMN C - 54101 0, COLUMN D - 93539 0, COLUMN E - 79658 0, COLUMN F - 3 59919 0,

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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

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

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,379,320	5,321,833	5,144,772	4,759,731	4,948,052
b Contributions . . .	114,642	1,000	1,000	21,000	25,917
c Net investment earnings, gains, and losses	203,625	287,576	500,089	367,800	-87,824
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	3,038	231,089	324,028	3,759	126,414
f Administrative expenses					
g End of year balance	5,694,549	5,379,320	5,321,833	5,144,772	4,759,731

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

- a Board designated or quasi-endowment ▶ 69 %
- b Permanent endowment ▶ 31 %
- c Temporarily restricted endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

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

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

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

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

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

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	4,125,806
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	1,169,319
(3) BENEFICIARY TO LIFE INSURANCE POLICY	5,147
(4) INTERCOMPANY RECEIVABLE	40,573
(5) OTHER RECEIVABLE	519
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	5,341,364

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,149,266
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	212,906		
b	Donated services and use of facilities	2b	176,564		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	515,156		
e	Add lines **2a** through **2d**			2e	904,626
3	Subtract line **2e** from line **1**			3	2,244,640
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,749		
b	Other (Describe in Part XIII)	4b	8,169,468		
c	Add lines **4a** and **4b**			4c	8,190,217
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,434,857

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	2,069,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	176,564		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	507,901		
e	Add lines **2a** through **2d**			2e	684,465
3	Subtract line **2e** from line **1**			3	1,385,220
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,749		
b	Other (Describe in Part XIII)	4b	3,638,609		
c	Add lines **4a** and **4b**			4c	3,659,358
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,044,578

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: 18007697
Software Version: 2018v3.1
EIN: 33-0124488
Name: Grossmont Hospital Foundation

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY T HAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION SHARP RECORDS A LIABI LITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENT S IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RE COGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCI AL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATIN G LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2019 AND 2018, NO SUCH ASSETS OR LIABILITIES WERE RECORDED

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Direct expenses on Fundraising Events & Gaming - 507901 Pension Costs - 7255

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Temporarily Restricted Revenue - 8168468 Permanently Restricted Revenue - 1000

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct expenses on Fundraising Events & Gaming - 507901

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Temporarily Restricted Expenses - 3645864 Pension Costs - -7255

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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.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	619,620	606,286	654,059	1,879,965
	2 Less Contributions	449,817	427,407	451,867	1,329,091
	3 Gross income (line 1 minus line 2)	169,803	178,879	202,192	550,874
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	66,856	23,362	102,065	192,283
	6 Rent/facility costs	26,497		7,175	33,672
	7 Food and beverages	44,391	97,724	106,385	248,500
	8 Entertainment		13,000	6,150	19,150
	9 Other direct expenses	6,446			6,446
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				500,051
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				50,823

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			32,400	32,400
Direct Expenses	2 Cash prizes			1,000	1,000
	3 Noncash prizes			6,850	6,850
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	25 %
b An outside facility	**13b**	75 %

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

Name ▶ SUSAN STEWART

Address ▶ 5555 GROSSMONT CENTER DR
LA MESA, CA 919423019

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 1,250

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

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 29,160

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

Return Reference	Explanation
Schedule G, Part III, Line 17 Distributions required under state law	STATE=CALIFORNIA,MANDATORY DISTRIBUTION AMOUNT=29160,

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DR LA MESA, CA 91942	33-0449527	501(C)(3)	3,814,757	170	BOOK	SUPPLIES	PROGRAM SERVICE SUPPORT

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNFUNDED PATIENT CARE	2	23,114			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Elizabeth Morgante	(i)	0	0	0	0	0	0	0
VP MAJOR GIFTS	(ii)	263,225	39,402	5,815	22,638	19,406	350,486	0
2 Norman Timmins	(i)	0	0	0	0	0	0	0
PLANNED GIVING/MAJOR GIFTS OFFICER	(ii)	152,162	528	2,576	99	14,418	169,783	0

Part III Supplemental Information

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	365	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		45,332	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	5	1,122	Market value
19 Food inventory	X	86	72,069	Cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FUEL AND OTHER CONSUMABLES)	X	23	3,070	Cost
26 Other ▶ (GIFT CERTIFICATES)	X	55	5,145	Cost
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?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PART VI, LINE 15	THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

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Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2019 Submitted to Office o f Statewide Health Planning and Development Healthcare Information Division - Accounting a nd Reporting Systems Section 400 R Street, Room 250 Sacramento, CA 95811 Section 1 An Over view of Sharp HealthCare The people of San Diego County place tremendous trust in Sharp He althCare to deliver extraordinary care in some of life's most vulnerable moments As a not -for-profit organization, we honor that trust daily and help pay it back by investing in c ommunity benefit programs that improve health outcomes for our entire region This is the commitment we've made to our community over the past six decades serving as San Diego's he alth care leader and the role we look forward to serving for many years to come - Chris H oward, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California The S harp system includes four acute care hospitals, three specialty hospitals, three affiliate d medical groups, 28 medical centers, five urgent care centers, three skilled nursing faci lities (SNF), two inpatient rehabilitation centers, home health, hospice, and home infusio n programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Hea lth Maintenance Organization coverage through Sharp Health Plan (SHP) Serving a populatio n of approximately 3 3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 license d beds) The largest provider of health care services in SDC's fast-growing south region, S harp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, ca ncer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Co ronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacu te and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's east region and has o ne of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncolog y, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (6 56 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer tre

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Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	atment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitati on SMH also houses the county's largest emergency and trauma center THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestand ing women's hospital specializing in labor and delivery services, high-risk pregnancy, obs tetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Ho spital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in Calif ornia Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive behavioral health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides services to treat a nxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patie nts of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is t he only medically supervised substance abuse recovery center in SDC Offering the most com prehensive hospital-based treatment program in San Diego, SMC provides services such as ad diction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMB HWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH a nd are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Centers (SRSMC) are included under the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported under SGH Mission Statement It is Sharp's m ission to improve the health of those it serves with a commitment to excellence in all tha t it does Sharp's goal is to offer quality care and services that set community standards , exceed patients' expectations and are provided in a caring, convenient, cost-effective a nd accessible manner Vision Sharp's vision is to become the best health system in the uni verse Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be re cognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of p eople working together to do the right thing every day to improve the health of those it s erves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Orga nizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, D edicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embrace s Diversity * Safety - Reliabl

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innova tion - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self , Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Oper ational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience For nearly two decades, Sharp has been on a journey to transform the health care experienc e for patients and their families, physicians and staff Through a sweeping organization-w ide performance-and-experience-improvement initiative called The Sharp Experience, the ent ire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of hea lth care people want and deserve This work has added discipline and focus to every part o f the organization, helping to make Sharp one of the nation's top-ranked health care syste ms Sharp is San Diego's health care leader because it remains focused on the most importa nt element of the health care equation the people Supported by its extraordinary culture , Sharp is transforming the health care experience in San Diego by striving to be * The b est place to work Attracting and retaining highly skilled and passionate staff members wh o are focused on providing quality health care and building a culture of teamwork, recogni tion, celebration, and professional and personal growth This commitment to serving patien ts and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy pos itive, collaborative relationships with nurses and other caregivers, experience unsurpasse d service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-orient ed individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environm ents that are pleasant, soothing, safe, immaculate, and easy to access and navigate Throu gh this transformation, Sharp continues to live its mission to care for all people, with s pecial concern for the underserved and San Diego's diverse population This is something S harp has been doing for more than 60 years Pillars of Excellence In support of Sharp's or ganizational commitment to transform the health care experience, Sharp's Pillars of Excell ence serve as a guide for its team members, providing framework and alignment for everythi ng Sharp does

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence Each year, Sharp incorporates cycles of learning into its stra tegic planning process In 2014, Sharp's Executive Steering and Board of Directors enhance d Sharp's safety focus, further driving the organization's emphasis on its culture of safe ty and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization At the core of HROs are five key concepts * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertis e * Resilience Applying high-reliability concepts in an organization begins when leaders a t all levels start thinking about how the care they provide could improve It begins with a culture of safety With this learning, Sharp is a seven-pillar organization - Quality, S afety, Service, People, Finance, Growth and Community The foundational elements of Sharp' s strategic plan have been enhanced to emphasize Sharp's desire to do no harm This strate gic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and acce ssible manner The seven pillars listed below are a visible testament to Sharp's commitmen t to become the best health care system in the universe by achieving excellence in these a reas Quality - Demonstrate and improve clinical excellence and exceed customer expectatio ns Safety - Keep patients, employees and physicians safe and free from harm Service - Cr eate exceptional experiences at every touch point for patients and families, enrollees, ph ysicians, partners and team members People - Create a values-driven culture that attracts , retains and promotes the best people who are committed to Sharp's mission and vision Fi nance - Achieve financial results to ensure Sharp's ability to deliver on its mission and vision Growth Enhance market position and drive innovative development Community - Be an exemplary public citizen by improving the health of our community and environment Awards Below please find a selection of recognitions Sharp has received in recent years In 2013 , 2014, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Comp anies" by the Ethisphere Institute, the leading business ethics think tank WME companies are those that truly embrace ethical business practices and demonstrate industry leadershi p, forcing peers to follow suit or fall behind Sharp was ranked No 31 on Forbes' 2019 li sting of Best Employers in California, as well as No 58 on its list of Best Employers for Women and No 201 on its list of Best Employers for Diversity Becker's Hospital Review r ecognized Sharp as one of "150 Top Places to Work in Healthcare" in 2017 and 2018 The lis t recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures

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Return Reference	Explanation
FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	and offering competitive benefits to their employees In 2019, Sharp ranked No 33 in the large employer category as one of the "Best Places to Work" for information technology (I T) professionals by the International Data Group's Computerworld survey Sharp was also ra nked in the top 10 on this list from 2013 to 2018 The list is compiled by evaluating a co mpany's benefits, training, retention, career development, average salary increases, emplo yee surveys, workplace morale and more In 2019, SMH and SCVMC were recognized on Newsweek 's first ever list of the top 1,000 hospitals worldwide Among all United States (U S) ho spitals included in the ranking, SMH was ranked No 89 and SCVMC was ranked No 137 In 20 15 and 2017 to 2019, Sharp was ranked "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune Readers Poll In 2017 and 2019, SMH was ranked "San Diego's Best Hospi tal," and in 2018, Sharp's Weight Management Programs ranked first for "Best Weight Loss C linic/Counseling " Sharp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid St ore" in 2019 for the third year in a row, as well as "Best Medical Group," "Best Laser Eye Center," "Best In-Home Care (Medical)," and "Best Pharmacy " Sharp Community Medical Grou p (SCMG) was ranked "San Diego's Best Medical Group" from 2015 to 2018 In 2016, 2017 and 2019, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facili ties that meet the highest standards of patient safety, care quality and efficiency In 20 16, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN have received MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Recognition Pr ogram(r) is the highest level of honor bestowed by the ANCC and is recognized nationally a s the gold standard in nursing excellence SGH first received the designation in 2006, and was most recently re-designated in 2017 SMBHWN received its current designation in 2015 SMH was first designated in 2008, and received its most recent re-designation in 2018 Sh arp was named one of the nation's "Most Wired" health care systems from 2012 to 2019 by th e College of Healthcare Information Management Executives' annual Most Wired Survey and Be nchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals w orldwide that are committed to improving medical care from the patient's perspective SCHH C became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time SMH became a Planetree Person-Centered Hospital in 2012 and was re-designated in 2015 SCVMC joined SCHHC and SMH as a Designated Planetree P erson-Centered Hospital in 2014, and was re-designated in 2018 Also in 2014, SCHHC and SM H each achieved Planetree Designation with Distinction for demonstrating leadership and in novation in patient-centered c

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	are In addition, Planetree awarded the Gold Certification for Excellence in Person-Center ed Care to SGH in 2018 and SMH in 2019 In 2019, SMBHWN became one of only 40 institutions in North America to receive a Center of Excellence designation from the Society for Obste tric Anesthesia and Perinatology The designation honors hospitals that demonstrate excell ence and safety in obstetric anesthesiology and achieve a high level of clinical care SCH HC and SCVMC received Energy Star (ES) designation from the U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that receive ES certification us e an average of 40% less energy than other buildings and release 35% less carbon dioxide (CO2) into the atmosphere SCHHC first earned ES certification in 2007, and was re-certifie d for the eighth time in 2019 SCVMC was first certified in 2009 and was most recently re- certified in 2018 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Cham pion at its annual Energy Showcase Awards Sharp was recognized for making tremendous stri des in reducing its consumption of electricity and natural gas, and in promoting energy-sa ving techniques to the community Sharp received the Environmental Stewardship Award in th e large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards The award recognizes businesse s that increase efforts toward a more sustainable footprint and green initiatives Sharp w as named the 2017 Outstanding Recycling Program by California Resource Recovery Associatio n (CRRA) - California's statewide recycling association - for its innovative waste-minimiz ation initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting Sharp was one of nine awardees in San Diego to receive a 2018 EMIES UnWasted Food award by the San Diego Food System Alliance for its collaboratio n as an innovator and early adopter with upstream "unusual but usable" procurement, soup s tock program, organic gardens, animal feed and composting Sharp was also recognized in 20 16 for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team SRSM G was recognized by the Centers for Disease Control and Prevention as a 2017 Million Heart s Hypertension Control Champion for achieving blood pressure control for at least 70% of i ts adult patients with hypertension

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	From 2013 to 2019, the Press Ganey organization recognized multiple Sharp entities with Gu ardian of Excellence Awards(r) Based on one year of data, this designation recognizes rec ipients that reach the 95th percentile for patient satisfaction, employee engagement, phys ician engagement surveys or clinical quality Awarded Sharp entities in the Employee Engag ement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, Sharp Memorial Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SCHHC, SMH, OPP a nd SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement Press Ganey also recognized multiple Sharp entities with the Pinnacle of Excellence Award(r) (formerly named the Beacon of Excellence Award) This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the categories of Patient Exper ience, Employee Engagement, Physician Engagement and Clinical Quality Performance Between 2013 and 2019, Press Ganey recognized SMH five times for Patient Experience From 2013 to 2015, Sharp was recognized for Employee Engagement In 2013, SCHHC and SMV were recognize d for Physician Engagement SHP has maintained a National Committee for Quality Assurance' s (NCQA) Private Health Insurance Plan Rating of 4 5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation SHP also maintained the NCQA's hi ghest level "Excellent" Accreditation status for service and clinical quality each year fr om 2013 to 2018 The NCQA awards accreditation status based on compliance with rigorous re quirements and performance on Healthcare Effectiveness Data and Information Set and Consum er Assessment of Healthcare Providers and Systems measures Covered California is Californ ia's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates SHP earned a four out o f five-star rating in Covered California's 2020 Coverage Year Quality Ratings in the categ ories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Members " America's Physician Groups (APG) is a professional association, representing over 300 m edical groups, independent practice associations, and integrated health care systems acros s the nation APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2019 The Women's Choice Award(r) is a symbol of excellen ce in customer experience awarded by the collective voice of women In 2019, SGH received the Women's Choice Award(r) as one of America's Best Hospitals for Heart Care The Women's Choice Award(r) also recognized SMH (including SMBHWN) in 2019 among America's Best Hospi tals for Obstetrics and Patient Experience, as well as among America's Best Stroke Centers The Douglas and Nancy Barnha

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	rt Cancer Center at SCVMC was also recognized as one of America's Best Breast Centers in 2 019, while Birch Patrick Convalescent Center was recognized among America's Best Extended Care and Nursing Homes In addition, SCHHC was ranked as one of America's Best 100 Hospita ls for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Gover nments (SANDAG) in cooperation with the 511 transportation information service, iCommute i s the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emiss ions Sharp received iCommute Diamond Awards - which recognize employers in the San Diego region who have made strides to promote alternative commute choices - in the platinum tier in 2016 and the gold tier from 2017 to 2019 Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Chains in North America Organizations recei ving this distinction are recognized for their work in improving operational performance a nd driving down costs through supply chain automation The SGH landscaping team received t he 2016 Spirit of Sodexo Award for North America for its Heart 2 Heart project, through wh ich heart-shaped stones etched with reflections were placed around the hospital campus for patients, visitors and staff to search for and reflect upon As a Gold Level finalist - t he company's highest honor - the SGH landscaping team demonstrates Sodexo's commitment to clients and customers as the heart of their business Patient Access to Care Programs Shar p provides financial assistance and a variety of support services to improve access to car e for uninsured, underinsured and other patients without the ability to pay as well as ins ured patients with inadequate coverage In accordance with federal law, Sharp does not ref use any patient requiring emergency medical care Sharp provides services to help every un insured patient receiving care in the ED find opportunities for health coverage through Po intCare - a quick, web-based screening, enrollment and reporting technology designed by he alth coverage experts to provide community members with financial assistance options At S harp, patients use PointCare's simple online questionnaire to generate personalized covera ge options that are filed in their account for future reference and accessibility The res ults of the questionnaire enable Sharp staff to have an informed and supportive discussion with the patient about health care coverage and empower them with options From October 2 015 to September 2019, Sharp helped nearly 63,700 self-pay patients through PointCare, whi le maintaining each patient's dignity throughout the process In 2014, Sharp hospitals imp lemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service In f iscal year (FY) 2019, Sharp se

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Students - 1 Hours - 160 Ancillary Students - 48 Hours - 33,975 Total Students - 384 H ours - 61,513 Sharp HospiceCare Nursing Students - 4 Group Hours - 0 Precepted Hours - 3 32 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 1 Hours - 200 Total Students - 5 Hours - 532 Sharp HealthCare Total Nursing Students - 2,712 Group Hours - 213,468 Precepted Hours - 101,929 Midlevel Practitioner Students - 20 Hours - 2,666 Anci llary Students - 914 Hours - 261,846 Total Students - 3,646 Hours - 579,909 In addition, Sharp offers a graduate-level Clinical Pastoral Educatıon program, which teaches students clinical theories and skills to provide spiritual care to patients and their families In FY 2019, the program supervised six chaplain residents and five chaplain interns on the c ampuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services In addition, more than 10 0 Sharp Clinical Pastoral Educatıon program graduates attended three professional chaplain s' educational events hosted by Sharp's Spiritual Care and Educatıon Department as part of their continued educatıon and development These events were held throughout the year and included Healing Stories from Traditions of World Religions Buddhist Stories, Praying fo r Miracles and Sharing our Spiritual Practices Further, these graduates of Sharp's Clinic al Pastoral Education program now serve various health care institutions and hospices with in San Diego Sharp also provides specialized classes to prepare future preceptors for the ir mentoring role Through the Precepting With Pride Class, nurses and respiratory care pr actitioners who are new to the role of precepting learn about the essential components of role modeling and educating Sharp's Advanced Preceptor Class for Nursing supports the con tinued development of more experienced nurse preceptors In addition, new nurse mentors an d mentees attend an orientation program designed to describe their unique roles and promot e a successful precepting experience Health Sciences High and Middle College Health Scien ces High and Middle College (HSHMC) - a partnership between Sharp, a group of SDSU profess ors and the Grossmont-Cuyamaca Community College District - is a tuition-free, public char ter high school that provides students with broad exposure to health care careers HSHMC s tudents are given the opportunity to connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills This colla boration prepares students to enter health, science and medical technology careers in the following five pathways biotechnology research and development, diagnostic services, heal th informatics, support services and therapeutic services

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	has a 98 8% graduation rate, which is higher than the California state average (83%) HSH MC has received numerous awards for its innovation, vision and impact Most recently, in 2 017 HSHMC received Gold Recognition - the highest level that can be awarded - from Schools of Opportunity, a project of the National Education Policy Center at the University of Co lorado Boulder This project recognizes public high schools around the nation that engage in research-based practices focused on closing opportunity gaps for student learning Also in 2017, HSHMC was recognized for the third time as a U S News & World Report Best High Schools bronze award winner, having previously been recognized in 2014 and 2016 In 2016, HSHMC received the Impact Award from the Classroom for the Future Foundation as the most i nnovative education program in SDC Sharp is honored to have partnered with HSHMC for more than a decade and looks forward to continually providing HSHMC students with opportunitie s to flourish in a career in health care Lectures and Continuing Education Sharp contribu tes to the academic development of students at colleges and universities throughout San Di ego In FY 2019, Sharp staff provided hundreds of hours in guest lectures and presentation s on numerous health care topics Lecture topics included clinical aromatherapy, clinical informatics, the role of a medical social worker in a hospital setting, diabetes, careers in dietetics, diabetes and exercise, spiritual care in the health care setting, and end-of -life care including advance care planning, hospice, bereavement, bioethics and goals of c are Lectures were delivered to students from a variety of graduate and undergraduate prog rams at SDSU, National University (NU), PLNU, USD, San Diego City College, Azusa Pacific U niversity (APU), and CSUSM Sharp's Continuing Medical Education (CME) Department has rece ived Accreditation with Commendation by the Accreditation Council for Continuing Medical E ducation to provide continuing medical education for physicians, as well as by the Accredi tation Council for Pharmacy Education to provide continuing pharmacy education Sharp's CM E Department provides evidence-based and clinically relevant professional development oppo rtunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes In FY 2019, Sharp's CME Department invested more than 1,500 hours in l ive and online CME activities for San Diego health care providers This included conferenc es on cardiology, oncology, diabetes, integrated healing, urgent care and patient safety, as well as presentations on suicide prevention, food insecurity, physician leadership, sep sis, infection prevention, opioid usage and advances in lung cancer Beyond conferences, C ME develops and implements online learning modules as well as performance improvement proj ects to inspire clinicians and teams to improve their practice and optimize patient care As a result of provider demand

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	, 56 online CME modules were made available in FY 2019 - a 68% increase in modules from FY 2018 Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-affil iated physicians to complete 15 performance improvement projects Each year, Sharp's CME D epartment identifies and addresses a public health priority in compliance with its Accredi tation with Commendation In FY 2019, the CME Department continued to collaborate with the Community Benefit team to address the FY 2018 identified public health issue food insecu rity Together, CME and Community Benefit educated and engaged Sharp-affiliated physicians , pharmacists and employees on the impact of food insecurity on health, as well as assesse d patients for food insecurity and referred them to community resources Four online educa tional modules were developed in collaboration with the San Diego Hunger Coalition and are actively viewed by community providers The CME and Community Benefit food insecurity ini tiative has helped change how Sharp cares for its community, as well as delivered positive patient outcomes To address the FY 2019 public health priority of dementia, the CME Depa rtment developed a comprehensive needs assessment demonstrating the need for dementia trai ning aimed at primary care providers The CME Department collaborated with community organ izations, including Champions for Health and the Alzheimer's Project Clinical Roundtable, to develop education and clinical guidelines focused on addressing dementia in SDC This c oncerted effort reached over 300 clinicians, as well as led to countless additional non-CM E educational strategy meetings with internal and external stakeholders, and important con versations regarding dementia patients at Sharp In addition, the Alzheimer's Project Clin ical Roundtable Physician Guidelines were converted into an online CME activity In furthe r support of this project, the department provided four hours of live and online CME activ ities for San Diego health care providers, as well as more than 50 hours of planning and d evelopment with providers This included grand rounds at both SGH and SCHHC, and a panel d iscussion at SCMG's Annual CME Conference, where the Alzheimer's Project Clinical Roundtab le exhibited and promoted its clinical guidelines In addition, SRSMG's Clinical Guideline s committee utilized the Alzheimer's Project Clinical Roundtable's clinical guidelines to update their dementia guidelines Results from post-evaluation surveys collected from thes e CME-accredited events showed markedly increased confidence in treating patients with Alz heimer's disease and other related dementias Participants also stated an intent to change their professional behavior, and the belief that this education would positively impact t heir patients Research Sharp Center for Research

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp is dedicated to expanding scientific knowledge for the broader health and research c ommunities The Sharp Center for Research promotes high-quality research initiatives that help advance patient care and outcomes throughout the world The Sharp Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IR B) and the Outcomes Research Institute (ORI) Human Research Protection Program The Sharp Center for Research's HRPP is responsible for the ethical and regulatory compliant oversig ht of research conducted at Sharp In March 2016, Sharp received accreditation from the As sociation for the Accreditation of Human Research Protection Programs (AAHRPP) and in Dece mber 2018, was re-accredited for an additional five years This accreditation acts as a pu blic affirmation of the HRPP's commitment to following rigorous standards for ethics, qual ity and protection for human research To date, Sharp is the only health system in SDC to receive accreditation from the AAHRPP Institutional Review Board As one of the key compon ents of the HRPP, the IRB seeks to promote a culture of safety and respect for those parti cipating in research for the greater good of the community All proposed entity research s tudies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct In FY 2019, a dedicated IRB committee o f 17 - including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas, and members of the community - devoted hundreds of hours to the r eview and analysis of both new and ongoing research studies Research at Sharp is conducte d on all clinical phases of drug and device development, and the populations studied span the life cycle - from newborns to older adults These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new t reatments At any given time, Sharp participates in approximately 250 clinical trials enco mpassing many therapeutic areas, including behavioral health, emergency care, infectious d isease, newborn care, heart and vascular, kidney, liver, neurology, gastroenterology, orth opedics and oncology - the latter of which comprises the largest share of Sharp's clinical trials The HRPP educates and supports researchers across Sharp as well as the broader Sa n Diego health and research communities regarding the protection of human research partici pants As part of its mission, the Sharp Center for Research hosts quarterly research meet ings on relevant educational topics for community physicians, psychologists, research nurs es, study coordinators and students throughout SDC In FY 2019, meetings included the foll owing presentations Research Community Outreach, Health Insurance Portability and Account ability Act and Research, Protecting Vulnerable Subjects, Deviations Identification, Resp onses and Solutions, and the R

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	evised Common Rule Education was also provided during the quarterly research meetings on the external IRB review process, short form consenting, and protection of human subjects Additionally, Sharp researchers presented their current studies during the meetings As pa rt of National Clinical Trials Day in May, the Sharp Center for Research held its inaugura l Clinical Trials Day event to showcase Sharp's latest clinical research to the San Diego community The event was featured on two local news channels and drew nearly 200 attendees , including community researchers, drug and device manufacturers, Sharp physicians, donors and the general public Outcomes Research Institute Since its inception in 2010, Sharp's ORI has sought to measure the long-term results of care to continue to develop and promote best practices in health care delivery The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community and help improve the quality of care del ivery across SDC The ORI collaborates with Sharp team members to aid in the design of pat ient-centered outcomes research projects, assist with study protocol development, data col lection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health This networking has resulted in collaborative research partnerships wit h investigators at SDSU and NU The ORI shares its research studies with other community h ealth and research professionals In FY 2019, this included a study titled Detecting Atria l Fibrillation in the Emergency Department in Patients with Cardiac Implantable Electronic Devices, published in The Journal of Emergency Medicine, as well as a presentation titled Prediction of Acute Care Utilization for Patients with Hematologic Malignancies, provided at the American Society of Clinical Oncology Quality Care Symposium in San Diego Since S eptember 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program - an initiative that in tegrates psychological services for patients of SMH's Heart Transplant and Mechanical Circ ulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment The program provides opport unities for ongoing outcomes research, including the contribution of publications and pres entations to support the broader health and research communities in the psychosocial manag ement of heart failure patients These research opportunities are extended to advanced gra duate students in clinical psychology through yearlong practicum training experiences In FY 2019, this innovative program fostered the continued implementation of three ongoing he art failure studies, and as of

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	October 2019, has enabled the creation and funding of a new full-time psychologist staff position Evidence-Based Practice Institute Sharp participates in the Evidence-Based Pract ice Institute (EBPI), which prepares teams of staff fellows and mentors to change and impr ove clinical practice and patient care through identifying a care problem, developing a pl an to solve it and incorporating this new knowledge into practice The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes the use of evidence-based pr actices in the nursing community The consortium is a partnership between Sharp, Rady Chil dren's Hospital - San Diego, UC San Diego Health, U S Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and US D Sharp actively supports the EBPI by providing instructors and mentors as well as admini strative coordination The EBPI includes six full-day class sessions featuring group activ ities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program EBPI fellows and mentors partner with one another through a varie ty of learning strategies Mentors facilitate and support fellows as they navigate the hos pital system and implement the processes of evidence-based practice change Mentors also a ssist fellows in working collaboratively with key hospital leadership personnel In FY 201 9, the nine-month program culminated with a community conference and graduation ceremony i n November, during which the EBPI fellows and mentors shared their project results Twenty -seven project teams, comprised of mentors and fellows, graduated from the program Projec ts addressed issues in clinical practice and patient care including spinal cord injury pr otocols to improve discharge preparedness, patient communication boards as a bedside hando ff tool, music therapy to reduce anxiety in breastfeeding mothers, changes in checking gas tric residuals in tube fed babies for quicker full feeds, immunization protocols in liver pre-transplant patients, and development and education on a new evidence-based program for increased patient mobility Volunteer Service Sharp Lends a Hand In FY 2019, Sharp contin ued its systemwide community service program, Sharp Lends a Hand (SLAH) Sharp team member s suggested project ideas that would improve the health and well-being of San Diego in a b road, positive way, rely solely on Sharp for volunteer labor, and support existing nonprof it initiatives, community activities or other programs that serve SDC

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	SLAH selected 21 volunteer projects for FY 2019 San Diego Food Bank (Food Bank), Feeding San Diego (FSD), Mama's Kitchen, San Diego Wreaths Across America, USS Midway Foreign Obje ct Damage (FOD) Walk-down, American Diabetes Association (ADA) Tour de Cure, Promises2Kids , Ssubi is Hope Greening for Good Project, Special Olympics Annual Spring Games, Habitat f or Humanity ReStore, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Agai n, Surfrider Foundation's Beach Cleanup, I Love a Clean San Diego's Coastal Cleanup, Creek to Bay Cleanup, Storm Drain Stenciling Day, and Morning After Mess Cleanup, the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden and Coasta l Habitat Restoration, and River Kids Discovery Days - a joint effort between I Love a Cle an San Diego and the San Diego River Park Foundation More than 3,000 Sharp employees, fam ily members and friends volunteered nearly 6,000 hours in support of these projects The F ood Bank feeds San Diegans in need, advocates for the hungry, and educates the public abou t hunger-related issues Each month, the Food Bank serves nearly 2 million meals to approx imately 350,000 San Diegans Backpacks filled with a weekend's supply of food are provided to chronically hungry elementary school children throughout SDC, while Food Bank distribu tion sites provide boxes of groceries and staple food items to low-income seniors At eigh t events between December 2018 and August 2019, 50 SLAH volunteers gathered at the Food Ba nk warehouse to help inspect, clean, sort and package donated food as well as assist with assembling boxes and cleaning the facility As a member of the Feeding America network, FS D partners with food donors throughout SDC - including grocery stores, restaurants and ret ailers - to distribute healthy food to more than 63,000 local children, families, seniors and military members each week FSD relies on the generous support of individuals, corpora tions, foundations and community groups to sustain critical hunger-relief and nutrition pr ograms throughout the region At 10 events throughout FY 2019, nearly 150 SLAH volunteers sorted food, prepared bags for distribution, and cleaned produce for FSD Established in 1 990, Mama's Kitchen is a community-driven organization that enlists volunteers to help pre pare and deliver nutritious meals to community members affected by acquired immunodeficien cy syndrome (AIDS) or cancer who are unable to shop or cook for themselves Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free, culturally appropriate, home-delivered meals, pantry services and nutrition education In January, April, June and July, more than 50 SLAH volunteers h elped Mama's Kitchen serve meals to the community by preparing and packaging snack and veg etable items for delivery In December 2018, SLAH participated in Wreaths Across America, a national event dedicated to

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	honoring veterans, remembering fallen heroes, and teaching children about the sacrifices m ade by veterans and their families At three local cemeteries - Fort Rosecrans National Ce metery, Miramar National Cemetery and Greenwood Memorial Park - approximately 500 SLAH vol unteers honored veterans by placing donated wreaths on their gravesites The USS Midway is a retired aircraft carrier that serves as a museum and memorial to the 225,000 Navy sailo rs who served on board between 1943 and 1992 To help keep the deck of the Midway museum c lean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircr aft carriers that helps prevent debris from damaging aircraft engines At four events in F ebruary, April, June and August, more than 120 SLAH volunteers mimicked a real FOD walk-do wn, using hand tools and vacuums to clear the decks of debris SLAH volunteers participate d in the ADA Tour de Cure 2019 to support the one in three San Diegans living with diabete s or prediabetes and raise critical funds for the ADA's diabetes research, education and a dvocacy In March, five SLAH volunteers assisted with pre-event packet pick-up, day-of eve nt registration, T-shirt distribution, rest stop support and first aid Promises2Kids prov ides current and former foster youth in SDC with the tools, opportunities and guidance the y need to grow into healthy, happy and successful adults In November and December, nearly 30 SLAH volunteers supported the organization's annual Holiday Gift Drive by wrapping gif t collection bins, assisting with inventory, and sorting and preparing gifts to distribute to foster youth The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U S hospitals and distributes them to clinics around the world t hat have little or no medical resources In addition to providing life-changing and life-s aving services to people in underserved countries, the project has protected the environme nt by keeping more than one million pounds (lbs) of medical surplus out of local landfill s At two events in July and August, more than 15 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment The Spec ial Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities In May, 20 SLAH volunteers supported the 2019 Annual Spring Games at Carlsbad High School Volunte ers served as timers and scorekeepers during the bocce competition, cheered on the athlete s and participated in the awards ceremonies In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three ReStore retail ce nters with a wide variety of new or gently used building materials and home furnishings fo r public purchase The ReStore centers provide affordable merchandise to customers while h elping fund the construction o

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	f Habitat for Humanity homes throughout SDC At eight events in November, January, March a nd May, 35 volunteers organized donated items and took inventory of stock for the Kearny M esa and National City ReStore retail centers SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-b ased social services to veterans without a permanent residence During eight days in May a nd June, approximately 60 volunteers sorted and organized clothing donations as well as se t up and worked in the event's clothing tent In addition, pharmaceutical services were pr ovided by six Sharp-affiliated pharmacists and licensed pharmacy technicians More than 75 0 veterans were served through the 2019 Stand Down for Homeless Veterans events The Life Rolls On Foundation is dedicated to improving the quality of life for people living with v arious disabilities Through the organization's award-winning program, They Will Surf Agai n, paraplegic and quadriplegic community members can experience mobility through surfing w ith support from adaptive equipment and volunteers In September, more than 85 SLAH volunt eers assisted They Will Surf Again with event set-up and breakdown, registration, equipmen t distribution, lunch service and helping surfers on land and in shallow water The Surfri der Foundation is dedicated to the protection and enjoyment of the world's oceans, waves a nd beaches through a powerful activist network Since 2017, the Surfrider Foundation has h elped remove more than 31,000 lbs of trash from local beaches Data collected at these ev ents is used to determine the primary local sources of pollution, and create education and policies to prevent trash from ever reaching the beach In August, 20 SLAH volunteers par ticipated in a beach cleanup event at Belmont Park in Mission Bay where they helped pick u p trash and complete data sheets detailing what they collected

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In November 2018, nearly 15 SLAH volunteers joined I Love a Clean San Diego for Storm Drai n Stenciling Day Volunteers met at Mountain View Community Center to stencil a pollution prevention message above neighborhood storm drains educating the public that no pollutants or trash should go down the drain and into the ocean SLAH also partnered with I Love a C lean San Diego for the 17th annual Creek to Bay Cleanup in April, in celebration of Earth Day Approximately 60 SLAH volunteers participated in this countywide effort to beautify b eaches, bays, trails, canyons and parks at locations around SDC, including Torrey Pines St ate Beach, Crown Point Shores in Mission Bay, San Diego River - Mission Valley South, Ocea n Beach Veterans Plaza, Coronado Central Beach, Marina View Park in Chula Vista, Lake Mira mar and Santee Lakes In July, SLAH volunteers participated in I Love a Clean San Diego's Morning After Mess Cleanup by helping clear garbage and debris from Mission Beach Park fol lowing the Fourth of July holiday In September, nearly 30 volunteers supported I Love a C lean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy commun ity by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, C hula Vista Bayside Park, Tierrasanta North Shepard Canyon, Embarcadero Marina Park North, Harry Griffen Park in La Mesa, Coronado South Beach and Torrey Pines State Beach Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that w orks to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River Nearly 50 SLAH volunteers joined the San Diego River Park Foundation to care for Ca lifornia native plants and trees at the Point Loma Native Plant Garden in November, Decemb er, February, May, and June, and at the San Diego River Garden in Mission Valley in April and August Activities included trail maintenance, watering, pruning and other light garde ning projects In January, July and September, nearly 35 SLAH volunteers joined the San Di ego River Park Foundation's Coastal Habitat Restoration events in Ocean Beach The team wo rked to save and restore one of the last remaining coastal dune and wetland habitats in Sa n Diego by removing invasive plants and litter, watering and caring for recent plantings a nd native plants, and providing trail maintenance In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the fifth annual River Kids Disco very Days Five SLAH volunteers participated in the free event, which provides river educa tion and service events to teach more than 600 children and families about protecting the Earth's natural resources In addition to these projects, the SLAH program continued to co ordinate and promote Sharp's year-round blood donation effort to provide needed blood to l ocal organizations serving the community In FY 2019, Sharp committed to collecting a mini mum of 1,300 units of blood fr

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	om Sharp employees, family and friends Throughout the year, Sharp hosted 64 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank, including two systemwide drives held at Sharp's corporate office location These latter two drives were designed as commu nity events, and featured prize giveaways, Arts for Healing, therapy dogs and meet-and-gre ets with executive leadership In addition, SLAH encouraged Sharp employees to donate bloo d at local Red Cross locations Through these efforts, SLAH helped Sharp collect approxima tely 1,670 units of blood, surpassing its goal by more than 360 units Sharp Humanitarian Service Program The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations In FY 2019, the program funded more than 40 employees on humanitarian trips to the Dominican Republic, the Philippines, Ecuador, G uatemala, Jamaica and other locations throughout the world For nearly two weeks in Novemb er, the Woolsey and Hill Fires burned nearly 100,000 acres of land in Los Angeles and Vent ura counties, destroying more than 1,600 structures and forcing almost 300,000 evacuations A response effort by the American Red Cross drew volunteers and other local organization s to bring meals, shelter, supplies and health care to affected community members One Sha rp volunteer worked more than 160 hours as the only nurse at an American Red Cross shelter in Malibu In December, a Sharp nurse participated in a medical mission to Santo Domingo, Dominican Republic through CardioStart International - a global volunteer organization th at brings specialized cardiac care teams to underserved regions The team, which consisted of cardiac surgeons, cardiologists, perfusionists (health care professionals who operate heart-lung machines during surgery), nurses, respiratory therapists and a specialized ultr asound technician, performed surgery on five children with congenital heart defects as wel l as provided advanced cardiac education to help local medical teams improve surgical outc omes and patient care Venture to Heal Medical Missions is a local nonprofit organization founded by a Sharp nurse that coordinates trips to Vietnam and the Philippines to provide health care, supplies and education to thousands of people in underserved, rural communiti es For two weeks in January, the nurse and a fellow Sharp pharmacist as well as other San Diego nurses, physician assistants, emergency medical technicians and lay volunteers conv ened at a rural clinic in the Philippines that had recently been impacted by a typhoon Th e team provided acute management of skin, soft tissue and upper respiratory tract infectio ns, as well as treatment for metabolic disorders such as diabetes and hypertension, to mor e than 1,300 people In March, a Sharp nurse volunteered in Quito, Ecuador as part of a me dical mission trip with Timmy

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Global Health, a nonprofit organization that expands access to health care by directly sup porting community-based project sites More than 470 local patients were served by the med ical team which included one doctor, three nurses and 19 students The medical team treate d and assisted patients with parasitic infections, general pain, vision loss, hypertension , dry or irritated eyes and gastritis - an inflammation of the protective lining of the st omach Also in March, a Sharp employee accompanied a team of students, nurses, physical th erapists, occupational therapists and doctors on a medical mission to Ecuador sponsored by Franciscan University of Steubenville With a mission to care for the whole person, the t eam provided medical treatment for acute diseases, as well as education on how to care for and prevent future complications In April 2019, a Sharp nurse participated in a surgical service trip facilitated by Helps International, a community of volunteers dedicated to b ringing agricultural and community development, education and health care to rural Guatema la The Sharp nurse spent 10 days working on the eye surgery team alongside various other medical professionals to perform oculoplastic (reconstructive procedures involving the orb it, eyelids, tear ducts and face), strabismus (crossed eyes) and cataract surgeries Anoth er Sharp nurse accompanied a team of 25 medical professionals to the impoverished, indigen ous community of Patzun, Guatemala through Friends With Purpose - a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world The team consisted of surgeons, physician's assistants, operating room t echnicians, nurses and autoclave technicians For eight days in May, the volunteers provid ed surgical services to patients, many of whom had never received medical care In July 20 19, Next Generation Mission partnered with Legacy Church San Diego and a Jamaican youth or ganization to provide help, entertainment and hope on a mission serving underprivileged re sidents of Montego Bay, Jamaica A Sharp nurse accompanied a team consisting of church mem bers, construction specialists, college students and musicians, who assisted with multiple projects, including construction of a small house, repairs at an orphanage, provision of music and entertainment at homes for underprivileged children, elderly, orphans and disabl ed people, and participation in a youth sports day

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Community Walks Heart disease is the leading cause of death in the U S Sharp proudly supp orts the American Heart Association's (AHA) annual San Diego Heart & Stroke Walk, which pr omotes physical activity to build healthier lives, free of CVD and stroke In FY 2019, mor e than 115 teams from across the Sharp system helped raise nearly $234,000 for the walk, t hrough activities such as auctions, prize drawings and a karaoke competition In September , more than 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park For the past 23 years, Sharp has maintained its position as the first-plac e fundraising team in San Diego and, in 2019, was the third-place team in the AHA Western States Affiliate To date, Sharp's fundraising efforts have raised more than $3 5 million in support of the San Diego community through the AHA's Heart & Stroke Walk Sharp Volunte ers Volunteers are a critical component of Sharp's dedication to the San Diego community a nd help make a difference in the lives of others Sharp provides many volunteer opportunit ies for individuals of all ages and skill levels to assist with a wide variety of programs , events and initiatives across the Sharp system This includes devoting time and compassi on to patients within Sharp's hospitals, assisting with community events for the general p ublic, and support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundat ion and Coronado Hospital Foundation On average, approximately 1,770 individuals actively volunteered at Sharp each month in FY 2019 This included more than 1,830 auxiliary membe rs, thousands of individual volunteers from the San Diego community, and volunteers for Sh arp's foundations Throughout the year, volunteers contributed nearly 241,300 hours of ser vice to Sharp and its initiatives More than 20,170 of these hours were dedicated to activ ities in the community such as delivering meals to homebound seniors and assisting with he alth fairs and events Table 2 details the average number of active volunteers per month a s well as the total number of volunteer service hours provided to each Sharp entity, speci fically for patient and community support Table 2 Sharp HealthCare Volunteers and Volunt eer Hours - FY 2019 Average Active Volunteers per Month Sharp Chula Vista Medical Center - 369 Sharp Coronado Hospital and Healthcare Center - 74 Sharp Grossmont Hospital - 629 Sh arp HospiceCare - 65 Sharp Metropolitan Medical Campus - 600 TOTAL - 1,737 Total Volunteer Hours Sharp Chula Vista Medical Center - 52,849 Sharp Coronado Hospital and Healthcare C enter - 9,684 Sharp Grossmont Hospital - 94,763 Sharp HospiceCare - 10,164 Sharp Metropoli tan Medical Campus - 71,241 TOTAL - 238,701 Sharp offers a systemwide Junior Volunteer Pro gram for high school students interested in giving back to their communities and exploring future health care careers T

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	he program requires a high grade point average and a long-term commitment of at least 100 hours The Junior Volunteer Program supports workforce development by introducing students to careers in health care, including clinical and ancillary support services The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorti ng patients and families, answering questions, and creating a welcoming and relaxing envir onment for guests Through volunteering in the gift shops and thrift store, students learn about merchandising, fundraising and retail sales At the inpatient units, they are expos ed to clinical experiences that provide a glimpse into potential future careers Junior vo lunteers also have the opportunity to help raise funds for hospital programs and provide c lerical support to hospital departments In FY 2019, nearly 530 high school students contr ibuted more than 54,800 hours to the Junior Volunteer Program This included 90 junior vol unteers who provided more than 5,660 hours of service at SMH and SMBHWN, more than 270 jun ior volunteers who dedicated more than 17,620 hours of service at SCVMC, and nearly 280 ju nior volunteers who contributed more than 33,700 hours of service at SGH In addition, Sha rp's various entity boards include volunteers who provide program oversight, administratio n and decision-making regarding the organization's financial resources In FY 2019, more t han 120 volunteers contributed time to Sharp's boards Sharp employees also donate time as volunteers for the Sharp organization, including service on the Board of Directors of San Diego Imaging - Chula Vista, Sharp and Children's MRI, Grossmont Imaging LLC Board, and S harp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs Lastly, in September, SGH pres ented on the successful impact of volunteer-led events on employee engagement to volunteer program managers and leaders, community partners, and hospital professionals at the AHA's Association for Health Care Volunteer Resources Professionals Annual Conference & Exposit ion Held at the Hyatt Regency in Dallas, Texas, the conference theme was Educate, Empower and Inspire, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, volunteer programs and service, the effect s of health care service delivery system redesign on the volunteer sector, and retail oper ations At the same conference, the SGH Volunteer Auxiliary's Thrift Korral Resale Boutiqu e received the Retail Excellence Program Award - recognition of a retail shop in a health care setting that has achieved exemplary results, and has demonstrated substantial benefit to the recipients, the health care organization, the community and the volunteers providi ng the service The following section describes the achievements of various Sharp voluntee r programs in FY 2019 Sharp H

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ospiceCare Volunteer Programs Sharp HospiceCare provides a variety of volunteer training o pportunities that offer valuable knowledge and experience to volunteers who are often work ing towards a career in the medical field Volunteers are essential to the hospice team - they provide significant relief to those near the end of life and their families and careg ivers, as well as valuable clerical and community support activities for the hospice organ ization Sharp HospiceCare trained 36 new volunteers in FY 2019 Volunteers completed an e xtensive 24-hour training program to confirm their understanding of and commitment to hosp ice care prior to beginning their volunteer activities Volunteers provided a variety of n onmedical services at patient homes, SNF and hospitals, and Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes This included caregiver relief, companionship, ligh t housekeeping, errands and participation in patient outings In addition, volunteers prov ided administrative support and assistance with special-event planning and community outre ach for Sharp HospiceCare Four teenagers participated in Sharp HospiceCare's Teen Volunte er program in FY 2019 Through this program, teens completed special projects in Sharp Hos piceCare administration, as well as performed activities at Sharp HospiceCare's hospice ho mes, including patient grooming and hygiene tasks, as well as simply sitting with patients , listening to their stories and holding their hand Additionally, 13 premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers i n private homes Sharp HospiceCare continued to provide the 11th Hour program to ensure th at no patient died alone Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present This included holdin g the patient's hand, reading softly to them and remaining by their side Volunteers also comforted families who were present while their loved one passed away Twelve volunteers w ere trained through the 11th Hour program in FY 2019 In FY 2019, Sharp HospiceCare traine d four volunteers in integrative therapies to promote relaxation and restful sleep and enh ance the quality of life of Sharp HospiceCare patients and their caregivers Integrative t herapies included Healing Touch, a gentle energy therapy that uses the hands to help manag e physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing pr ocess, aromatherapy, and hand massage

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Nine volunteers also supported Sharp HospiceCare's partnership with We Honor Veterans (WHV) WHV is a national program developed by the National Hospice and Palliative Care Organiz ation in collaboration with the VA to empower hospice professionals to meet the unique end -of-life needs of veterans and their families As a WHV partner, Sharp HospiceCare is equi pped to provide education and training that qualifies its volunteers to identify and suppo rt veteran patients and their caregivers This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients receiving hospic e or home-based palliative care The program also honors veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certific ate of appreciation for their service In FY 2019, Sharp HospiceCare held pinning ceremoni es for more than 90 Sharp HospiceCare veteran patients and pinned 40 veteran community mem bers during various community events Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one Volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes a nd permanent reminders of the grieving individual's loved one In FY 2019, volunteers dedi cated nearly 3,000 hours to sewing more than 740 bears for approximately 250 families Sha rp HospiceCare recognizes the valuable impact that volunteers have on its patients and the ir family and caregivers In light of this recognition, Sharp HospiceCare offered a monthl y continuing education support group to enhance volunteers' skills In addition, Sharp Hos piceCare honored its volunteers during National Volunteer Week in April and National Hospi ce and Palliative Care Month in November through special award and pinning celebrations S harp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs Through the Co mmunity Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and train ed to serve and comfort patients without family or friends present during their hospital s tay Activities may include reading to patients, writing letters, taking walks, playing ga mes, or simply engaging in conversation In addition, CCP volunteers look out for patients ' safety and notify medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked when patients lack a companion In FY 2019, 6 CCP volunteers devoted more than 500 hours to approximately 115 patient visits The Cush man Wellness Center Community Health Library and SMH Volunteer Department continued to off er the Health Information Ambassador program in FY 2019 Serving SMH, the SMH Rehabilitati on Center and SMBHWN's perinatal special care unit, the program brings the library's servi ces directly to patients and family members, which both helps to improve their health lite racy and empower them to becom

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	e involved in their own health care Through the program, hospital volunteers are specially trained to become Health Information Ambassadors who are responsible for bringing diagnosis-related resources to patients and family members upon request The consumer health librarian receives these requests, then uses reputable health websites to gather consumer-oriented information for the Health Information Ambassadors to return to the patient or their family members Following their hospital stay, patients and families are invited to access an online database of reliable health information as well as to keep in touch with the library to ensure ongoing receipt of quality health information at home Throughout the year, the Health Information Ambassadors visited more than 2,400 patient rooms and filled nearly 875 information requests In addition, to address the vast number of Americans demonstrating basic or below health literacy, the consumer health librarian continued to provide a pamphlet titled Health Literacy 101 as a resource for the Health Information Ambassadors as they communicate with patients about their diagnosis The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help improve their understanding of their medical information Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming - to improve emotional and spiritual health and promote a faster recovery The program also engages visitors and members of the community during hospital and community events Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care and Education Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth Music therapy is also provided in SMBHWN's NICU to promote the development of premature babies At SMV and SMC, Arts for Healing offers several art and music therapy groups, including those for adolescents and adults receiving treatment for substance use, mood and anxiety disorders, as well as older adults receiving treatment for dementia or depression In collaboration with SMMC's social workers and palliative care nurses, in FY 2019, Arts for Healing

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Through the Giving Tree program at the Downtown Sharp Senior Health Center, community memb ers and staff donate gift cards to make the holidays brighter for seniors in need In Dece mber 2018, nearly 60 patients who visited the Downtown Sharp Senior Health Center left wit h a gift bag and a gift card to a local drug store, grocery store or restaurant In additi on, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a holiday bike giveaway Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential In FY 2019, the holiday bike giveaway provided bicycles as holiday gifts to eight children of the hospital's cancer patients Th e SGH Engineering Department led a variety of volunteer initiatives in FY 2019 For the pa st nine years, the SGH Engineering Department's landscaping team and the hospital's Auxili ary have collaborated with local businesses to bring The Shirt Off Our Backs Program to co mmunity members in need during the holidays Through the The Shirt Off Our Backs Program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults In FY 2019, volunteers filled three trucks with donated food and other essential items, including 80 hygiene kits (shampoo, soap, wipes, toothbru shes, etc), 200 handmade sandwiches and 150 water bottles as well as clothing, socks, sho es, toys, towels, blankets, pet food and other household items The SGH Engineering Depart ment continued to provide This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff Th rough the program, the landscaping team grows, cuts, bundles and delivers colorful bouquet s to patient rooms as well as offers single-stem roses in a small bud vase to passers-by Each week during FY 2019, the team delivered three vases of flowers along with an inspirat ional quote, as well as at least six vases during peak flower season and upon additional r equests In addition, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on Mother's Day This Bud's for You also supports the SGH Senior Resource Cen ter and Meals on Wheels partnership by providing floral centerpieces for fundraising event s benefitting seniors in SDC's east region, as well as offering roses for SGH's annual pat ient remembrance service Now in its ninth year, the program has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the exper ience of hospital visitors and community members The SGH Engineering Department further e xtends the spirit of caring through the creation of Cheers Bouquets for patients or visito rs who appear to need encouragement, cheer or get well wishes, as well as to recognize pat ient birthdays, anniversaries and other special moments The engineers quickly assemble an d deliver a bouquet of balloon

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp was one of the first health care organizations in the country to commit to environme ntal best practices in IT In 2013, Sharp became the first health care system in SDC to im plement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity The program has been installed on all Sh arp computers resulting in annual energy savings in excess of 1 6 million kWh In 2015, Sh arp implemented the TSO Logic software program, which identifies inefficient, energy-consu ming hardware for replacement or elimination Sharp's hardware electrical consumption has decreased by more than 5% each year following implementation Since 2016, the SGH campus h as been operating essentially off the electrical grid due to the Brady Family CoGen, its s tate-of-the-art Central Energy Plant (CEP) The CEP includes a 52-ton, 4 4-megawatt combus tion turbine generator that produces enough electricity to meet up to 95% of the hospital' s needs while reducing greenhouse gases by up to 90% In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating, and air conditioning as well as provides hot and cold water to the hospital The CEP is fully com pliant with state and local air emissions standards In 2017, Sharp installed new software on 10 air conditioning units in the data center at its corporate office, resulting in mor e efficient cooling and a 16% decrease in power usage In addition, new virtual environmen ts replaced more than 150 devices in the data center, further reducing power and cooling n eeds for the building In 2018, Sharp opened the new Copley building which houses administ rative space for SRSMG, as well as the complex, consolidated Sharp HealthCare Laboratory t hat services the entire Sharp system To reduce the Copley building's CO2 emissions, Sharp restored the original fuel cell that came with the building upon purchase, making it the first Sharp location to use fuel cell energy A fuel cell uses the chemical energy of hydr ogen or another fuel to produce clean and efficient electricity, which could help reduce t he Copley building's CO2 emissions by more than 90% while self-generating over 3 million k Wh of electricity per year In 2019, fluorescent light bulbs were replaced with high-perfo rmance light-emitting diode (LED) bulbs at multiple Sharp sites as part of a systemwide LE D lighting retrofit project The new LED lighting is projected to decrease energy usage by 55% It is also rated to meet and exceed the requirements established by California's Tit le 24 Building Energy Efficiency Standards and the federal Occupational Safety and Health Administration Since implementation, retrofits have been completed at SRSMC, SCVMC, SMMC, SCHHC and Sharp's system offices Also in 2019, a set-point temperature (an agreed upon t emperature that a building will meet) project was completed throughout Sharp's facilities in order to standardize, optim

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Orange and Imperial Counties The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Also in 2017, Sharp was named San Die go's Grand Energy Champion by SDG&E in recognition of its continuous commitment to energy efficiency The award specifically noted the particular challenges faced by health care or ganizations trying to conserve energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week See Table 4 for a listing of Sharp's natural resource conservation efforts Table 4 Natural R esource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG ES Participation SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Air Handler Projects SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC SRSMG Cog eneration Plant SGH Drip Irrigation/Landscape Water Reduction Systems SCHHC SCVMC SGH Sy stem Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Drought-Tolerant Landscaping SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electric Vehicle Charging Stations SCVMC Sy stem Offices SMH/ SMBHWN SRSMG Electronic/Low-flow Faucets SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Energy-efficient Kitchen/Cafe Appliances SCHHC SCVMC SGH SMH/ SMBHWN Energy-efficient Chillers/ Motors SCHHC SCVMC SGH System Offices SMH/ SMBHWN Faucets and Toilet Retrofits SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSM G HVAC Projects SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Lighting Re trofits to LEDs SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Occupancy S ensors SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Mist Eliminators SC HHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Plumbing Projects to Address W ater Leaks SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Thermostat Contr ol Software & Temperature Set-Point Projects SCHHC SCVMC SGH System Offices SHP SMH/ SMBH WN SMV/ SMC SRSMG Filtered Water Dispensers to Replace Plastic Water Bottles SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Water-efficient Dishwashing/Equipment Wa shing/Chemical Dispensing System SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Waste Minimization SCHHC SCVMC SGH SMH/ SMBHWN

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Every day, U S hospitals generate an average of 26 lbs of waste per staffed bed, of whic h approximately 15% is considered hazardous material Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills In FY 2019, S harp's waste minimization initiatives - including recycling, donating, composting, reproce ssing and reusing programs - have helped divert more than 2,170 tons of waste See Table 5 for Sharp's waste diversion rates in FY 2019 Sharp's Waste Minimization Committee provid es oversight of systemwide waste minimization initiatives See Table 6 for specific waste minimization efforts occurring across the organization In addition, Sharp achieved the fo llowing in waste minimization in FY 2019 * Sharp's single-waste stream recycling program diverted more than 2 5 million lbs of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 106,000 lbs of surgical instruments for further use * Sharp donated more than 146,000 lbs of computer equipment in place of utilizing e-was te disposal * Sharp diverted more than 84,000 lbs of plastic and cardboard from the land fill through the use of reusable sharps containers * Sharp has significantly reduced pape r waste through electronic bill pay, cloud-based document storage, and office supply reuse and repurpose programs * SRSMC Sorrento Mesa and Mira Mesa locations stopped purchasing cups and paper goods for breakrooms and encourages staff to bring their own reusable conta iners to minimize waste * Sharp continued to participate in San Diego County's Hazmat Sta keholder meetings to discuss best practices for medical waste management with other hospit al leaders in SDC Sharp was named the 2017 Outstanding Recycling Program by CRRA for its innovative waste minimization initiatives In addition, the City of San Diego's Environmen tal Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program Table 5 Sharp HealthCare Waste Diversion - FY 201 9 Sharp HealthCare Entity Total Waste Per Year (lbs) Diverted Waste Per Year (lbs) Perce nt Diverted Sharp Chula Vista Medical Center 2,704,702 613,897 22 7% Sharp Coronado Hospit al and Healthcare Center 1,550,841 348,539 22 5% Sharp Grossmont Hospital 4,644,954 731,83 1 15 8% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns 6,327,1 71 1,477,862 23 4% Sharp Mesa Vista Hospital 613,948 177,186 28 9% Sharp Rees-Stealy Medic al Centers 1,838,897 333,916 18 2% System Offices 1,840,544 658,632 35 8% Total Sharp Heal thCare 19,521,057 4,341,863 22 2% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Waste Minimization Project Establish Waste Diversion Baseline SCHHC SCVMC SGH Syst em Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Single-stream Recycling SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ S

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	MC SRSMG Recycled Paper SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Blu e Wrap Recycling SCHHC SCVMC SGH SMH/ SMBHWN Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Construction - Debris Recycling SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic Cafe Menus SCHHC SCVMC SGH System Offices SMH/ SMBHWN SMV/ SMC Elect ronic Patient Bills and Paperless Payroll SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic and Pharmaceutical Waste Recycling Events SCHHC SCVMC SGH Syste m Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Organic Waste Recycling (Green Waste) SCVMC SGH Recycle Bins Distribution SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG R epurposing of Unused Medical Supplies and Equipment SCHHC SCVMC SGH System Offices SMH/ S MBHWN SRSMG Reusable Sharps Containers SCHHC SCVMC SGH SMH/ SMBHWN Waste Minimization Pro ject SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Single-serve Paper Nap kins and Plastic Cutlery Dispensers SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ S MC SRSMG Surgical Instrument Reprocessing SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Replacemen t of Bottled Water with Spa Water SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Sustainable Food Practices Sharp's commitment to sustainable food practices began m ore than eight years ago with a strategy to increase the selection of nutritious, organic and sustainable food items at each of its facilities In collaboration with Sodexo - its f ood service partner - Sharp remains an innovator and early adopter of a variety of sustain able and healthy food practices that enhance the health of patients, employees, the commun ity and the environment Sharp's Food and Nutrition Best Health Committee supports these e fforts by promoting food sustainability awareness throughout the health care system and wi thin the greater San Diego community Sharp's Mindful food program is a key component of t he organization's effort to increase the consumption of healthy foods in its cafeterias wh ile reducing its carbon footprint The Mindful food program includes the following element s reduced meat consumption through the promotion of Meatless Mondays, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight w ellness options, increased use of locally sourced, fresh, organic and sustainable food, fo od composting, increased recycling activities, the promotion of sugarless beverages, the u se of post-consumer recycled packaging solutions, and participation in Community Supported Agriculture (CSA) - a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm Up to 40% of the food produced in the U S is never eaten and instead goes to waste Sodexo teams at SC MVC and SMH use Leanpath food waste prevention technology to combat food waste and facilit ate compliance with new compos

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ting and recycling laws Leanpath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pr e-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill In addition, the use of self- audit checklists help kitchen teams reduce waste between food preparation and cleanup Sin ce 2016, SMH, SMV, and SGH have collaborated with the San Diego Rescue Mission and the Foo d Bank on an innovative food recovery program that donates food items that can no longer b e used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC In addition, SCVMC's partnership with FSD and SCHHC's partne rship with the Food Bank makes Sharp the first health care system in the county to donate food to San Diegans at such a wide-scale level Food recovery efforts benefit the local co mmunity in two ways one, by increasing availability of nutritious meals to people with ba rriers to healthy food access, and two, by enabling Sharp to save on waste disposal costs and keep food out of landfills In 2019, Sharp donated more than 30 tons of food to these safety-net organizations All Sharp hospitals participate in food waste composting In 201 2, SMMC became the first hospital campus to participate in the City of San Diego's food sc raps composting program In 2017, SCVMC began composting in partnership with the City of C hula Vista That same year, SGH collaborated with Resource Management Group recycling cent er to begin a composting program, which expanded to SCHHC in September 2018 Through these programs, food waste at these Sharp locations is processed into a rich compost product, w hich is provided to residents at no charge for volumes of up to two cubic yards The compo st offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials In FY 2019, Sharp's composting programs diverted nearly 500,000 lbs of waste from landfills Further, in FY 2 019, Sharp's use of imperfect produce in its kitchens - produce that is aesthetically less -than-perfect yet still nutritious and usable - prevented the waste of more than 1,600 lbs of food SCHHC, SMH and SMV also continued to operate the first county-approved hospital -based organic gardens, produce from which is used in meals served at the hospitals' cafes

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of food preparation already in use at SCHHC and SMMC In addition, in FY 2019, SGH and SCV MC recycled more than 16,000 lbs of used cooking oil for conversion to eco-friendly biodi esel fuel through Filta, an environmental kitchen solutions service Sharp is an active me mber of San Diego's Nutrition in Healthcare Leadership Team The group of more than a doze n SDC hospitals and health care systems collaborates to ensure that all food and beverages served by the county's hospitals are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment and community In addition, Sharp continues to participate in Practice Greenhealth's Healthier Food Challenge Through the program, Sh arp commits to reducing its purchase of animal protein and increasing its purchase of loca lly grown food and sustainable animal proteins (grass-fed, antibiotic- and hormone-free be ef and cage-free chicken) In FY 2019, Sharp reduced animal protein purchases by almost 32 %, and increased sustainable animal protein purchases by more than 60%, compared to FY 201 4 As a recipient of the 2018 EMIES UnWasted Food award, Sharp was recognized by the San D iego Food System Alliance for its collaboration as an innovator and early adopter of food waste prevention and recovery programs The award is designed to honor the 1996 Federal Bi ll Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit o rganizations by protecting donors from liability Sharp previously earned this award in 20 16 Sharp and Sodexo remain committed to food sustainability efforts that improve both ind ividual and environmental health Sharp's sustainable food initiatives are outlined in Tab le 7 Table 7 Sustainable Food Projects by Sharp HealthCare Entity Sustainable Food Proje ct Report Card and Indicators Tracking SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV / SMC SRSMG Food Recovery SCHHC SGH SMH/ SMBHWN SMV/ SMC Imperfect Produce SCVMC SMV/ SM C Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Oil Recycling SCVMC SGH Fryers Elimina ted SCHHC SMH/ SMBHWN SMV/ SMC Commuter Solutions Sharp supports ride sharing, public tra nsit programs and other transportation efforts to reduce CO2 emissions generated by the or ganization and its employees Sharp's Commuter Solutions Subcommittee develops innovative and accessible programs and marketing campaigns to educate employees on the benefits of ri de sharing and other environmentally friendly modes of transportation Sharp's ongoing eff orts to promote alternative commuter choices in the workplace have led to its recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 to 2019 Sharp replaced high fuel-consuming cargo vans with economy Ford transi t vehicles, which save approximately five miles per gallon In addition, Sharp's employee parking lots offer carpool and

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	motorcycle parking spaces Sharp was the first health care system in San Diego to offer e lectric vehicle chargers (EVCs), helping to reduce carbon emissions and dependence on petr oleum by supporting the creation of a national EVC infrastructure As part of the nationwi de Electric Vehicle Project, Sharp has installed EVCs at its corporate office location, Co pley building, SCVMC, SMMC and some SRSMC sites Sharp will continue to expand EVCs at its other entities Sharp encourages employees to participate in alternative commuting method s such as public transit, carpooling, vanpooling, biking, walking and telecommuting Emplo yees are encouraged to participate in SANDAG's iCommute program, which provides ride-shari ng matches based on a commuter's work schedule, departure location and destination In add ition, Sharp has enrolled in SANDAG's Guaranteed Ride Home program which provides commuter s who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or mo re times a week with a taxi or a rental car in case of an emergency or becoming stranded a t work Sharp employees can also purchase discounted monthly bus passes Employees can mon itor the cost and carbon savings from their alternative commuting methods by logging their miles in an internal tracking tool on Sharp's intranet site Sharp provides bike racks at its entities as well as offers a bicycle commuter benefit which gives employees who bike to work up to $20 per month to use toward qualified costs associated with bicycle purchase , improvement, repair and storage In addition, Sharp participates in SANDAG's annual Bike to Work Day event each May In 2019, Sharp employees were among nearly 10,000 San Diegans who opted to ride their bike to work During the event, Sharp hosted several pit stops at various sites throughout SDC where they offered bikers free food and beverages to fuel th eir ride In FY 2019, Sharp recognized National Rideshare Week during the first week of Oc tober by encouraging employees to replace their solo drive with a greener commuting choice The annual effort is instrumental in helping reduce traffic congestion and greenhouse ga s emissions throughout SDC Furthering its commitment to improving commuting options for i ts employees, Sharp supplies and supports the hardware and software for more than 700 empl oyees who are able to efficiently and effectively telecommute to work These employees wor k in areas that do not require an on-site presence, such as IT, transcription and human re sources Sharp also offers compressed work schedules to eligible full-time employees, whic h enables them to complete the standard eighty-hour biweekly work requirement in less than 10 workdays Telecommuting and compressed work schedule options can help Sharp to reduce CO2 emissions, lower commuting costs and enhance employee morale Community Education and Outreach Sharp actively educates employees and the community about its sustainability effo rts In addition to the follow

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ing activities, Sharp's ongoing community education and outreach efforts are highlighted i n Table 8 In April, Sharp held its annual systemwide All Ways Green Earth Week celebratio n, including Earth Fairs at each Sharp hospital and system office Employees learned how t o decrease their water, energy and resource consumption, divert waste through recycling, a nd reduce their carbon footprint through alternative commuting methods Many of Sharp's ke y vendors participated in the fairs to help raise awareness of green initiatives and how S harp is involved in those programs In addition, Sharp publishes e-newsletters that highli ght the organization's environmental accomplishments and remind employees about proper wor kplace recycling, carpooling, and energy and water conservation In October and April, Sha rp held community recycling events that included free e-waste recycling and confidential d ocument destruction The event also included the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal a nd educates the general public about the potential for prescription medication abuse Tabl e 8 Environmental Community Education and Outreach by Sharp HealthCare Entity Community O utreach Project America Recycles Day SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Bike to Work Day SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Earth Week Activities SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Envir onmental Policy SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Green Team SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG No Smoking Policy SCHHC SC VMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Organic Farmer's Market SCHHC SCVMC SGH System Offices SMH/ SMBHWN SMV/ SMC Organic Gardens SCHHC SMH/ SMBHWN Recycling Educ ation SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Ride Share Promotion SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Emergency and Disaster Prep aredness SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Sharp contributes to the health and safety of the San Diego community through essential emergency and disast er planning activities and services In FY 2019, Sharp provided disaster preparedness educ ation to staff, community members and community health professionals, as well as collabora ted with numerous state and local organizations to prepare the community for a potential e mergency or disaster

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp's disaster preparedness team offered several training programs to first responders a nd community health care providers throughout SDC This included a standardized, on-scene federal emergency management training for hospital leaders titled National Incident Manage ment System/Incident Command System/Hospital Incident Command System (HICS) as well as a t raining focused specifically on HICS, an incident management system that can be used by ho spitals to manage threats, planned events or emergencies A training course was also offer ed on the WebEOC (Web Emergency Operations Center) crisis information management system, w hich provides real-time information sharing between health care systems and outside agenci es during a disaster In addition, in June Sharp's disaster leadership provided education about personal disaster preparedness at the County of San Diego's Vital Aging 2019 event a t the San Diego Convention Center In FY 2019, Sharp's disaster leadership donated their t ime to state and local organizations and committees, including County of San Diego Emergen cy Medical Care Committee, California Hospital Association Emergency Management Advisory C ommittee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee, and San Diego County Civilian/Military Liaison Work Group Sh arp's disaster leadership also participates in the County of San Diego Healthcare Disaster Coalition - a multi-agency group of representatives who assist the county in improving mi tigation, preparedness, response and recovery activities during emergencies and disasters As part of this coalition, in FY 2019, Sharp's disaster leadership led a subcommittee to review hospital emergency food and water supply planning and identify tools and best pract ices to disseminate to community health care professionals Further, Sharp's disaster lead ership continued to participate in the Statewide Medical Health Exercise Program This wor k group of representatives from local, regional and state agencies - including health depa rtments, emergency medical services, environmental health departments, hospitals, law enfo rcement, fire services and more - is designed to guide local emergency planners in develop ing, planning and conducting emergency responses Through participation in the DHHS Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp Healt hCare HPP Disaster Preparedness Partnership The partnership includes Sharp as well as SDC hospitals, health clinics and other health providers The partnership seeks to continuall y identify and develop relationships with health care entities, nonprofit organizations, l aw enforcement, military installations and other organizations that serve SDC and are loca ted near partner health care facilities In FY 2019, the Sharp HealthCare HPP Disaster Pre paredness Partnership continued to network as well as provide resources, trainings and inf ormation to prepare non-hospit

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	o?, Mental Health Challenges for Adolescents and Young Adults Addressing Stigma and Incre asing Access, Seniors and Mental Health, and Weight Bias and the Stigma of Obesity In add ition, the SEA identifies and creates opportunities to publicly demonstrate Sharp's commit ment to diversity and inclusiveness Since its inception, the SEA has represented Sharp at numerous community events that support equality and acceptance for a variety of populatio ns Events have included the National Alliance on Mental Illness' (NAMI's) 2018 NAMIWalks/ Runs San Diego County, as well as both the 2018 and 2019 Dr Martin Luther King Jr Parade s and San Diego Pride Parades The SEA looks forward to expanding its reach across the Sha rp system, as well as its presence in the San Diego community In FY 2020, the SEA plans t o integrate diversity training into Sharp's workforce education and compliance programs in order to continue strengthening cultural competency, inclusive thinking and workplace sen sitivity among team members In addition, the SEA will host presentations that engage the public - including community members, academic and health care institutions, and other int erested community groups - in collaborative discussion and idea-sharing surrounding variou s diversity issues The SEA will also continue to promote Sharp's commitment to diversity and equality at community events, including NAMIWalks/Runs San Diego County, the Dr Marti n Luther King Jr Parade, the Dr Martin Luther King Jr Human Dignity Award Breakfast and the San Diego Pride Parade Employee Wellness Sharp Best Health Sharp recognizes that im proving the health of its team members benefits the health of the broader community Since 2010, the Sharp Best Health employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce Each Sharp ho spital, SRSMG site and system office location has a dedicated Best Health committee that w orks to motivate team members to incorporate healthy habits into their lifestyles and supp ort them on their journey to attain their personal health goals Team members are encourag ed to participate in a variety of workplace health initiatives ranging from fitness challe nges and weight management programs to health education and events Sharp Best Health also offers an interactive, web-based health portal where employees can create a wellness plan and track their progress

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Since 2013, Sharp Best Health has offered annual employee health screenings to raise indiv idual awareness of important biometric health measures, educate team members on reducing t he risk of related health issues, and encourage employees to track changes in their metric s over time In FY 2019, nearly 9,000 employees received health screenings for blood press ure, cholesterol, body mass index, blood sugar and tobacco use Post-screening resources a nd tools are available for Sharp employees and their family members This includes free ac cess to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management and managing the ch allenges of living with a chronic condition, such as diabetes, high blood pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to promote overall health To align with this goal, in FY 2019, Sharp Best Health introduced a new app-based program ca lled Move More Rewards, which encourages team members to use digital activity monitors to track their steps, distance, calories burned, sleep patterns and more By syncing statisti cs to computers or smartphones, these devices help inspire team members to achieve their p ersonal fitness goals Throughout the year, Sharp Best Health held both entity-specific an d systemwide activity challenges to encourage team members to set personal goals and compe te for prizes During FY 2019, more than 2,300 participants across the Sharp system partic ipated in Move More Rewards, walking an average of 8,900 steps per day In addition, Sharp 's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp system offices to promote safety along with increased physical activity Sharp B est Health participated in community health events throughout the year, including American Heart Month, Breast Cancer Awareness Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Vegetables Month, National Safety Month, National Stress Management Month and National Walking Month In addition, Sharp Best Health encoura ged employees to hold walking meetings as a heart-healthy alternative to standard meetings Sharp Best Health also partnered with the San Diego Humane Society to provide free anima l-based stress relief events at select Sharp locations The events provided valuable human interaction for sheltered dogs and puppies, while promoting stress relief and physical ac tivity for Sharp employees Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2019 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strat egies for managing cravings, intuitive eating, calorie counting, and the impact of sleep, stress and aging on health Sharp Best Health also offered recipe demonstrations to encour age healthy meal preparation a

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	t home Educational programs also included classes on cultivating compassion for the self and others, sound therapy, lifestyle habits to preserve and gain energy, stress management techniques and the importance of taking micro-breaks Fitness offerings included softball , yoga, Zumba, weight and kettlebell training, mat Pilates and aquatics classes In additi on, Sharp Best Health encouraged employees to stay active outside of work by offering disc ounted membership to fitness centers in San Diego and nationwide through the new Active&Fi t Direct program, as well as discounted access to a subscription-based online fitness prog ram called Studio SWEAT onDemand Throughout FY 2019, Sharp Best Health offered a variety of integrative therapies to employees to help promote self-care practices In partnership with the Sharp Coronado Hospital Sewall Healthy Living Center, all Sharp employees were of fered free or low-cost wellness services, including auricular acupressure, chair massage, and healing touch - an energy therapy in which practitioners consciously use their hands i n a heart-centered, intentional way to support and facilitate physical, emotional, mental and spiritual health Sharp Best Health also facilitated several Relax & Refresh events th roughout the year The events provided distraction-free, calming environments, including s oft music, aromatherapy and other activities, to increase employees' sense of calm and bal ance In addition, Sharp Best Health offered employee wellness fairs throughout the year, featuring health screenings, educational booths, wellness workshops, healthy living strate gies, mindfulness drop-in sessions and integrative therapies Sharp Best Health offered em ployees a new wellness initiative in FY 2019 called the Better YOU Series The four-week, online-based learning series focused on multiple areas of well-being such as mindfulness, organization, gratitude, sleep, habit formation and resilience Topics included the Bette r Habits Project, which provides effective, evidence-based techniques to build and sustain good habits, the Better Balance Project, which emphasizes making small, yet powerful life style adjustments to achieve a better sense of well-being, the Better Sleep Project, which focuses on identifying sleep-related challenges and practical strategies for improvement, and the Better Resilience Project, which provides healthy strategies to cope with stressf ul situations and avoid burnout or fatigue Sharp Best Health also continued to produce a weekly podcast called "Coffee Break with Sharp Best Health," which features group discussi ons and interviews with health and wellness experts on a variety of health topics In FY 2 019, Sharp Best Health continued to focus beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil Through more than 1,200 mindfulness and yoga sessi ons of various length and skil

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	l level, Whil helps employees manage stress and improve their well-being while moving at t heir own pace and setting their own goals Whil has also been used during staff meetings, department huddles and shift changes throughout the Sharp system Since Whil's launch, mor e than 2,500 employees have become active users In addition, Sharp Best Health has collab orated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes, mindfulness clubs, and mindful lunching events Throughout FY 2019, Sharp Best Health continued to provide Wellne ss on Wheels to help Sharp employees access health resources and programs during work hour s Wellness on Wheels involves a Sharp Best Health committee member rounding in staff loun ges, hospital units and nursing stations to promote a new and relevant health-related subj ect each month Each session includes an educational component, an interactive activity an d a call to action Wellness on Wheels gives employees access to quick and relevant wellne ss resources where they work, accommodating their unique schedules and dedication to patie nt care During FY 2019, Wellness on Wheels topics included flu knowledge, self-care for s tress relief and relaxation, employee wellness offerings, essential oils, mindful eating, yoga poses for relaxation, heart health, nutritious snacks, promoting physical activity an d common workplace safety hazards, including safe handling of sharp objects In 2019, Shar p continued its partnership with Farm Fresh to You to give Sharp employees discounted acce ss to customizable boxes of organic, locally grown produce This CSA service offers a conv enient method for employees and their families to incorporate more fruits and vegetables i nto their diet while supporting local farmers In FY 2019, Sharp Best Health partnered wit h First Class Vending to provide "micro markets" for Sharp sites experiencing challenges w ith access to healthy food, such as locations without cafe or cafeteria services, and thos e that lack healthy options for night shift staff The new micro markets have increased th e availability of healthy food, beverage and snack items for clinical teams regardless of where and when they work

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	WW (formerly Weight Watchers(r)) offers weight-loss services and products founded on a sci entifically based approach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors Sharp Best Health continued its p artnership with WW to offer employees a subsidized membership rate to any WW program With program availability at work, in the community and online, this partnership has offered S harp team members a variety of healthy eating and physical activity options that can be ta ilored to different lifestyles and schedules At any given time during FY 2019, approximat ely 510 Sharp employees were actively using WW Since the program's inception in 2016, par ticipating employees have lost an estimated 4,800 lbs In addition to providing WW at work , during FY 2019, Sharp Best Health continued to partner with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp emplo yees through the New Weigh program New Weigh is an eight-week weight loss program that em phasizes nutrition education and healthy lifestyle development Program participants creat e a semi-structured food plan and have access to a skilled health coach or RD to ensure co ntinued support and accountability During FY 2019, 147 Sharp employees completed the New Weigh program Nearly 1 in 6 community members face the threat of hunger every day in SDC Each month, the Food Bank distributes food to approximately 350,000 children and families , active-duty military and fixed-income seniors living in poverty For more than a decade, Sharp has used holiday food drives to support the Food Bank's tremendous efforts, and in recent years, Sharp Best Health has transformed these events into superfood drives Throug hout the 2018 holiday season, Sharp team members were encouraged to donate nutritious and sustaining superfoods, helping to ensure the accessibility of healthy food to San Diegans in need Through the six-week holiday superfood drive, locations throughout the Sharp syst em collected more than 3,900 lbs of nutritious food for the Food Bank In addition, Sharp team members donated nearly $3,200 through a Sharp Virtual Food Drive specifically benefi ting the Food Bank Combined, these donations and funds provided nearly 16,000 healthy mea ls for San Diegans in need of assistance with putting food on the table during the holiday s Section 2 Executive Summary Being an exceptional community citizen means being an ambas sador for fellow community members and our environment It's about making a difference in the lives of others and for further generations to come - Alison Fleury, Senior Vice Pres ident of Business Development, Sharp HealthCare This Executive Summary provides an overvie w of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit pr ograms and services provided b

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	y Sharp ın fiscal year (FY) 2019 (October 1, 2018, through September 30, 2019) In additıo n, the summary reports the economıc value of communıty benefit provided by Sharp, accordın g to the framework specifically ıdentifıed ın Senate Bıll 697 (SB 697), for the followıng entıtıes * Sharp Chula Vıstа Medıcal Center * Sharp Coronado Hospıtal and Healthcare Cent er * Sharp Grossmont Hospıtal * Sharp Mary Bırch Hospıtal for Women & Newborns * Sharp Mem orıal Hospıtal * Sharp Mesa Vıstа Hospıtal and Sharp McDonald Center * Sharp Health Plan C ommunıty Benefit Plannıng at Sharp HealthCare Sharp bases ıts communıty benefit plannıng o n ıts trıennıal communıty health needs assessments (CHNA) combıned wıth the expertıse ın p rograms and servıces of each Sharp hospıtal For detaıls on Sharp's CHNA process, please s ee Sectıon 3 Communıty Benefit Plannıng Process Lıstıng of Communıty Needs Addressed ın the Sharp HealthCare Communıty Benefit Plan and Report, FY 2019 The followıng communıty ne eds are addressed by one or more Sharp hospıtals ın thıs Communıty Benefit Report * Acces s to care for ındıvıduals wıthout a medıcal provıder and support for hıgh-rısk, underserve d and underfunded patıents * Educatıon, screenıng and support programs for varıous health needs, such as heart and vascular dısease, stroke, cancer, dıabetes, obesıty, preterm delı very, unıntentıonal ınjurıes, behavıoral health and substance use * Health educatıon, supp ort and screenıng actıvıtıes for senıors * Welfare of senıors and dısabled people * Specıa l support servıces for hospıce patıents and theır loved ones and for the communıty * Suppo rt of communıty nonprofıt health organızatıons * Educatıon and traınıng for communıty heal th care professıonals * Student and ıntern supervısıon and support * Collaboratıon wıth lo cal schools to promote ınterest ın health care careers * Cancer patıent navıgatıon servıce s and partıcıpatıon ın clınıcal trıals * Women's and prenatal/postnatal health servıces, s upport and educatıon * Behavıoral health and substance use educatıon, screenıng and suppor t for the communıty - ıncludıng senıors and transıtıonal age youth Highlıghts of Communıty Benefit Provıded by Sharp ın FY 2019 The followıng are examples of communıty benefit prog rams and servıces provıded by Sharp hospıtals and entıtıes ın FY 2019 * Medıcal Care Serv ıces ıncluded uncompensated care for patıents who are unable to pay for servıces, and the unreımbursed costs of publıc programs such as Medı-Cal, Medıcare, County Medıcal Servıces (CMS), Cıvılıan Health and Medıcal Program of the Unıted States Department of Veterans Aff aırs (CHAMPVA), and TRICARE - the regıonally managed health care program for actıve-duty, Natıonal Guard and Reserve members, retırees, theır loved ones and survıvors, and unreımbu rsed costs of workers' compensatıon programs * Other Benefıts for Vulnerable Populatıons ıncluded van transportatıon for patıents to and from medıcal appoıntments, flu vaccınatıon s, telephone reassurance calls

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	, education, support and other programs for seniors, financial and other support to commun ity clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego F ood Bank and Feeding San Diego, financial and other support to the Sharp Humanitarian Serv ice Program, support services for patients experiencing homelessness and other assistance for vulnerable community members, including participation in 2-1-1 San Diego's Community I nformation Exchange * Other Benefits for the Broader Community included health education and information provided both on-site and in partnership with community-based organization , participation in community health fairs and events addressing the unique needs of the co mmunity as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care caree rs and made its facilities available for use by community groups at no charge Sharp execu tive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a lis ting of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA dev elopment and administration * Health Research, Education and Training Programs included e ducation and training programs for medical, nursing and other health care students and pro fessionals, as well as supervision and support for students and interns Time was also dev oted to generalizable health-related research projects that were made available to the bro ader health care community Economic Value of Community Benefit Provided in FY 2019 (Note 1) In FY 2019, Sharp provided a total of $462,155,993 in community benefit programs and se rvices that were unreimbursed Table 9 displays a summary of unreimbursed costs based on t he categories specifically identified in SB 697 These financial figures represent unreimb ursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Table 9 Sharp HealthCare Total Community Benefit - FY 2019 - Estimated FY 2019 Unreimburs ed Costs by SB 697 Category and by Programs and Services Included in SB 697 Medical Care S ervices Shortfall in Medi-Cal (Note 2) - $114,640,309 Shortfall in Medicare (Note 2) - $2 87,489,453 Shortfall in CMS (Note 2) - $7,847,426 Shortfall in CHAMPVA/TRICARE (Note 2) - $10,680,124 Shortfall in Workers' Compensation - $34,161 Charity Care (Note 3) - $23,858,0 25 Bad Debt (Note 3) - $6,515,480 Other Benefits for Vulnerable Populations (Note 4) Pati ent transportation and other assistance for the vulnerable - $3,430,960 Other Benefits for the Broader Community Health education and information, support groups, health fairs, me eting room space, donations of time to community organizations and cost of fundraising for community events (Note 5) - $1,844,731 Health Research, Education and Training Programs E ducation and training programs for students, interns and health care professionals (Note 5) - $5,815,324 TOTAL - $462,155,993 TABLE NOTES Note 1 - Methodology for calculating shor tfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include paymen ts to third parties related to the specific population Note 2 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to p ay for services at the time the services were rendered Note 3 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to p ay for services at the time the services were rendered Note 4 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being unins ured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Pro gram, or county indigent programs https //oshpd ca gov/ml/v1/resources/document?rs path=/ Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Leg islature-Community-Benefit pdf Note 5 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any o ffsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible fo r providing the program or service In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time peri od of January 1, 2017, through June 30, 2019 This resulted in recognition of supplemental revenues totaling $189 8 million and quality assurance fees and pledges totaling $100 8 m illion in FY 2019 The net FY 2019 impact of the program totaling $89 0 million reduced th e amount of unreimbursed medic

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	al care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2019 unde rstate the true unreimbursed medical care services performed for the past fiscal year Tab le 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2019 Table 10 Sharp HealthCare Unreimbursed Medical Care Ser vices Medi-Cal Hospital Fee Program Impact - FY 2019 Unreimbursed Medical Care Services B efore Provider Fee Medicare & Medicare HMO - $166,539,797 Medicare Capitated - $120,949,6 56 Medi-Cal, Medi-Cal, HMO & CMS - $205,690,156 CHAMPVA & Workers' Comp - $10,714,285 Bad Debt - $6,515,480 Charity Care - $23,858,025 Total - $534,267,399 Provider Fee Medi-Cal, Medi-Cal, HMO & CMS - $(83,202,421) Net Unreimbursed Medical Care Services After Provider Fee Medicare & Medicare HMO - $166,539,797 Medicare Capitated - $120,949,656 Medi-Cal, M edi-Cal, HMO & CMS - $122,487,735 CHAMPVA & Workers' Comp - $10,714,285 Bad Debt - $6,515 ,480 Charity Care - $23,858,025 Total - $451,064,978 Table 11 lists community benefit cost s provided by each Sharp entity Table 11 Total Economic Value of Community Benefit Provi ded By Sharp HealthCare Entities - FY 2019 - Estimated FY 2019 Unreimbursed Costs Sharp Ch ula Vista Medical Center - $91,017,600 Sharp Coronado Hospital and Healthcare Center - $22 ,137,976 Sharp Grossmont Hospital - $146,439,047 Sharp Mary Birch Hospital for Women & New borns - $5,877,166 Sharp Memorial Hospital - $173,689,097 Sharp Mesa Vista Hospital and Sh arp McDonald Center - $22,926,238 Sharp Health Plan - $68,869 TOTAL FOR ALL ENTITIES - $46 2,155,993 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unre imbursed costs of community benefit provided by each Sharp entity in FY 2019, see tables p resented in Sections 4 through 11 Table 12 Detailed Economic Value of SB 697 Categories - FY 2019 Sharp Chula Vista Medical Center Medical Care Services - $88,759,708 Other Bene fits for Vulnerable Populations - $503,023 Other Benefits for the Broader Community - $242 ,611 Health Research, Education and Training Programs - $1,512,258 Total Estimated FY 2019 Unreimbursed Costs - $91,017,600 Sharp Coronado Hospital and Healthcare Center Medical C are Services - $21,305,087 Other Benefits for Vulnerable Populations - $81,575 Other Benef its for the Broader Community - $62,863 Health Research, Education and Training Programs - $688,451 Total Estimated FY 2019 Unreimbursed Costs - $22,137,976 Sharp Grossmont Hospita l Medical Care Services - $143,131,253 Other Benefits for Vulnerable Populations - $1,204 ,662 Other Benefits for the Broader Community - $584,960 Health Research, Education and Tr aining Programs - $1,518,172 Total Estimated FY 2019 Unreimbursed Costs - $146,439,047 Sha rp Mary Birch Hospital for Wom

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	en & Newborns Medical Care Services - $5,382,929 Other Benefits for Vulnerable Population s - $39,444 Other Benefits for the Broader Community - $213,681 Health Research, Education and Training Programs - $241,112 Total Estimated FY 2019 Unreimbursed Costs - $5,877,166 Sharp Memorial Hospital Medical Care Services - $170,309,757 Other Benefits for Vulnerable Populations - $1,119,056 Other Benefits for the Broader Community - $586,135 Health Resea rch, Education and Training Programs - $1,674,149 Total Estimated FY 2019 Unreimbursed Cos ts - $173,689,097 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Service s - $22,176,244 Other Benefits for Vulnerable Populations - $451,050 Other Benefits for th e Broader Community - $119,155 Health Research, Education and Training Programs - $179,789 Total Estimated FY 2019 Unreimbursed Costs - $22,926,238 Sharp Health Plan Medical Care S ervices - $0 Other Benefits for Vulnerable Populations - $32,150 Other Benefits for the Br oader Community - $35,326 Health Research, Education and Training Programs - $1,393 Total Estimated FY 2019 Unreimbursed Costs - $68,869 ALL ENTITIES Medical Care Services - $451,0 64,978 Other Benefits for Vulnerable Populations - $3,430,960 Other Benefits for the Broad er Community - $1,844,731 Health Research, Education and Training Programs - $5,815,324 To tal Estimated FY 2019 Unreimbursed Costs - $462,155,993 Section 3 Community Benefit Planni ng Process One of the more recent ways in which Sharp is assisting the community through i ts community benefit is providing real data about health in the community Community organ izations can use this easily accessed, local data to augment their ability to buttress the ir applications for funding and otherwise help them fulfill their missions Through this t ype of mutual reinforcement, efforts to improve the health of our community multiply expon entially - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process Sharp utiliz es its CHNA findings in combination with the expertise in programs and services of each Sh arp hospital, as well as knowledge of the populations and communities served by those hosp itals, to provide a foundation for community benefit program planning and implementation This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HealthCare 2019 Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego communi ty Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennı al CHNA that identifies and prioritizes health needs for San Diego County (SDC) In additi on, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed h ospitals since 2013 This process gathers both hospital data and the perspectives of commu nity health leaders and residents in order to identify and prioritize health needs for res idents across the county, with a special focus on community members facing inequities Fur ther, the process seeks to highlight community health needs that Sharp hospitals could imp act through programs, services and collaboration For the 2019 CHNA process, Sharp activel y participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The complete HASD&IC 2019 CHNA is available for pu blic viewing and download at https //hasdic org/2019-chna/ The methodology and findings o f the collaborative HASD&IC 2019 CHNA significantly informed the process and findings of S harp's individual hospital CHNAs, thus, both CHNA processes are described throughout this section The HASD&IC 2019 CHNA was implemented and managed by a standing CHNA Committee co mprised of representatives from seven hospitals and health systems * Kaiser Foundation Ho spital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Healt h (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * UC San Diego Health To develop its individual hospital CHNAs, Sharp analyzed its own hospital-specific data an d contracted separately with IPH to conduct community engagement activities expressly for the patients, providers and community members served by Sharp In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2019 CHNA also includes needs identified fo r communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospita ls share a license, and report all utilization and financial data as a single entity to Ca lifornia's Office of Statewide Health Planning and Development (OSHPD) As such, the SMH 2 019 CHNA summarizes the processes and findings for communities served by both hospital ent ities The 2019 CHNAs for each Sharp hospital help inform current and future community ben efit programs, services and partnerships, particularly for community members who face ineq uities This section describes the general methodology employed for Sharp's 2019 CHNAs, in cluding applicable elements of

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	the HASD&IC 2019 CHNA 2019 CHNA Objectives The 2019 CHNA processes (HASD&IC and Sharp) w ere designed to build off the findings from and community feedback on the 2016 CHNA proces ses With thoughtful application of the knowledge and community insights gained from the 2 016 CHNAs, the CHNA Committee developed the following objectives for the 2019 CHNA process es * Identify, understand and prioritize the health-related needs of SDC residents, parti cularly those community members served by Sharp * Provide a deeper understanding of barri ers to health improvement in SDC, as well as inform and guide local hospitals in the devel opment of their programs and strategies that address identified community health needs * Build on and strengthen community partnerships established through the 2016 CHNA processes * Obtain deeper feedback from and about specific populations in San Diego who face inequ ities * Align with national best practices around CHNA development and implementation, in cluding the integration of health conditions with social determinants of health (SDOH) Co mmunity Defined For the purposes of the collaborative HASD&IC 2019 CHNA as well as Sharp's 2019 CHNAs, the study area is the entire County of San Diego More than three million peo ple live in socially and ethnically diverse SDC Information on key demographics, socioeco nomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&IC 2019 CHNA report at https //hasdic org/2019-chna/ Recognizing that h ealth needs differ across the region and that socioeconomic factors impact health outcomes , Sharp's 2019 CHNA process utilized the Dignity Health Community Need Index (CNI) to iden tify communities with the highest level of health disparities and needs The CNI generates a score for every ZIP code based on data about barriers to socioeconomic security The fi ve barriers used to determine CNI scores are 1 Income Barriers 2 Cultural Barriers 3 E ducational Barriers 4 Insurance Barriers 5 Housing Barriers The CNI provides a score for every populated ZIP code in the United States on a scale of 1 0 to 5 0 A score of 1 0 in dicates a ZIP code with the least need, while a score of 5 0 represents a ZIP code with th e most need For a detailed description of the CNI please visit the interactive website at http //cni chw-interactive org/ Methodology Again, the HASD&IC 2019 CHNA process and fi ndings provided the foundation for the Sharp 2019 CHNA process and as such are described a s applicable throughout this report For complete details on the HASD&IC 2019 CHNA process , please visit the HASD&IC website at www hasdic org/2019-chna/ or contact Lindsey Wade at lwade@hasdic org For the HASD&IC 2019 CHNA, quantitative analyses of publicly available data provided an overview of critical health issues across SDC, while qualitative analyses of community feedback provided improved understanding of the experiences and needs of San Diegans The CHNA Committee r

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	In addition, Sharp contracted separately with the IPH at SDSU to conduct multiple communit y engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals This input focused on behaviora l health, cancer, diabetes, maternal and prenatal care, aging concerns (formerly termed se nior health), and the needs of patients and community members facing inequities These add itional efforts included focus groups and key informant interviews involving 50 Sharp prov iders and 14 patients/community members Further, IPH created case studies with the intent of representing a "typical" patient experience within Sharp The case studies focused spe cifically on breast cancer and high-risk pregnancy Lastly, the Sharp 2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Com munity The Sharp Insight Community is a private, online environment for Sharp patients an d their families, community members, Sharp employees and Sharp-affiliated physicians The 2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top healt h and social needs faced by SDC community members, as well as assess their awareness of co mmunity outreach programs offered by Sharp The online survey also gave participants the o pportunity to provide specific suggestions for Sharp to improve community health and well- being A total of 380 community members completed the online survey Prioritization The CH NA Committee collectively reviewed the quantitative and qualitative data and findings Sev eral criteria were applied to the data to determine which health conditions were of the hi ghest priority in SDC These criteria included the severity of the need, the magnitude/sc ale of the need, disparities or inequities, and change over time Those health conditions and SDOH that met the largest number of criteria were then selected as top priority commun ity health needs As the HASD&IC 2019 CHNA process included robust representation from the communities served by Sharp, this prioritization process was replicated for Sharp's 2019 CHNAs Findings In addition, an underlying theme of stigma and the barriers it creates aro se across 2019 CHNA community engagement activities For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts th eir ability to maintain and manage health conditions These same findings were supported t hrough both the quantitative analyses and community engagement activities conducted specif ically as part of Sharp's 2019 CHNA process In addition, Maternal and Prenatal Care, incl uding High-Risk Pregnancy, was also identified as a community health need during Sharp's 2 019 CHNA process Community Assets and Recommendations The 2019 CHNAs identified many comm unity assets in SDC, including social service organizations, government departments and ag encies, hospital and clinic pa

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	phic and health data for communities served by SGH, please refer to the SGH 2019 CHNA at h ttp //www sharp com/about/community/community-health-needs-assessments cfm Table 30 Lead ing Causes of Death in SDC's East Region, 2017 Malignant Neoplasms (Overall Cancer) Numbe r of Deaths - 922 Percent of Total Deaths - 23 7% Diseases of the Heart Number of Deaths - 858 Percent of Total Deaths - 22 1% Cerebrovascular Diseases Number of Deaths - 226 Per cent of Total Deaths - 5 8% Alzheimer's Disease Number of Deaths - 211 Percent of Total De aths - 5 4% Accidents/Unintentional Injuries Number of Deaths - 210 Percent of Total Deat hs - 5 4% Chronic Lower Respiratory Diseases Number of Deaths - 195 Percent of Total Deat hs - 5 0% Diabetes Mellitus Number of Deaths - 158 Percent of Total Deaths - 4 1% Essenti al Hypertension and Hypertensive Renal Disease Number of Deaths - 96 Percent of Total Deat hs - 2 5% Intentional Self-Harm (Suicide) Number of Deaths - 82 Percent of Total Deaths - 2 1% Chronic Liver Disease and Cirrhosis Number of Deaths - 69 Percent of Total Deaths - 1 8% All Other Causes Number of Deaths - 862 Percent of Total Deaths - 22 2% Total Deaths Number of Deaths - 3,889 Percent of Total Deaths - 100 0% Community Benefit Planning Proc ess In addition to the steps outlined in Section 3 Community Benefit Planning Process reg arding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annu al budget for community programs and services based on community needs, previous years' ex perience and current funding levels * Prepares and distributes a monthly report of communi ty activities to its board of directors, describing community benefit programs provided, s uch as education, screenings and flu vaccinations * Prepares and distributes information o n community benefit programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments to discuss, plan and implem ent community activities Priority Community Needs Addressed in Community Benefit Report - SGH 2019 CHNA SGH completed its most recent CHNA in September 2019 SGH's 2019 CHNA was si gnificantly influenced by the collaborative HASD&IC 2019 CHNA process and findings Please refer to Section 3 Community Benefit Planning Process for a detailed description of Shar p's 2019 CHNA process and findings In addition, this year SGH completed its most current implementation strategy - a description of SGH programs designed to address the priority h ealth needs identified in the 2019 CHNA The most recent CHNA and implementation strategy for SGH are available at http //www sharp com/about/community/health-needs-assessments cfm Through the SGH 2019 CHNA, the following priority health needs were identified for the c ommunities served by SGH (listed in alphabetical order) * Access to Health Care * Aging C oncerns * Behavioral Health (i

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	troke was 40 0 per 100,000 population This rate was the second highest among all SDC regi ons and was higher than the HP2020 target of 34 8 deaths per 100,000 * In 2017, there wer e 1,150 hospitalizations due to stroke in SDC's east region The region's age-adjusted rat e of hospitalizations for stroke was 199 0 per 100,000 population - the second highest amo ng all SDC regions * In 2017, there were 448 stroke-related ED visits in SDC's east regio n, a 14 9% increase from 2016 The age-adjusted rate of ED visits was 78 3 per 100,000 pop ulation * According to 2018 CHIS data, an estimated 30 4% of east region adults were obes e, 14 5% were current smokers, 12 1% reported that they were not physically active at all, and 20 0% reported that fresh fruits and vegetables were only sometimes affordable in the ir neighborhood The rates for each of these activities were higher in the east region tha n SDC overall * According to the Centers for Disease Control and Prevention (CDC), more t han 795,000 people in the U S have a stroke each year, and strokes are responsible for ap proximately one out of every 20 deaths (CDC, 2017) * The National Institute of Neurologic al Disorders and Stroke (NINDS) reports that 25% of people who recover from their first st roke will have another stroke within five years (NINDS, 2019) * The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors Behaviors that can mitigate the risk of stroke includ e choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, eng aging in at least 2 5 hours of moderate-intensity aerobic physical activity each week, ref raining from or quitting smoking, and limiting alcohol intake (CDC, 2018) Objective * Pro vide stroke education, support and screening services for the east region of SDC FY 2019 R eport of Activities The Joint Commission and American Heart Association (AHA)/American Str oke Association (ASA) has certified SGH's Stroke Center as a Primary Stroke Center (recert ified in June 2016) The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SGH is a reci pient of the AHA/ASA's Get With The Guidelines(r) (GWTG) - Stroke Gold Plus Quality Achiev ement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll d esignation The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidenc e-based therapies to improve outcomes for stroke patients The AHA/ASA's Target Stroke El ite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasm inogen activator (IV t-PA) administration to eligible patients In FY 2019, the SGH Stroke Center provided stroke education and screenings to more than 750 community members at 11 community events in SDC's east region Education included stroke risk factors, warning sig ns and appropriate interventio

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	one-on-one nutrition assessments, education and follow-up to 350 patients in FY 2019 Thro ughout FY 2019, SGH helped raise community awareness of cancer through television intervie ws on KUSI News as well as through printed articles in El Latino San Diego and The East Co unty Californian Hospital physicians from a variety of specialties, including oncology, d ermatology, hematology and urology, shared cancer information through these outlets Topic s included breast cancer insights and screening, curing small breast cancer tumors without chemotherapy, skin cancer prevention, lung cancer prevention, shedding light on bladder c ancer, and a new breast cancer gene that puts younger women at risk The Cancer Centers of Sharp conduct oncology clinical trials to support the discovery of new and improved treat ments to help individuals overcome cancer and to enhance scientific knowledge for the larg er health and research communities In FY 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials As a result, 111 pa tients were enrolled in cancer research studies In FY 2019, clinical trials focused on mu ltiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian, prostate and spinal cord FY 2020 Plan The David and Do nna Long Cancer Center will do the following * Provide cancer education, resources and br east self-exam demonstrations at community health fairs and events, as well as through soc ial media * Continue to provide a free biweekly breast cancer support group * Provide free community support groups, including an art-themed group as well as groups for men with ca ncer and those with advanced cancer and their caregivers * Provide monthly workshops on ma naging scanxiety, relaxation and chemotherapy brain as well as a multi-session couples com munication workshop for newly diagnosed cancer patients * Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones * C ontinue to provide ongoing personalized education, information, support and guidance to ca ncer patients and their loved ones * Provide education and resources to the community by p atient navigators for brain, breast, colorectal, lung, and head and neck cancers, as well as cancer patients with complex care needs * Connect individuals to community resources to help them manage their illness * In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved on es * Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	4,629 hospitalizations due to maternal complications in SDC's east region in 2017, a 2 7% increase from 2016 The region's age-adjusted rate was 2,125 7 per 100,000 population, hig her than the rate for SDC overall (1,843 0 per 100,000 population) * In 2017, 5,321 live births received early prenatal care in SDC's east region, which translates to 82 4% of all live births in the region This was lower than the percentage of live births receiving ea rly prenatal care in SDC overall (85 6%), and the second lowest among all SDC regions * P roven strategies to increase the use of prenatal care include affordable health coverage, expedited health coverage for pregnant women, insurance coverage that includes health educ ation and risk counseling, outreach and assistance with health coverage enrollment and acc essing affordable prenatal services, use of safety net health providers, culturally and li nguistically appropriate prenatal services, home visits for high-risk pregnant women, coac hing and support from trained and certified doulas and community health workers, group car e approaches to reduce costs and enhance care, and transportation assistance (Children's I nitiative, 2017) * In 2017, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 78 9% (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, San Diego C ounty 2017 Data, 2019) * According to the 2017 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of c hildhood obesity, and reduces lifelong risks for chronic health problems Mothers who brea stfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2017) * According to 2018 CHIS data, 32 8% of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), higher than SDC overall (24 7%) * According to the C DC, being overweight increases the risk of complications during pregnancy, including preec lampsia, gestational diabetes, stillbirth and cesarean delivery (CDC, 2018) * Factors as sociated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance abuse, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2019) * Findings from the California Department of Public Health's (CDPH's) 2018 M aternal and Infant Health Assessment indicated that in 2015, 20 5% of California mothers e xperienced depressive symptoms during pregnancy or postpartum Black and Latina women, wom en with low socioeconomic status, and Medi-Cal insured women are all at higher risk for de pressive symptoms during pregnancy and the postpartum period (CDPH, 2018) * Maternal depr ession is the most common preg

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	nancy complication, occurring more frequently than gestational diabetes and preeclampsia c ombined (California Task Force on Status of Maternal Mental Health Care, 2017) * Accordin g to the National Center on Substance Abuse and Child Welfare, an estimated 15% of infants are affected by prenatal alcohol or illicit drug exposure each year Substance use during pregnancy increases the risk of negative health outcomes, such as stillbirth, miscarriage , LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (S ubstance Abuse and Mental Health Services Administration, 2017) Objectives * Conduct outr each and education activities for women on a variety of health topics, including prenatal care and parenting skills * Demonstrate best practices in breastfeeding and maternity care , and provide education and support to help new mothers meet their personal breastfeeding goals * Collaborate with community organizations to help raise awareness of women's health issues and services, as well as provide critical prenatal services to low-income and unde rserved women in SDC's east region * Participate in professional associations and dissemin ate research related to women's services and prenatal health FY 2019 Report of Activities In FY 2019, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout SDC's east region The SG H Women's Health Center includes the SGH Prenatal Clinic, which provides services and reso urces specifically to SGH's underinsured patients The SGH Prenatal Clinic offers comprehe nsive obstetric services, postpartum assessments, and individualized care plans to determi ne and address patients' strengths, risks, needs and goals Free support groups helped wom en and families adapt to caring for their newborn Offered twice per week, the breastfeedi ng support group provided a comfortable environment to assist mothers experiencing breastf eeding challenges, as well as an opportunity to weigh their babies to assess weight gain a fter feeding Facilitated by RN lactation consultants, the group served nearly 20 attendee s per session in FY 2019, including fathers who were welcome to attend The weekly postpar tum support group, led by social workers, supported nearly 30 mothers per session in FY 20 19 Through the support group, mothers with babies up to 12 months of age who are experien cing symptoms of the "baby blues," depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Sharp HospiceCare's community programs and services feature a special focus on aging conce rns, including provision of * End-of-life and AIM education for community members * Advan ce care planning (ACP) education and outreach for community members, students and health c are professionals * Hospice and palliative care education and training programs for studen ts and health care professionals * Bereavement counseling and support For each priority co mmunity need identified above, subsequent pages include a summary of the rationale and imp ortance of the need, objective(s), FY 2019 Report of Activities conducted in support of th e objective(s) and FY 2020 Plan Identified Community Need End-of-Life and AIM Education for Community Members Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 201 9 CHNA or the most recent SDC community health statistics unless otherwise indicated Rati onale * The HASD&IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp Aging concerns are defi ned as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls and limited mobility * Focus groups conducted as part of the HASD&IC and Sharp 2019 CHNAs identified the followin g health conditions that impact older adults Alzheimer's and Parkinson's diseases, dement ia, arthritis, loss of mobility, opioid abuse, diabetes, heart disease, anxiety, depressio n, lung disease, obesity, and poor oral health * According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked a ging concerns among the top five conditions with the greatest impact on overall community health in SDC * In 2017, the top 10 leading causes of death among adults ages 65 and olde r in SDC were (in rank order) diseases of the heart, cancer, Alzheimer's disease, cerebro vascular diseases, including stroke, chronic lower respiratory diseases, diabetes, acciden ts or unintentional injuries, essential hypertension and hypertensive renal disease, Parki nson's disease and influenza or pneumonia * In 2017, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obs tructive pulmonary disease, nonfatal unintentional injuries (including falls), overall can cer and arthritis * According to the San Diego Hunger Coalition, 1 in 7 San Diegans exper ienced food insecurity in 2017 Half of adults experiencing food insecurity are living wit h a disability (San Diego Hunger Coalition, 2019) * While chronic diseases place signific ant burdens on individuals and health care systems, community-taught self-management of sy mptoms is possible Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Council on Aging, 2018) * According to a 2018 report f rom the California Task Force

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Identified Community Need ACP Education and Outreach to Community Members and Health Care Professionals Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp Aging concerns are defined as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls, limited mobility, isolation an d other challenges * The Sharp 2016 CHNA process identified care at the end of life as a critical issue for the senior population End-of-life conversations with oncology patients were specifically identified as a significant challenge to quality care * According to t he Centers for Disease Control and Prevention (CDC), Americans now experience mortality at a much later age and largely due to chronic disease Planning for end-of-life care increa ses individual autonomy, ensures individuals feel their voices are heard and relieves stre ss for those surrounding elderly individuals In 2017, only 30% of Americans had advance c are plans With the largest generation of Americans now aging, education on end-of-life ca re is a public health issue (CDC, 2017) * A 2017 systematic review published in Health Af fairs found that 36 7% of Americans had completed an advance health care directive (advanc e directive), and 29 3% had living wills Factors contributing to low ACP completion inclu de tedious legal formalities in executing an advance directive, lack of clinician support for advance directives, and the lack of depth and tailoring of documents to fully represen t patients' preferences (Kuldeep et al , 2017) * Research suggests that barriers to engag ing patients in ACP exist at the patient, provider and system levels Barriers identified by physicians included insufficient time, inability to electronically transfer documentat ion across care settings, decreased interaction with patients near the end of life resulti ng from transfer of care, and patients' difficulty understanding limitations and complicat ions of treatment options Other health professionals additionally identified their own la ck of knowledge and difficulty accessing the physician as barriers Themes identified as e nablers of ACP included greater public engagement, clinician attitudes, creating capacity for clinicians, integrating ACP into practice, and system and policy supports (Howard et a l, 2018) * Despite evidence that ACP can improve the quality of the end of life, it is mo st likely to be completed by white, socially integrated, higher income adults compared to other demographic groups Advance directive completion rates are two to three times higher among whites when compared to blacks and Latinos, underscoring a need to expand public aw areness and access to ACP (Ger

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	ontological Society of America, 2017) * While 92% of Americans say it is important to dis cuss their wishes for end-of-life care, only 32% have had this conversation In addition, 95% of Americans say they would be willing to talk about their wishes, and 53% even say th ey would be relieved to discuss it (The Conversation Project National Survey, 2018) * Acc ording to a study published in the Journal of Palliative Medicine, 1 in 8 bereaved family members reported that care in the last month of life was not consistent with the decedent' s wishes Decedents whose care was described as inconsistent with their preferences were m ore likely to have died in a hospital setting, while those who received care consistent wi th their wishes were more likely to have died at home (Khandelwal et al, 2017) * Advance directives should be completed while people are healthy, which gives them time to think ab out the end-of-life care they would choose if they were unable to communicate their own wi shes It also allows time to discuss these wishes with loved ones (NHPCO, 2015) * As the end of life approaches for people with serious, chronic or progressive illnesses, it is im portant for health systems and health care workers to provide support and guidance to pati ents and families on the role of ACP, palliative care and hospice Open communication betw een patient and provider, as well as between the patient and loved ones, can help ensure t hat all parties are aware of the patient's preferences (The Five Trajectories Supporting Patients During Serious Illness, California State University (CSU) Institute for Palliativ e Care, 2018) * According to Health Affairs, creating and utilizing a conversation guide for health care providers and community leaders can raise awareness and educate patients a nd their loved ones about the importance of ACP (Peters, Kim & Udow-Phillips, 2016) * The Aspen Institute Health Strategy Group suggests five changes to improve the quality of end -of-life care build the development and updating of an advance care plan into the fabric of life, redefine Medicare coverage in a way that meets the complex needs of people with s erious illness, develop a set of quality metrics related to end-of-life care that can be u sed for accountability, transparency improvement and payment, increase the number and type s of health professionals who can meet the growing needs of an aging population, and suppo rt model communities that embrace fundamental change in the design and delivery of care fo r people with advanced illness (Improving Care at the End of Life, 2016) Objectives * Pro vide education, engagement and consultation for community members on ACP and POLST * Educa te community health care professionals on ACP and POLST * Empower community members to mak e informed health care decisions FY 2019 Report of Activities Sharp offers a free and conf idential ACP program to support community members as they consider their future health car e options Facilitated by Shar

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	p HospiceCare, the ACP program empowers adults of any age and health status to explore and document their beliefs, values and goals as they relate to health care The program consi sts of three stages Stage one, community engagement, focuses on bringing awareness to hea lthy community members about the importance of ACP This stage includes basic education an d resources, identification of an appropriate health care agent, and completion of an adva nce directive Stage two, disease-specific outreach, focuses on education for community me mbers with a progressive chronic illness, including decline in functional status, co-morbi dities, potential for hospitalization and caregiver issues With a goal of anticipating fu ture needs as health declines, this stage focuses on developing a written plan that identi fies goals of care and involves the health care agent and loved ones The third stage, lat e-life illness outreach, targets those with a disease prognosis of one year or less Under these circumstances, individuals must make specific or urgent decisions, and these decisi ons require conversion to medical orders that will guide the health care provider's action s and remain consistent with goals of care The focus of this stage is to assist the indiv idual or appointed health care agent with navigating complex medical decisions related to immediate life-sustaining or prolonging measures Such measures include completion of the POLST form, a medical order designed for individuals with advanced progressive or terminal illness that identifies the appropriate informed substitute decision maker as well as des cribes preferences for care and treatment when important health care decisions must be mad e Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions The document is publicly available on sharp com in both English and Spanish and uses easy-to-read language to describe what an advance di rective is and how and why to complete one The form allows individuals to put their healt h care wishes into writing and appropriately sign the advance directive With this witness ed signature, the advance directive becomes a legal document that identifies the appropria te informed substitute decision maker and serves as a tool for health care decision-making Additional contact information is provided for community members who are interested in s peaking with a Sharp ACP facilitator

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	Throughout the year, the Sharp ACP team provided more than 140 phone and in-person consult ations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive In FY 2019, the team engaged more than 770 community members in educ ation on ACP, POLST and the EOLOA In honor of National Healthcare Decisions Day (NHDD) - a nationwide initiative celebrated every April to educate adults of all ages about the imp ortance of ACP - Sharp HospiceCare provided presentations to seniors at Fredericka Manor R etirement Community and Country Hills Health Care Center, as well as during Sharp Senior R esource Centers' and Sharp HospiceCare's Health and Wellness in Aging Know Your Options c onferences at the La Mesa Community Center and the Point Loma Community Presbyterian Churc h Education provided throughout the year to seniors and caregivers took place at Silvercr est Senior Residence, Casa de Manana La Jolla retirement community, La Costa Glen retireme nt community, and the San Diego Lesbian, Gay, Bisexual and Transgender (LGBT) Community Ce nter Education for the general community occurred at the Descanso Branch Library, the Liv e and Let Live Alano Club (LGBT sober clubhouse), the North Park Lions Club, Salvation Arm y offices in Downtown San Diego and Escondido, the Sharp Women's Health Conference, and du ring a community presentation at Balboa Park through Sharp's wellness partnership with the City of San Diego Sharp's ACP team reached an additional 65 community members through fr ee, monthly ACP workshops held in collaboration with the David and Donna Long Center for C ancer Treatment at SGH, the Barnhart Cancer Center at SCVMC, and the Laurel Amtower Cancer Institute at SMH During the workshops, individuals impacted by cancer received guidance on identifying their personal health care choices, communicating their wishes to loved one s and developing their advance directive In addition, in August, the ACP team participate d in SCVMC's free Advance Health Care Directive Seminar, which educated approximately 40 c ommunity members about the importance of completing an advance directive and available com munity resources to support the ACP process Sharp HospiceCare provided resources, present ations and trainings on the EOLOA, POLST and ACP to approximately 175 local community heal th professionals throughout the year Audiences included members of the Caregiver Coalitio n, social workers at St Paul's PACE El Cajon, staff at Stanford Court Skilled Nursing & R ehab Center, the County of San Diego Aging and Independence Services (AIS) Long-Term Care Ombudsman Program, and long-term care professionals at the Cultural and Ethical Challenges in Long-Term Care Advance Care Planning seminar In FY 2019, Sharp's ACP team continued t o partner with San Diego Health Connect, County of San Diego AIS, Health Services Advisory Group (HSAG), County of San D

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FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT	go Health Connect POLST e-registry workgroup * San Diego Health Information Association * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Socie ty * San Diego Hunger Coalition * San Diego Imaging - Chula Vista * San Diego Immunization Coalition * San Diego-Imperial County Council of Hospital Volunteers * San Diego-Imperial County Firefighters Advisory Council * San Diego LGBT Pride * San Diego Magazine * San Di ego Mental Health Coalition * San Diego Military Family Collaborative (SDMFC) * San Diego National Association of Hispanic Nurses * San Diego North Chamber of Commerce * San Diego Organization of Healthcare Leaders * San Diego Psychological Association Supervision Commi ttee * San Diego Regional Chamber of Commerce * San Diego Regional Home Care Council * San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego Second Ch ance * San Diego Silvercrest Residence * San Diego Square * San Diego State University * S an Diego Unified School District * San Diego Workforce Partnership (SDWP) * San Ysidro Hea lth * Santee-Lakeside Rotary Club * SAY San Diego * Sepsis Alliance * Serra Mesa Planning Group Board * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego He alth's Joint Venture * Soroptimist International of Coronado * South Bay Community Service s * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Founda tion * Special Olympics * Ssubi is Hope * St Paul's PACE * St Paul's Retirement Home Fou ndation * St Peter's by the Sea Lutheran Church * Statewide Medical Health Exercise Progr am * Suicide Prevention Council Media Subcommittee * Susan G Komen(r) San Diego * Surfrid er Foundation * Survivors of Suicide Loss * The Academy * The Arc of San Diego * The Salva tion Army Ray & Joan Kroc Corps Community Center Advisory Council * Transitional Age Youth Behavioral Health Services Council * Trauma Center Association of America Board of Direct ors * UC San Diego * Union of Pan Asian Communities * University of San Diego * University of Southern California * University of St Augustine for Health Sciences * USS Midway Mus eum * VA San Diego Healthcare System * VA San Diego Mental Health Council * Veterans Home of California - Chula Vista * Veterans Village of San Diego * Vista Hill Foundation * Vist a Hill ParentCare * We Honor Veterans * Westminster Manor * Women, Infants and Children Pr ogram * Wreaths Across America - San Diego * YMCA of San Diego County * YWCA Becky's House (r) * YWCA Board of Directors * YWCA In the Company of Women Event

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Grossmont Hospital Foundation

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GROSSMONT HOSPITAL CORPORATION	P	925,620	ACCRUAL
(2)GROSSMONT HOSPITAL CORPORATION	B	4,499,392	ACCRUAL
(3)GROSSMONT HOSPITAL CORPORATION	C	1,281,775	ACCRUAL
(4)GROSSMONT HOSPITAL CORPORATION	N	70,650	ACCRUAL

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation