

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

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

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

C Name of organization
Grossmont Hospital Corporation

Doing business as
Sharp Grossmont Hospital

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

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

D Employer identification number
33-0449527

E Telephone number
(858) 499-5150

G Gross receipts \$ 818,669,923

F Name and address of principal officer
William S Evans
8695 Spectrum Center Blvd
San Diego, CA 921231489

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.sharp.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1991

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Grossmont Hospital provides inpatient and outpatient medical services to the community

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

| | |
|--|----------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 14 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 10 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 4,136 |
| 6 Total number of volunteers (estimate if necessary) | 631 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 508,995 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | -289,901 |

| | Prior Year | Current Year |
|---|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 17,344,001 | 24,658,520 |
| 9 Program service revenue (Part VIII, line 2g) | 671,380,675 | 742,266,797 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 46,933,130 | 14,279,050 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,310,038 | 2,086,797 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 738,967,844 | 783,291,164 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 375,025 | 592,683 |
| 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) | 344,991,565 | 359,341,398 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,331,068 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 325,590,292 | 383,774,666 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 670,956,882 | 743,708,747 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 68,010,962 | 39,582,417 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|---------------|
| 20 Total assets (Part X, line 16) | 1,007,344,215 | 1,104,594,753 |
| 21 Total liabilities (Part X, line 26) | 173,156,774 | 211,605,707 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 834,187,441 | 892,989,046 |

Part II Signature Block

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

Sign Here

Signature of officer
Date 2019-08-09

Daniel J Kindron CFO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|-------------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00634378 |
| Firm's name ▶ Ernst & Young US LLP | Firm's EIN ▶ 34-6565596 | | Phone no (858) 535-7200 | |
| Firm's address ▶ 4365 Executive Drive Suite 1600 San Diego, CA 921212101 | | | | |

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 \$ 686,588,287 including grants of \$ 592,683) (Revenue \$ 742,266,797)
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 ▶ 686,588,287

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)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | Yes | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | Yes | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | Yes | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | 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 | 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (10), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 1,355,284 | 7,382,534 | 530,831 | |

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 ▶ 878

| | Yes | No |
|--|-------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 5 Yes | |

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 | | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | | | | | |
| | d Related organizations | 1d | 4,021,163 | | | | |
| | e Government grants (contributions) | 1e | 20,552,357 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 85,000 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 10,986,915 | | | | |
| | h Total. Add lines 1a-1f | | | 24,658,520 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a MEDICARE/MEDICAID | 900099 | 397,923,240 | 397,923,240 | | | |
| | b NET PATIENT SERVICES | 900099 | 338,328,296 | 338,328,296 | | | |
| | c MEDICAL OFFICE LEASE | 531120 | 3,447,326 | 3,447,326 | | | |
| | d REFERENCE LAB | 621500 | 508,995 | | 508,995 | | |
| | e CONTRACT PHARMACY | 900099 | 593,052 | 593,052 | | | |
| | f All other program service revenue | | 1,465,888 | 1,465,888 | 0 | 0 | |
| g Total. Add lines 2a-2f | | | 742,266,797 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 10,404,584 | | | 10,404,584 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | 0 | 0 | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | 39,038,832 | 214,393 | | | |
| | | d Net gain or (loss) | 35,322,472 | 56,287 | 3,874,466 | | 3,874,466 |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 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 PARKING | 812930 | 1,411,455 | | | 1,411,455 | | |
| b AUXILIARY | 453220 | 806,496 | | | 806,496 | | |
| c EXTINGUISHMENT OF DEBT | 900099 | -518,132 | | | -518,132 | | |
| d All other revenue | | 386,978 | 0 | 0 | 386,978 | | |
| e Total. Add lines 11a-11d | | | 2,086,797 | | | | |
| 12 Total revenue. See Instructions | | | 783,291,164 | 741,757,802 | 508,995 | 16,365,847 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 592,683 | 592,683 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 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 | 3,003,471 | 1,793,591 | 1,209,880 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 149,124 | 149,124 | | |
| 7 Other salaries and wages | 287,742,017 | 283,776,097 | 3,965,920 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 9,408,441 | 9,241,021 | 167,420 | |
| 9 Other employee benefits | 37,834,874 | 36,803,319 | 1,031,555 | |
| 10 Payroll taxes | 21,203,471 | 20,883,090 | 320,381 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 23,510,439 | 22,035,876 | 1,474,563 | |
| b Legal | 1,255,785 | 36,815 | 1,218,970 | |
| c Accounting | 7,848,296 | | 7,848,296 | |
| d Lobbying | 44,497 | | 44,497 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 325,044 | | 325,044 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 49,998,023 | 48,286,017 | 1,712,006 | 0 |
| 12 Advertising and promotion | 4,504,908 | 51,943 | 4,452,965 | |
| 13 Office expenses | 20,147,168 | 16,603,167 | 3,544,001 | |
| 14 Information technology | 29,136,667 | 28,262,567 | 874,100 | |
| 15 Royalties | | | | |
| 16 Occupancy | 11,162,151 | 8,324,388 | 2,837,763 | |
| 17 Travel | 482,896 | 473,150 | 9,746 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 901,271 | 134,232 | 767,039 | |
| 20 Interest | 3,120,715 | 3,033,652 | 87,063 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 33,272,927 | 27,034,059 | 6,238,868 | |
| 23 Insurance | 2,919,801 | 2,460,665 | 459,136 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 88,969,352 | 88,969,352 | | |
| b MEDI-CAL PROVIDER TAX | 60,236,799 | 60,236,799 | | |
| c SYSTEM ALLOCATION | 33,521,885 | 17,768,954 | 15,752,931 | |
| d REPAIRS AND MAINTENANCE | 8,403,653 | 7,920,379 | 483,274 | |
| e All other expenses | 4,012,389 | 1,717,347 | 963,974 | 1,331,068 |
| 25 Total functional expenses. Add lines 1 through 24e | 743,708,747 | 686,588,287 | 55,789,392 | 1,331,068 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|---------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 34,517,292 | 1 | 58,885,524 |
| | 2 Savings and temporary cash investments | 11,301,361 | 2 | 13,349,570 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 87,348,312 | 4 | 94,959,651 |
| | 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 | 12,662,115 | 8 | 12,109,389 |
| | 9 Prepaid expenses and deferred charges | 14,251,606 | 9 | 20,076,661 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 714,439,442 | | |
| | b Less accumulated depreciation | 288,631,773 | | |
| | 11 Investments—publicly traded securities | 429,661,760 | 11 | 446,779,842 |
| | 12 Investments—other securities See Part IV, line 11 | 1,179,789 | 12 | 1,088,348 |
| | 13 Investments—program-related See Part IV, line 11 | 24,203,648 | 13 | 29,978,862 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 490,464 | 15 | 1,559,237 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,007,344,215 | 16 | 1,104,594,753 | |
| Liabilities | 17 Accounts payable and accrued expenses | 54,006,342 | 17 | 59,598,072 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 13,373,870 | 19 | 49,063,998 |
| | 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 | 15,500,000 | 23 | 15,500,000 |
| | 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 | 90,276,562 | 25 | 87,443,637 |
| | 26 Total liabilities. Add lines 17 through 25 | 173,156,774 | 26 | 211,605,707 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 816,631,667 | 27 | 872,030,923 |
| | 28 Temporarily restricted net assets | 16,437,371 | 28 | 19,838,720 |
| | 29 Permanently restricted net assets | 1,118,403 | 29 | 1,119,403 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 | 834,187,441 | 33 | 892,989,046 |
| | 34 Total liabilities and net assets/fund balances | 1,007,344,215 | 34 | 1,104,594,753 |

Part XI Reconciliation 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 | 783,291,164 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 743,708,747 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 39,582,417 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 834,187,441 |
| 5 | Net unrealized gains (losses) on investments | 5 | 9,499,574 |
| 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 | 9,719,614 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 892,989,046 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Form 990 (2017)

Form 990, Part III, Line 4a:

Grossmont Hospital provides inpatient and outpatient services to the community. Patient days were 134,322 and outpatient visits were 283,090 for the twelve months ended 9/30/18. See Community Benefit Report on Schedule O.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michael W Murphy PRESIDENT & CEO SHC | 40 | X | | X | | | | 0 | 1,970,609 | 112,282 |
| William S Evans CEO GHC | 500 | X | | X | | | | 0 | 814,019 | 20,946 |
| Jerry Fazio CHAIR | 80 | X | | X | | | | 0 | 0 | 0 |
| Randolph Lenac TREASURER | 100 | X | | X | | | | 0 | 0 | 0 |
| Brian Moore MD VICE CHAIR | 40 | X | | X | | | | 1,497 | 0 | 0 |
| Bettie Wells SECRETARY | 20 | X | | X | | | | 0 | 0 | 0 |
| David Grundstrom DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| Tom Cantor DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| Michael Emerson DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| Allan Goetz DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Shakeel Kazi DIRECTOR | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| Diane R Keltner DIRECTOR | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| Ron Oberndorfer DIRECTOR | 1 5 0 | X | | | | | | 0 | 0 | 0 |
| Eric Orr MD DIRECTOR | 2 0 0 | X | | | | | | 30,000 | 0 | 0 |
| K Michael Peddecord DIRECTOR | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| Shirley Murphy DIRECTOR | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| Valerie Shadroff DIRECTOR | 0 5 0 | X | | | | | | 0 | 0 | 0 |
| Staci L Dickerson SVP & CFO SHC | 2 0 58 0 | | | X | | | | 0 | 620,607 | 27,643 |
| Carlisle C Lewis III SVP LEGAL/HR | 5 0 39 0 | | | X | | | | 0 | 942,265 | 59,307 |
| Daniel J Kindron CFO GHC | 35 0 40 0 | | | X | | | | 0 | 240,721 | 10,114 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Anthony Damico COO GHC | 55 0 0 0 | | | | X | | | 0 | 345,876 | 23,047 |
| Louise White VP PATIENT CARE GHC | 40 0 0 0 | | | | X | | | 0 | 303,306 | 27,897 |
| Suzanne Johnson VP HOSPICE | 40 0 0 0 | | | | X | | | 0 | 264,531 | 28,181 |
| Hoangmy Nguyen DIR PHARMACY GHC | 50 0 0 | | | | X | | | 288,741 | 0 | 17,245 |
| Jason Broad VP PERFORMANCE EXCELLENCE | 55 0 0 0 | | | | X | | | 0 | 212,562 | 21,727 |
| Nancy Greengold CMO GHC | 55 0 3 0 | | | | | X | | 0 | 458,967 | 21,717 |
| Glicerio Cid Jr ADVANCED CLINICIAN | 76 0 0 | | | | | X | | 322,759 | 0 | 17,697 |
| Patrick Guo LEAD MED RAD PHYSICIST | 45 0 0 | | | | | X | | 237,050 | 0 | 13,492 |
| Maria McCane CN WEEKEND | 50 0 0 | | | | | X | | 254,832 | 0 | 20,913 |
| Maria Whitney CLINICAL NURSE-BU | 40 0 0 | | | | | X | | 220,405 | 0 | 20,299 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Janet Hanley FORMER KEY EMPLOYEE | 3 0 45 0 | | | | | | X | 0 | 264,293 | 31,722 |
| Ann Pumpian FORMER SVP & CFO SHC | 0 0 0 0 | | | | | | X | 0 | 620,991 | 13,781 |
| Kari Cornicelli FORMER OFFICER | 0 0 60 0 | | | | | | X | 0 | 323,787 | 42,821 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number

33-0449527

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 33-0449527

Name: Grossmont Hospital Corporation

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| | |
|--|--|
| | |
| | |
| | |

Yes **No**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | 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 | | 44,497 |
| j Total Add lines 1c through 1i | | | 44,497 |
| 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 Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA) CHA, HASDIC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes GHC's FY 2018 portion of annual dues calculated to have been used for lobbying was \$44,497 |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | Grossmont Hospital Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA) CHA, HASDIC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes GHC's FY 2018 portion of annual dues calculated to have been used for lobbying was \$44,497 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 68 %
 - b** Permanent endowment ▶ 32 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 581,843 | | 581,843 |
| b Buildings | | 513,186,700 | 200,561,003 | 312,625,697 |
| c Leasehold improvements | | 7,582,828 | 2,834,019 | 4,748,809 |
| d Equipment | | 132,920,638 | 75,212,859 | 57,707,779 |
| e Other | | 60,167,433 | 10,023,892 | 50,143,541 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 425,807,669 |

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

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

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

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

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

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

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| MARK TO MARKET SWAP | |
| LONG TERM PENSION LIABILITY | |
| LONG TERM WORKERS' COMPENSATION LIABILITY | 440,242 |
| OTHER LIABILITIES | |
| INTERCOMPANY PAYABLE | 17,127,638 |
| ALLOCATED TAX EXEMPT BONDS | 65,241,981 |
| CAPITAL LEASES | 3,541,289 |
| PROGRAM RESERVES | 1,092,487 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 87,443,637 |

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 | 769,098,682 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 9,499,574 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 75,219 |
| e | Add lines 2a through 2d | 2e | 9,574,793 |
| 3 | Subtract line 2e from line 1 | 3 | 759,523,889 |
| 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 | 325,044 |
| b | Other (Describe in Part XIII) | 4b | 23,442,231 |
| c | Add lines 4a and 4b | 4c | 23,767,275 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 783,291,164 |

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 | 742,295,349 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 75,219 |
| e | Add lines 2a through 2d | 2e | 75,219 |
| 3 | Subtract line 2e from line 1 | 3 | 742,220,130 |
| 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 | 325,044 |
| b | Other (Describe in Part XIII) | 4b | 1,163,573 |
| c | Add lines 4a and 4b | 4c | 1,488,617 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 743,708,747 |

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 |
|------------------|-------------|
| | |
| | |
| | |
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| | |
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| | |
| | |
| | |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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

| 1 (a) Description of Liability | (b) Book Value |
|---|----------------|
| MARK TO MARKET SWAP | |
| LONG TERM PENSION LIABILITY | |
| LONG TERM WORKERS' COMPENSATION LIABILITY | 440,242 |
| OTHER LIABILITIES | |
| INTERCOMPANY PAYABLE | 17,127,638 |
| ALLOCATED TAX EXEMPT BONDS | 65,241,981 |
| CAPITAL LEASES | 3,541,289 |
| PROGRAM RESERVES | 1,092,487 |

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

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2018 and 2017, no such assets or liabilities were recorded.</p> |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990 | Foundation Donations to Individuals - 75219 |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | Donations of Capital / Donation for Capital Purchased - 22370024 Medical Staff / Auxiliary Revenue - 1072207 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | Foundation Donations to Individuals - 75219 |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | Medical Staff / Auxiliary Expenses - 1163573 |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Grossmont Hospital Corporation

Hospitals

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

Employer identification number
 33-0449527

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|---|---------------|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a Yes | |
| b If "Yes," was it a written policy? | 1b Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | No |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a Yes | |
| b If "Yes," did the organization make it available to the public? | 6b Yes | |

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 8,367,684 | | 8,367,684 | 1 12 % |
| b Medicaid (from Worksheet 3, column a) | | | 278,559,069 | 235,294,837 | 43,264,232 | 5 80 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 1,288,222 | 1,438,673 | 0 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 288,214,975 | 236,733,510 | 51,631,916 | 6 92 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,085,767 | 0 | 1,085,767 | 0 15 % |
| f Health professions education (from Worksheet 5) | | | 1,068,670 | 0 | 1,068,670 | 0 14 % |
| g Subsidized health services (from Worksheet 6) | | | 57,170,795 | 40,827,353 | 16,343,442 | 2 19 % |
| h Research (from Worksheet 7) | | | | | 0 | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 513,681 | | 513,681 | 0 07 % |
| j Total. Other Benefits | 0 | 0 | 59,838,913 | 40,827,353 | 19,011,560 | 2 55 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 348,053,888 | 277,560,863 | 70,643,476 | 9 47 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | 17,455 | | 17,455 | 0 % |
| 2 Economic development | | | | | 0 | 0 % |
| 3 Community support | | | 19,165 | 19,165 | 0 | 0 % |
| 4 Environmental improvements | | | | | 0 | 0 % |
| 5 Leadership development and training for community members | | | | | 0 | 0 % |
| 6 Coalition building | | | | | 0 | 0 % |
| 7 Community health improvement advocacy | | | | | 0 | 0 % |
| 8 Workforce development | | | | | 0 | 0 % |
| 9 Other | | | | | 0 | 0 % |
| 10 Total | 0 | 0 | 36,620 | 19,165 | 17,455 | 0 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

| | | |
|--|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME). | 5 | 134,452,097 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 165,006,316 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -30,554,219 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www sharp com/about/community/health-needs-assessments cfm</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //www sharp com/about/community/health-needs-assessments cfm</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

GROSSMONT HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|---------------|----|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

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

GROSSMONT HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

GROSSMONT HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V **Facility Information** (continued)

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part I, Line 7f PART I, LINE 7 COL F | Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part VI, Line 7 PART VI, LINE 7 | Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefit Report to the California OSHPD The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2018 is available online at https //www sharp com/about/community/community-benefits/benefit-report.cfm |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 3 PART III, LINE 3 | No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 7 PART III, LINE 7 | The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows: Medicare revenue reported on Parts I and III - 175,279,450 Medicare allowable costs reported on Parts I and III - 204,828,150 Shortfall included on Parts I and III - (29,548,700) Actual Medicare revenue received - 175,893,858 Actual Medicare cost - 210,000,153 Actual Medicare shortfall - (34,106,294) Additional Medicare shortfall not on Parts I and III - (4,557,594) |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|------------------|
| Schedule H, Part I, Line 6a Community benefit report prepared by related organization | Sharp HealthCare |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part II Community Building Activities | Grossmont Hospital Corporation at times provides a provision for housing for vulnerable patients upon discharge from the hospital. Grossmont Hospital Corporation incurred expenses for disaster preparedness training and capital expenditures. Grossmont Hospital Corporation incurred expenses for coalition building. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>Bad Debt represents amounts that go unpaid where the patient was determined to have the ability to pay. If an inability to pay is demonstrated, then full or partial Charity is granted and not considered Bad Debt. Bad Debt at Cost should be included as a Community Benefit because, like other shortfall programs, we are required to accept these patients through the Emergency Room or as a referral with "good faith" in collecting. Grossmont Hospital Corporation consolidates into Sharp HealthCare's audited financial statements. The audited financial statements of Sharp HealthCare include a footnote discussing accounts receivable and allowance for doubtful accounts which is included below. * Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Sharp's allowance for doubtful accounts for self-pay patients was 88% of self-pay accounts receivable at September 30, 2018 and 2017. In addition, Sharp's self-pay write-offs increased to \$32,322,000 for fiscal year 2018 from \$27,111,000 for fiscal year 2017. The increase was the result of increased self-pay revenues due to higher self-pay volumes and increased co-pays and deductibles in fiscal year 2018. Sharp has not changed its charity care or uninsured discount policies during fiscal years 2018 or 2017. Sharp does not maintain a material allowance for doubtful accounts from third party payors, nor did it incur significant credit losses from third-party payors. Sharp HealthCare's audited financial statements include a deduction from revenue line on the Combined Statement of Operations titled Provision for Doubtful Accounts. Additionally, the accounts receivable line on the Combined Balance Sheet details the amount of allowance for doubtful accounts that is netted against the receivable balance.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs | Medicare should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Grossmont Hospital Corporation must accept the Medicare established rates whether they cover the cost or not. Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payor to obtain the fully weighted cost by payer. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | Sharp does not initiate collection activities on accounts known to be eligible for Financial Assistance or Charity care. It is also Sharp's policy to recall/cancel accounts assigned to a collection agency if it is determined, at any time, a patient account is eligible for Financial Assistance or Charity care. |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - GROSSMONT HOSPITAL CORPORATION Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| <p>Schedule H, Part VI, Line 2 Needs assessment</p> | <p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) more than 20 years. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. The complete 2016 Community Health Needs Assessment for SGH is available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com. SGH reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, SGH also considered the expertise and mission of its programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region. SGH is committed to the health and well-being of its community, and the findings of SGH's most recent (2016) CHNA help inform the activities and services provided by SCHHC to improve the health of its community members. These programs are detailed in SGH's FY19-FY 22 implementation strategy, which are available online to the community at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm. SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues. Beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. Obesity is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC - including the east region - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH: Women's and prenatal health services and education. Prevention of unintentional injuries. Support during the transition of care process for high-risk, underserved and underfunded patients. Collaboration with local schools to promote interest in health care careers. These programs are detailed further in the SGH section of Sharp HealthCare's FY 2018 Community Benefit Plan and Report, available for public viewing/download at https://www.sharp.com/about/community/community-benefits/benefit-report cfm. In addition, SGH incorporates community priorities and community input into its strategic plan and develops service line-specific goals. Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels. Prepares and distributes information on community benefits programs and services through its foundation and community newsletters. Consults with representatives from a variety of departments, to discuss, plan and implement community activities.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 4 Community information | <p>The community served by Sharp Grossmont Hospital includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. In 2018, there were 85,028 residents ages 65 and older in SDC's east region, representing 16.2 percent of the total regional population. Between 2018 and 2023, it is anticipated that the east region's senior population will grow by 20.41 percent. For SGH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon. In SDC's east region in 2016, 93.5 percent of children ages zero to 17, 81.6 percent of young adults ages 18 to 24, 82.2 percent of adults ages 25 to 44, 88.5 percent of adults ages 45 to 64, and 98.7 percent of seniors ages 65 and older had health insurance. In SDC's east region in 2016, health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65. California Health Interview Survey data also revealed that 15.3 percent of individuals in the east region did not have a usual place to go when sick or in need of health advice. In 2016, 14.3 percent of the east region population reported living below 100 percent of the federal poverty level (FPL). The unemployment rate in SDC's east region was 9.2 percent, which was higher than the rate for SDC overall (7.5 percent). In addition, 7.1 percent of households received Supplemental Security Income (SSI), also higher than SDC overall (5 percent). According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. In 2016, 11 percent of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 21.7 percent of those below 138 percent of the FPL were eligible for such benefits. These rates were higher than SDC overall (7 percent of households participated in SNAP benefits while 21 percent of those below 138 percent of the FPL were eligible).</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>Sharp Grossmont Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices reduce the costs of green practices and facilitate implementation of sustainable initiatives. Through various strategies, in FY 18 SGH recycled 1.6 million pounds of waste, nearly a third of its generated waste. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. For instance, since summer of 2016, SGH and other Sharp hospitals have collaborated with the San Diego Rescue Mission and the San Diego Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger-relief organizations in SDC. In addition, in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program, and has participated in a cooking oil recycling program for years as well. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. In FY 2018, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster. Sharp's emergency preparedness team offered educational courses to first responders and health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp and other SDC hospitals, health clinics and other health care service providers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2018, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses. In recent years, global endemic events potentially impacted public health in the San Diego community. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the delivery of uninterrupted care to the community in the face of public health threats. SGH has also led a number of community volunteer efforts over the years. For the past eight years, the SGH Engineering Department, landscape team and Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the 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 2018, volunteers filled two trucks with donated food and other essential items, including 50 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 250 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>food and other household items Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place - a nonprofit organization that supports women , children and families affected by human immunodeficiency virus or AIDS - to prepare children and teens for academic success Team members from a variety of departments help provide a backpack with school supplies and personal notes wishing the students all the best for the coming school year Each year, the team distributes more than 260 backpacks to youth during a back-to-school party in Balboa Park For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies, and dedicate personal time to making the holidays the best they can be for them Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers During the 2017 holiday season, Santa's Korner served more than 120 individuals from 36 families</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 29 medical centers, six urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2018, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. With 524 licensed beds, Sharp Grossmont Hospital is the largest provider of health care services in San Diego's East County, and operates one of the busiest emergency rooms in San Diego County. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Grossmont Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence.</p> |

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data**Software ID:** 17005876**Software Version:** 2017v2.2**EIN:** 33-0449527**Name:** Grossmont Hospital Corporation**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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

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

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 3E | THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA |

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

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

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

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

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

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

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

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

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

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | <p>Facility , 1 - GROSSMONT HOSPITAL The findings of SGH's 2016 Community Health Needs Assessment (CHNA) further dove into priority health needs impacting the communities served by S GH, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community SGH's 2016 CHNA continued to identify the following health needs for its community * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health Further, in recognition of the significance of various forms of cancer prioritized in the 2013 CHNA process, as well as discussion with SGH team members and the priorities they observe in their patient population, SGH's 2016 CHNA also identified cancer as a priority health need to address in its community SGH reviewed its 2016 CHNA to assist in the design and implementation of programs and services provided at SGH for its community members In identifying these priorities, SGH also considered the expertise and mission of its programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region SGH provides programming and services that address the following identified community health needs cancer, cardiovascular disease, type 2 diabetes, senior health, obesity and behavioral health (clinical services only for the latter - please see details below) SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues However, beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support around the identified health need of behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC The identified health need of obesity is not specifically targeted in education, however is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC - including the region served by SGH - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term</p> |

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

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | <p>support for weight management and fat loss, and personalized weight-loss programs SGH's most recent implementation strategy (FY 2019 - FY 2022), available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm details specific programs that SGH provides to address needs identified in its 2016 CHNA, as well information on identified health needs that SGH lacks resources to comprehensively address. Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH:</p> <ul style="list-style-type: none"> * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers <p>These programs are detailed further in the SGH section of Sharp HealthCare's FY 2018 Community Benefit Plan and Report, available for public viewing/download at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</p> |

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

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

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

Name of the organization

Grossmont Hospital Corporation

Employer identification number

33-0449527

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

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

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

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

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

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

| Return Reference | Explanation |
|--|--|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | The Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission. No monitoring is done after grants are made. |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814 | 94-1498697 | 501 (c) (3) | 410,484 | | | | Medi-Cal Program |
| Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 | 33-0124488 | 501 (c) (3) | 148,000 | 11,863 | FMV | Golf supplies, vehicles | Sponsorship - Continuing Medical Education, Gala, Golf Tournament, Regatta |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Heart Association PO Box 50085 Prescott, AZ 863045085 | 13-5613797 | 501 (c) (3) | 10,000 | | | | Go Red for Women sponsor |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

Part I Questions Regarding Compensation

| | Yes | No |
|---|---------------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 Yes | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | No |
| 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? If "Yes," on line 5a or 5b, describe in Part III | 5b | No |
| 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? If "Yes," on line 6a or 6b, describe in Part III | 6b | No |
| 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 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 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 II | Compensation was paid to Dr. Brian Moore through X-Ray Medical Group by Grossmont Hospital Corporation for past Chief of Staff services. |
| Schedule J, Part II | Compensation was paid to Dr. Eric Orr through Carl Eric Orr MD Inc. by Grossmont Hospital Corporation for chief of staff services. |
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments | Schedule J, Part I, Line 1a Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$350. |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS. |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance. |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Michael W Murphy PRESIDENT & CEO SHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,467,379 | 420,659 | 82,571 | 91,114 | 21,168 | 2,082,891 | 0 |
| 1 William S Evans CEO GHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 680,753 | 112,285 | 20,981 | 0 | 20,946 | 834,965 | 0 |
| 2 Ann Pumpian FORMER SVP & CFO SHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 425,789 | 182,916 | 12,286 | 7,614 | 6,167 | 634,772 | 0 |
| 3 Kari Cornicelli FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 252,213 | 51,004 | 20,570 | 22,881 | 19,940 | 366,608 | 0 |
| 4 Staci L Dickerson SVP & CFO SHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 519,980 | 67,252 | 33,375 | 13,222 | 14,421 | 648,250 | 0 |
| 5 Carlisle C Lewis III SVP LEGAL/HR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 742,218 | 167,169 | 32,878 | 43,302 | 16,005 | 1,001,572 | 0 |
| 6 Daniel J Kindron CFO GHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 205,501 | 24,207 | 11,013 | 8,788 | 1,326 | 250,835 | 0 |
| 7 Janet Hanley FORMER KEY EMPLOYEE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 220,852 | 41,403 | 2,038 | 17,139 | 14,583 | 296,015 | 0 |
| 8 Anthony Damico COO GHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 288,698 | 36,283 | 20,895 | 14,265 | 8,782 | 368,923 | 0 |
| 9 Louise White VP PATIENT CARE GHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 267,581 | 31,868 | 3,857 | 13,167 | 14,730 | 331,203 | 0 |
| 10 Suzanne Johnson VP HOSPICE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 209,703 | 36,036 | 18,792 | 13,658 | 14,523 | 292,712 | 0 |
| 11 Hoangmy Nguyen DIR PHARMACY GHC | (i) | 250,718 | 37,440 | 583 | 8,356 | 8,889 | 305,986 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Jason Broad VP PERFORMANCE EXCELLENCE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 190,546 | 21,422 | 594 | 13,397 | 8,330 | 234,289 | 0 |
| 13 Nancy Greengold CMO GHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 402,497 | 47,500 | 8,970 | 12,550 | 9,167 | 480,684 | 0 |
| 14 Glicerio Cid Jr ADVANCED CLINICIAN | (i) | 317,646 | 0 | 5,113 | 9,734 | 7,963 | 340,456 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Patrick Guo LEAD MED RAD PHYSICIST | (i) | 227,610 | 0 | 9,440 | 12,065 | 1,427 | 250,542 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 Maria McCane CN WEEKEND | (i) | 252,289 | 0 | 2,543 | 12,966 | 7,947 | 275,745 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 Mana Whitney CLINICAL NURSE-BU | (i) | 214,493 | 0 | 5,912 | 12,110 | 8,189 | 240,704 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|------------------------------------|--|---------------------------|--|---|----|
| | | | | Yes | No |
| (1) STEPHEN HANLEY | Stephen Hanley, an employee of GHC, is the son of Janet Hanley, a former key employee of GHC | 62,915 | EMPLOYMENT | | No |
| (2) MARY ANN PEDDECORD | Mary Ann Peddecord is employee of GHC and spouse of K Michael Peddecord, Director | 86,209 | EMPLOYMENT | | No |
| (3) CONTRIBUTOR #3 FROM SCHEDULE B | GHC purchased equipment and service from contributor #3 on Schedule B | 275,000 | Grossmont Hospital Corporation purchased equipment and service agreements from contributor #3 from Schedule B, a substantial contributor of Grossmont Hospital Corporation | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | 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 Explanations of reporting method for number of contributions | Other - Heart & Vascular Number of Contributions Other - Central Power Plant Number of Contributions Other - Co-Gen Number of Contributions Other - Supplies Number of Contributions Other - Equipment Number of Contributions |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Part I, Lines 25-28

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---------------------------------|-------------------------------|--|---|--|
| Other ▶ (Heart & Vascular) | X | 12 | 10,599,843 | Cost |
| Other ▶ (Central Power Plant) | X | 1 | 266,775 | Cost |
| Other ▶ (Co-Gen) | X | 1 | 34,120 | Cost |
| Other ▶ (Supplies) | X | 14 | 1,177 | Cost |
| Other ▶ (Equipment) | X | 1 | 85,000 | Cost |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

Grossmont Hospital Corporation

Employer identification number

33-0449527

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2018 Section 1 An Overview of Sharp HealthCare For more than 60 years, Sharp HealthCare has made a difference in the lives of San Diegans As a not-for-profit organization, Sharp places great value on the health and wellness of our expanding community In everything we do, we are committed to making health care better for those we serve - Michael Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 29 medical centers , six urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2018, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gynecology, gynecologic oncology and</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical 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 mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience For more than 19 years, Sharp has</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a Community Benefit Report | <p>s been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Supported by its extraordinary culture, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none">* The best place to work. Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe."* The best place to practice medicine. Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader.* The best place to receive care. Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient—treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than 60 years. <p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Community Benefit Report | <p>Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> Quality: Demonstrate and improve clinical excellence and exceed customer expectations. Safety: Keep patients, employees and physicians safe and free from harm. Service: Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members. People: Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision. Finance: Achieve financial results to ensure Sharp's ability to deliver on its mission and vision. Growth: Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development. Community: Be an exemplary public citizen by improving the health of our community and environment. <p>Awards: Below please find a selection of recognitions Sharp has received in recent years. In 2013, 2014, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies" by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was ranked No. 45 out of 500 large employers on Forbes' 2017 America's Best Employers list. In 2016, Sharp ranked No. 16 and received the No. 2 spot on the newcomer's list. In 2018, Forbes ranked Sharp No. 25 on its first-ever list of Best Employers for Women and No. 52 on its list of Best Employers for Diversity. Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Healthcare" in 2017 and 2018. The list recognizes hospitals, health systems and/or</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>ganizations committed to fulfilling missions, creating outstanding cultures and offering c ompetitive benefits to their employees From 2013 to 2018, Sharp ranked in the top 10 of t he large employers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's Computerworld survey The list is compile d by evaluating a company's benefits, training, retention, career development, average sal ary increases, employee surveys, workplace morale and more In 2015, 2017 and 2018, Sharp ranked first for "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune R eaders Poll In 2017, SMH was ranked "San Diego's Best Hospital" and, in 2018, Sharp's Wei ght Management Programs ranked first for "Best Weight Loss Clinic/Counseling " Sharp Commu nity Medical Group (SCMG) was ranked "San Diego's Best Medical Group" from 2015 to 2018 S harp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2018 for the second year in a row, as well as first for "Best Audiologist," second for "Best Laser Eye Center" and third for "Best Pharmacy " In 2016 and 2017, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards o f patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top H ospital SGH, SMH and SMBHWN received MAGNET recognition by the American Nurses Credential ing Center (ANCC) The MAGNET Recognition Program is the highest level of honor bestowed b y the ANCC and is recognized nationally as the gold standard in nursing excellence SGH fi rst 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 i ts most recent re-designation in 2018 Sharp was named one of the nation's "Most Wired" he alth care systems from 2012 to 2018 by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient' s perspective SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and w as re-designated in 2017 for the fourth consecutive time Additionally, in 2014, SCHHC ach ieved Planetree Designation with Distinction for its leadership and innovation in patient- centered care SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planet ree Designation with Distinction in 2014 In 2015, SMH was re-designated as a Planetree Pe rson-Centered Hospital SCVMC joined SCHHC and SMH as a Designated Planetree Person-Center ed Hospital in 2014, and was re-designated in 2018 In addition, Planetree awarded SGH the Gold Certification for Excellence in Person-Centered Care in 2018 SCHHC and SCVMC receiv ed Energy Star (ES) designatio</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp was named the 2017 Green Building from the U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that receive ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere SCHHC first earned ES certification in 2007, and SCVMC was first certified in 2009 Both entities were most recently re-certified in 2018 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRRA 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 collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting Sharp was also recognized in 2016, for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team In 2016, Sharp ranked third on San Diego Business Journal's list of Healthiest Companies The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families In 2016, Sharp Best Health received the American Heart Association (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the fourth consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>From 2013 to 2018, the Press Ganey organization recognized multiple Sharp entities with Guardian of Excellence Awards. Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awarded Sharp entities in the employee engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SMH, SMH OPP and 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 (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 Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2013 as well as 2015 through 2017, Press Ganey recognized SMH for patient experience. From 2013 to 2015, Sharp was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized for Physician Engagement. SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4.5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation. SHP has also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2018. The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems measures. Covered California is California's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates. SHP earned a five-star rating - the highest possible - in Covered California's 2018 Coverage Year Quality Ratings in the categories 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 medical groups, independent practice associations, and integrated health care systems across the nation. APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2018. The Women's Choice Award is a symbol of excellence in customer experience awarded by the collective voice of women. In 2018, SGH received the Women's Choice Award as one of America's Best Breast Centers, Best Stroke Centers and Best Hospitals for Heart Care. The Women's Choice Award also recognized SMH and SMBHWN in 2018 among America's Best Hospitals for Bariatric Surgery, Cancer Care, Obstetrics and Patient Experience, as well as among</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>g America's Best Breast and Stroke Centers SCVMC was also recognized as one of America's Best Breast Centers in 2018 In addition, SCHHC has maintained its ranking as one of America's Best 100 Hospitals for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Governments (SANDAG) in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions 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 in 2017 and 2018 For the fourth year in a row, and the fifth time in six years, Sharp won the top spot in the Mega Employer category in SANDAG's 2016 iCommute Rideshare Corporate Challenge The annual monthlong challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk or transit commutes Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Chains in North America Organizations receiving this distinction are recognized for their work in improving operational performance and driving down costs through supply chain automation Patient Access to Care Programs Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and high-risk patients without the ability to pay and insured patients with inadequate coverage Sharp does not refuse any patient requiring emergency medical care Sharp provides services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare - a quick, web-based screening, enrollment and reporting technology designed by a team of health coverage experts to provide community members with health coverage and financial assistance options At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility The results 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 2015 to July 2018, Sharp helped nearly 37,300 self-pay patients through PointCare, while maintaining each patient's dignity throughout the process In 2014, Sharp hospitals implemented 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 fiscal year (FY) 2018, Sharp secured this benefit for more than 5,125 unfunded patients in the ED In support of Covered California's annual open enrollment period, 25 members of Sharp's registration staff have become Certified Application Couns</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>elors in order to better assist both patients and the general community with navigating the Covered California website and plan enrollment. In collaboration with San Diego-based CS Financial Services, Sharp assists patients who struggle to resolve their hospital bills through ClearBalance - a specialized loan program for patients with high medical bills. Through the program, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly installments, and prevent unpaid accounts from going to collections. In FY 2018, nearly 2,700 Sharp patients received assistance through ClearBalance. In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the U.S. Department of Health and Human Services Health Resources and Services Administration. Hospitals participating in the 340B Drug Pricing Program are permitted to purchase outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist with patient access to medications through Sharp's Patient Assistance Program. The Patient Assistance Program at Sharp helps those in need of assistance gain access to free or low-cost medications. Patients are referred for medication assistance through population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as identified through usage reports. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medication. Team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. In FY 2018, the Patient Assistance Program helped uninsured and underinsured patients access prescriptions worth a total of more than \$4 million. Also in FY 2018, Sharp assisted uninsured, underinsured and high-risk individuals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals to help them better understand their health insurance benefits and how to access care during their hospital stay, as well as provided payment options. In FY 2018, the Maximum Out of Pocket Program made a total of more than \$101,000 in adjustments to patient bills. In addition, Public Resource Specialists from Sharp's Patient Financial Services (PFS) team offered support to uninsured and underinsured patients at all Sharp hospitals in need of extra guidance on available funding options. These team members performed field calls (home visits) to patients who required assistance with completing the coverage application process after leaving the hospital.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh - California's Supplemental Nutrition Assistance Program - prior to hospital discharge, which dramatically increased the likelihood that patients will complete CalFresh applications and receive benefits. In February 2017, Sharp's PFS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. Since 2016, more than 600 Sharp patients have been granted CalFresh benefits. In summer 2015, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families with babies in the Neonatal Intensive Care Unit (NICU) at SMBHWN. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their baby both within and outside of the hospital. The program was expanded to SCVMC and SGH in 2017, and since its inception, Public Resource Specialists have assisted more than 260 families through the SSI application process. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients who lack a safe home environment. Patients may receive services such as assistance with transportation and placement, connections to community resources, and financial support for medical equipment and medications. Sharp social workers provide referrals for permanent housing and collaborate with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness. In addition, Sharp provides support to SSI claims by providing medical records as needed. SCHHC, SCVMC, SGH and SMH continued to collaborate with the San Diego Rescue Mission (SDRM) to provide services to chronically homeless patients. Through the partnership, Sharp discharges homeless patients to the SDRM's Recuperative Care Unit (RCU), a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital but require further supervision. Through the RCU, patients receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs. This collaboration between Sharp and SDRM provides a safe discharge plan for homeless individuals who require a stable living environment for their continued recovery. Sharp also continued to collaborate with Father Joe's Villages in support of the County of San Diego Aging and Independence Services' Project SOAR (Senior Options, Advocacy and Referrals). This program provides care management services to frail and disabled adults ages 60 years and older who are at risk for</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>nursing home placement, and do not have access to nor qualify for supportive services through other programs Sharp determines Project SOAR eligibility during its standard eligibility review process for all patients and refers qualified individuals directly to the program Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs In FY 2018, more than 3,700 student interns dedicated over 585,700 hours within the Sharp system Sharp provided education and training for students in a variety of disciplines, including multiple areas of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business, health information management and public health Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC), San Diego, and University of San Diego (USD), and vocational schools such as Concorde Career College</p> <p>Table 1 presents the total number of students and student hours at each Sharp entity in FY 2018</p> <p>Table 1 Sharp HealthCare Internships - FY 2018 Sharp Chula Vista Medical Center Nursing Students - 616 Nursing Group Hours - 56,710 Nursing Precepted Hours - 19,100 Ancillary Students - 128 Ancillary Hours - 41,317 Total Students - 744 Total Hours - 117,127 Sharp Coronado Hospital and Healthcare Center Nursing Students - 256 Nursing Group Hours - 23,243 Nursing Precepted Hours - 4,562 Ancillary Students - 34 Ancillary Hours - 9,754 Total Students - 290 Total Hours - 37,559 Sharp Grossmont Hospital Nursing Students - 580 Nursing Group Hours - 40,503 Nursing Precepted Hours - 15,482 Ancillary Students - 263 Ancillary Hours - 65,377 Total Students - 843 Total Hours - 121,362 Sharp Mary Birch Hospital for Women & Newborns Nursing Students - 172 Nursing Group Hours - 13,108 Nursing Precepted Hours - 4,720 Ancillary Students - 7 Ancillary Hours - 1,716 Total Students - 179 Total Hours - 19,544 Sharp Memorial Hospital Nursing Students - 395 Nursing Group Hours - 25,820 Nursing Precepted Hours - 17,391 Ancillary Students - 275 Ancillary Hours - 72,891 Total Students - 670 Total Hours - 116,102 Sharp Mesa Vista Hospital Nursing Students - 317 Nursing Group Hours - 24,605 Nursing Precepted Hours - 1,766 Ancillary Students - 60 Ancillary Hours - 46,55</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>4 Total Students - 377 Total Hours - 72,925 Sharp HospiceCare Nursing Students - 3 Nursing Group Hours - 0 Nursing Precepted Hours - 285 Ancillary Students - 1 Ancillary Hours - 2 40 Total Students - 4 Total Hours - 525 Sharp HealthCare Nursing Students - 398 Nursing Group Hours - 0 Nursing Precepted Hours - 56,187 Ancillary Students - 237 Ancillary Hours - 44,382 Total Students - 635 Total Hours - 100,569 Total Nursing Students - 2,737 Nursing Group Hours - 183,988 Nursing Precepted Hours - 119,493 Ancillary Students - 1,005 Ancillary Hours - 282,231 Total Students - 3,742 Total Hours - 585,712 In addition, Sharp offers a graduate level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2018, the program supervised six chaplain residents and nine chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. Sharp also provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting With Pride Class, nurses and respiratory care practitioners 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 continued development of more experienced nurse preceptors. In addition, new nurse mentors and mentees attend an orientation program designed to describe their unique roles and promote a successful precepting experience. Health Sciences High and Middle College Health Sciences High and Middle College (HSHMC) - a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District - is a tuition-free, public charter high school that provides students with broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRSMG sites.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotations, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Realities of Nutrition, Intro to Health Professions and Organizations, and Health and Social Injustice, among other courses. In FY 2018, 342 HSHMC students - including 100 Level I students and 242 Level II students - were supervised for more than 61,500 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology, occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, respiratory care, cardiovascular care, spiritual care, wound care, long-term care, endoscopy, engineering, nutrition, infection control, pulmonary services, maternal infant services, NICU, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2018, the HSHMC program graduated 151 students in its eighth full class. Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the outcomes of students and graduates, to promote long-term sustainability. Sixty-seven percent of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than the average for both SDC and California. Despite these challenges, HSHMC maintains a 95 percent attendance rate and excels in preparing students for high school graduation, college entrance and a future career. In 2018, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 83 percent of students said they wanted to pursue a career in health care. In addition, HSHMC has a 98.7 percent graduation rate, which is higher than the state of California's average of 82.7 percent. HSHMC has received numerous awards for its innovation, vision and impact. In 2017, HSHMC received the Schools of Opportunity Gold Recognition - the highest level that can be awarded - by Schools of Opportunity, a pro</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ject of the National Education Policy Center at the University of Colorado Boulder. This project recognizes public high schools around the nation that engage in research-based practices focused on closing opportunity gaps for student learning. Previously, HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. HSHMC was also recognized as a U.S. News & World Report Best High Schools bronze award winner in 2014, 2016 and 2017. In addition, the California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. Further, HSHMC was recognized with a 2015 Model Professional Learning Community at Work Award by Solution Tree for its sustained success in raising student achievement. In addition, HSHMC was a 2014 National School Safety Advocacy Council award winner. Sharp HealthCare is honored to have partnered with HSHMC for more than a decade, and looks forward to continuing this partnership, supporting HSHMC students and providing them with opportunities to flourish in health care. Lectures and Continuing Education Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2018, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included the use of health information technology in areas such as psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws, diabetes, careers in dietetics, spiritual care in the health care setting, end-of-life care (including advance care planning), Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care, injury prevention (including spinal cord injury (SCI)), traumatic brain injury and disability awareness, psychological adjustment to SCI, and various health administration topics. Lectures were delivered to students from a variety of graduate and undergraduate programs at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), CSUSM and the University of St. Augustine for Health Sciences. Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2018, Sharp's CME Department invested more than 1,200 hours in live</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>and online CME activities for San Diego health care providers. This included conferences on innovations in advanced heart care, oncology, diabetes, goals of care conversations, urgent care and patient safety as well as presentations on HROs, food insecurity, physician leadership, dermatology, sepsis, infection prevention and opioid usage. New in FY 2018, Sharp's CME Department collaborated with Sharp's Community Benefit team to conduct a systemwide educational campaign focused on the impact of food insecurity on health. The initiative also engaged Sharp physicians, pharmacists and employees to assess patients for food insecurity and refer them to community resources. Through this collaboration, seven CME lectures and two exhibits reached over 400 physicians and providers and led to countless additional non-CME educational meetings, strategy meetings and conversations regarding the implementation of food insecurity screening and referral processes for Sharp patients. In addition, the initiative provided education to health care students and professionals in the community. Results from post-evaluation surveys collected from these CME-accredited events showed markedly improved confidence and increased the likelihood that providers would engage with patients around food insecurity. Participants also stated an intent to change their professional behavior around recognizing and referring food insecure patients. Additionally, a longitudinal survey of providers who participated in a CME activity showed that 60 percent were interested in learning more about food insecurity and, since the education, 56 percent have followed through to employ food insecurity screening questions for their patients. Providers using food insecurity screening questions are most likely to refer to case management (43 percent) or directly to food resources in the community such as 2-1-1 San Diego, the San Diego Food Bank (Food Bank) or Feeding San Diego (FSD) (33 percent). Further, 38 percent of survey respondents believed this education has positively impacted their patients. Inspired by the CME/Community Benefit initiative, two Sharp medical groups, SCMG and SRSMG, have embarked on a group-wide approach to address food insecurity. SCMG integrated the two validated food insecurity screening questions as part of their electronic health record, and is currently exploring community partnerships to help patients address food insecurity and other social determinants of health (SDOH). In March 2018, SRSMG implemented a text push notification, including validated food insecurity screening questions, and provided case management and community resources to patients identified as food insecure. The CME/Community Benefit food insecurity initiative has both helped change how Sharp cares for its community, as well as delivered positive patient outcomes. Research Sharp Center for Research</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Innovation is critical to the future of health care. The Sharp Center for Research supports innovation through its commitment to protecting research participants and promoting high quality research initiatives that provide valuable knowledge to the San Diego health care community and positively impact patients and community members. The Sharp Center for Research includes the Human Research Protection Program (HRPP), which includes the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Protection Program and Institutional Review Board. The Sharp Center for Research is accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP). This accreditation acts as a public affirmation of the HRPP's commitment to following rigorous standards for ethics, quality and protection for human research. To date, Sharp is the only health system in SDC to receive accreditation from the AAHRPP. The Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp and includes three components: the Sharp organization, the researchers and the IRB. As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct. In FY 2018, a dedicated IRB committee of 18 - including physicians, nurses, pharmacists and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted 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 treatments. At any given time, Sharp participates in approximately 250 clinical trials covering many therapeutic areas, including behavioral health, emergency care, infectious disease, neonatal, heart and vascular, kidney, liver, neurology, orthopedics 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 San Diego health and research communities regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego. The FY 2018 quarterly meetings included the following presentations: Research Community Outreach, Completing Subject Enrollment Logs and Attestation Reports, Reporting Deviations in Research Protocol, Clinical Trials Coverage Analysis, Comp</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>liance and Education Requirements, Creating Research Study Budgets, Who is a Sub-Investigator, and Utilizing IRB Software Education was also provided on the Stark Law, Medicare Secondary Payer Rule, Common Rule, and AAHRPP guidelines for reaccreditation 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 delivery across SDC The ORI collaborates with Sharp team members to aid in the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health This networking has resulted in collaborative research partnerships with investigators at SDSU and National University In FY 2018, the ORI presented research studies to community health and research professionals This included a study titled Routine Cardiac Implantable Device Interrogation at the Point of Care Implications for Stroke Prevention and Management, delivered at the AHA Scientific Sessions in Anaheim, as well as a study titled Can Behavioral Health Data Improve Risk Prediction for Conditions Subject to Penalties Under the Hospital Readmissions Reduction Program?, provided at the American Psychiatric Association Annual Meeting in New York City Since September 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program - a pilot initiative that integrates psychological services for patients of SMH's Heart Transplant and Mechanical Circulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment The program provides opportunities for ongoing outcomes research, including the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients These research opportunities are extended to advanced graduate students in clinical psychology through yearlong practicum training experiences In FY 2018, this innovative program fostered the design and implementation of three ongoing heart failure studies Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice The EBPI is</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Rady Children's Hospital - San Diego, UC San Diego Health, U.S. Department of Veterans Affairs San Diego Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors provide facilitation and support to fellows as they navigate the hospital system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with other key hospital leadership personnel. In FY 2018, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results. Twenty-seven project teams, comprised of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including bladder management in laboring patients, patient handover between caregivers, exclusive breastfeeding, healing touch in the NICU relaxation room for caregivers, prevention of pressure injuries, skin-to-skin care in the NICU, reduction of post-operative delirium, and decrease in discharge time.</p> <p>Volunteer Service Sharp Lends a Hand. In FY 2018, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>SLAH selected 23 volunteer projects for FY 2018: Food Bank, FSD, Mama's Kitchen, San Diego Wreaths Across America, USS Midway Foreign Object Damage (FOD) Walk-down, American Diabetes Association (ADA) Tour de Cure, Promises2Kids, Partnerships with Industry, Ssubi is Hop e Greening for Good Project, Special Olympics Regional Fall Games, Bowling Tournament and Annual Spring Games, Habitat for Humanity ReStore, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, I Love a Clean San Diego's Beautify Chula Vista Day, Cree k to Bay Cleanup, Clean Cities Initiative Cleanup and Coastal Cleanup Day, the San Diego R iver Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration, and River Kids Discovery Days - a joint effort between I Love a Clea n San Diego and the San Diego River Park Foundation. More than 3,000 Sharp employees, fami ly members and friends volunteered over 6,700 hours in support of these projects. The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about h unger-related issues. Each month, the Food Bank serves 370,000 San Diegans. Backpacks fill ed with a weekend's supply of food are provided to chronically hungry elementary school ch ildren throughout SDC, while Food Bank distribution sites provide boxes of groceries and s table food items to low-income seniors. The Food Bank distributed a total of 28 million po unds of food - the equivalent of 23.3 million meals - during its most recent FY. Over 120 SLAH volunteers gathered at the Food Bank warehouse to help inspect, clean, sort and packa ge donated food as well as assist with assembling boxes and cleaning the facility at more than 15 events between December 2017 and September 2018. FSD, part of the Feeding America network, provides food and resources to a network of neighborhood partners in SDC serving healthy food to more than 63,000 local children, families and seniors every week. FSD reli es on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. Ninety SLA H volunteers helped sort food, prepare bags for distribution, and clean produce for FSD at more than 10 events during FY 2018. Established in 1990, Mama's Kitchen is a community-dr iven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay hea lthy, preserve their dignity, and keep their families together by providing free culturall y appropriate home-delivered meals, pantry services and nutrition education. In December and February, 25 SLAH volunteers helped Mama's Kitchen serve meals to the community by prep aring and packaging snack and vegetable items for delivery. In December 2017, SLAH partici pated in Wreaths Across Americ</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>a, a national event dedicated to honoring veterans, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families. At three local cemeteries - Fort Rosecrans National Cemetery, Miramar National Cemetery and Greenwood Memorial Park - 205 SLAH volunteers 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 sailors who served on board between 1943 and 1992. To help keep the deck of the Midway museum clean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircraft carriers that helps prevent debris from damaging aircraft engines. At four events in March, July, August and September, 55 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris. SLAH volunteers participated in the ADA Tour de Cure 2018 to support the one million (or one in three) San Diegoans with diabetes or prediabetes and raise critical funds for the ADA's diabetes research, education and advocacy. In April, approximately 20 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid. Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In December, five SLAH volunteers supported the organization's annual Holiday Gift Drive by assisting with inventory, as well as sorting and preparing gifts for distribution to foster youth. Partnerships with Industry (PWI) is a San Diego-based nonprofit that brings together employers and persons with a wide range of developmental, intellectual and other disabilities. The organization works with more than 230 local businesses to provide the highest quality employment opportunities as well as job training and support to those it serves, enabling its clients to find meaningful and lasting employment and move toward maximum independence. In January, four SLAH volunteers worked side-by-side with PWI's clients to assist with product assembly in their Work and Training Center. 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 that have little or no medical resources. In addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills. At six events in November and January, 35 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment. The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In Octo</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ber 2017, 18 SLAH volunteers supported the program's Regional Fall Games at the Rancho Bernardo Recreation Center. Volunteers offered encouragement to participants by serving as "high-fivers" and assisted with the awards ceremony. Also in October, 17 SLAH volunteers assisted by scorekeeping, announcing awards and placing medals on the athletes at the Special Olympics 2017 Regional Bowling Tournament held at Parkway Bowl in El Cajon. In May, five SLAH volunteers supported the 2018 Annual Spring Games at Carlsbad High School. Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes 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 centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat for Humanity homes throughout SDC. On five days in November, February, April, August and September, 40 volunteers organized donated items and took inventory of stock for the Kearny Mesa 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-based social services to veterans without a permanent residence. Over 10 days in May, June and July, approximately 90 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, approximately 30 clinical volunteers - including Sharp-affiliated physicians and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services. More than 700 veterans were served through the 2018 Stand Down for Homeless Veterans events. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers. In September, 80 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In October 2017, 10 SLAH volunteers joined I Love a Clean San Diego and the City of Chula Vista for the 15th annual Beautify Chula Vista Day. Volunteers met at Rice Canyon in Discovery Park and assisted with watering and care of recent plantings, litter removal and additional projects to make the canyon shine. SLAH also partnered with I Love a Clean San Diego for the 16th annual Creek to Bay Cleanup in April, in celebration of Earth Day. Approximately 20 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In August, seven volunteers participated in I Love a Clean San Diego's Clean Cities Initiative Cleanup by sweeping streets along sidewalks in an Imperial Beach neighborhood. In September, 12 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Marina View Park, Mission Trails Regional Park, Mission Bay, Lake Miramar, Cardiff Seaside Beach, Coronado City Beach and Scripps Pier in La Jolla. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 30 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in October, November, June and August, as well as at the San Diego River Garden in Mission Valley in December, July and September. Activities included trail maintenance, watering, pruning and other light gardening projects. In May, eight SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration event in Ocean Beach. The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and 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 fourth annual River Kids Discovery Days. Five SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources. In addition to these projects, Sharp expanded the SLAH program to include the coordination and promotion of a year-round blood donation effort to provide needed blood to local organizations serving the community. In FY 2018, Sharp committed to collecting at least 1,000 units of blood from Sharp employees, family and friends. Throughout the year, Sharp hosted 42 blood drives at 11 locations systemwide to benefit the San Diego Blood Bank. In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations. Through these efforts, SLAH helped Sharp co.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Collect 1,288 units of blood, surpassing its goal by nearly 300 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 2018, the program funded nearly 50 employees on humanitarian trips to Mexico, Fiji, the Philippines, Tanzania, Kenya and other locations throughout the world Poured Out is a nonprofit organization that connects people and resources to those in need following a natural disaster through its U S Disaster Response team World Hope International works with vulnerable and exploited communities to alleviate poverty, suffering, and injustice In October, two Sharp team members joined these organizations to help respond to more than 100 people devastated by Hurricane Harvey in Port Arthur, Texas Working as quickly as possible, the team helped restore damaged homes by mucking out wreckage, knocking down mold-damaged drywall, tearing out countertops, scraping tile and flooring, cleaning up debris, disposing of garbage, repairing roofs and distributing basic goods Mercy Outreach Surgical Team is a San Diego Rotary program that works with local Mexican Rotary clubs to bring opportunities for a normal life to impoverished children and adults in Mexico through the gift of plastic, general and ophthalmologic surgery For one week in October, a Sharp employee was among 50 Mercy Outreach Surgical Team volunteers - including physicians, nurses, technicians, a pharmacist and numerous others - who provided 350 free surgeries to patients, including but not limited to the correction of cleft lips and palates, scars and burns, strabismus (crossed eyes), hernias, and the removal of extra toes or fingers Since 1934, Liga International - The Flying Doctors of Mexico has provided free health care and education to the people of the Mexican state of Sinaloa In November and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, sedating, operating, and medical service recovery in the areas of surgery, dentistry, ophthalmology, pediatrics and more for approximately 35 patient surgeries InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, nurses, pediatricians, psychosocial workers and other volunteers who devote their time and expertise to offer reconstructive surgery to underprivileged children in Mexico In February, May and October, a Sharp team member joined the InterFACE team in Mexico where they provided 144 surgical procedures, including cleft lip and palate repair, burn reconstruction, and correction of the hand, ear, and other congenital or acquired deformities Since 2009, Experience Camps has provided one-week camps for youth throughout the U S who have experienced the death of a parent, sibling or primary caregiver The program helps build confidence, encourages</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2018, a Sharp team member served Experience Camps as a nurse along with other nurses, volunteers and licensed social workers. The team worked to inspire hope, and provide support and mentorship to youth in order to strengthen their resiliency. The Jacinto-Gaudiosa Alegado Foundation, Inc (Alegado Foundation) is a San Diego-based medical mission organization determined to help children, the sick and the aged through the provision of medical services, as well as donations of medical supplies, children's books, toys and sports equipment. In April, two Sharp team members joined the Alegado Foundation on a medical mission to the remote area of Sapa-Sapa in Tawi-Tawi, Philippines. Over a couple of days and alongside sixteen local agencies, including Philippine military personnel, the team provided 715 medical consultations, 209 dental treatments, 14 cataract surgeries, 75 Operation Tuli (circumcision) procedures, 518 ophthalmology and eye consultations, several cleft lip surgeries, and medications to those in need at no cost. The team also provided games, music, dancing, activities, school bags, sandals and food for the school children. For 10 days in May and June, a Sharp employee traveled to Fiji through MED 4 OUR WORLD, an organization committed to leaving a lasting impact on the communities it serves through health care, renovation and education. The 2018 MED 4 OUR WORLD team consisted of 17 volunteers, including a trauma surgeon, an anesthesiologist, Fijian anesthesiology residents, obstetrician-gynecologists (OB-GYN), a Fijian OB-GYN attending physician, medical students, registered nurses, and other health professionals. Together, the team evaluated over 100 patients and provided more than 30 procedures, including surgery for cervical, uterine and bladder cancer as well as hysterectomies and other gynecological procedures. In addition, the team assisted with the resuscitation and stabilization of premature twins post-delivery.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Our One Community/Olмотi Clinic is a nonprofit organization dedicated to providing comprehensive medical care and education to the indigenous Maasai community located in a remote region of northern Tanzania. For three weeks in June, two Sharp team members and a physician treated approximately 300 men, women and children for infected bug bites, broken bones, fire-related falls, and other injuries or illnesses. The team also supported teachers at the organization's primary school, which serves 240 Maasai tribal children. In addition, Sharp and Ssubi is Hope donated more than \$150,000 worth of equipment and supplies to support the work of the Olмотi Clinic. For three weeks in July and August, a Sharp team member helped lead a team of six PLNU students on a mission trip to Azores, Portugal, with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world. The team provided numerous services to the Azorean community, including renovating a local church's thrift store that provides free clothing and supplies to those in need, assisting at health fairs, performing blood pressure checks, answering health-related questions, and referring individuals to local health clinics. Living Room Ministries International is a nonprofit organization dedicated to offering hope and help to rural villages in Kenya through physical, psychological and spiritual care. The organization provides hospice and community-based palliative care services to people with terminal illness, supports families with dying loved ones, and cares for those who lack love and support at the end of life. In September, a Sharp physical therapist traveled with Living Room Ministries International to provide patient care, physical therapy services, staff training and student supervision to approximately 100 Kenyans. Community Walks Heart disease is the leading cause of death in the U.S. Sharp proudly supports the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In FY 2018, more than 120 teams from entities across the Sharp system raised funds for the walk through activities such as auctions, prize drawings and a karaoke competition. In September, nearly 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park. For the past 22 years, Sharp has maintained its position as the No. 1 team in San Diego. In 2018, Sharp was the No. 3 team in the AHA Western States Affiliate, raising more than \$200,000. To date, Sharp's fundraising efforts have raised more than \$3 million in support of the San Diego Heart & Stroke Walk. Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals of all ages and</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>skill levels to assist with a wide variety of programs, events and initiatives across the Sharp system. This includes devoting time and compassion to patients within Sharp's hospitals, assisting with community events for the general public, and support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation. On average, more than 1,700 individuals actively volunteered at Sharp each month in FY 2018. This included more than 1,800 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp's foundations. Throughout the year, volunteers contributed more than 253,700 hours of service to Sharp and its initiatives. 5 More than 16,500 of these hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. Table 2: Sharp HealthCare Volunteers and Volunteer Hours - FY 2018</p> <table border="1"> <tr> <td>Sharp Chula Vista Medical Center</td> <td>Average Active Volunteers per Month - 357</td> <td>Total Volunteer Hours - 49,840</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>Average Active Volunteers per Month - 65</td> <td>Total Volunteer Hours - 10,263</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>Average Active Volunteers per Month - 631</td> <td>Total Volunteer Hours - 100,173</td> </tr> <tr> <td>Sharp HospiceCare</td> <td>Average Active Volunteers per Month - 70</td> <td>Total Volunteer Hours - 9,477</td> </tr> <tr> <td>Sharp Metropolitan Medical Campus</td> <td>Average Active Volunteers per Month - 573</td> <td>Total Volunteer Hours - 79,307</td> </tr> <tr> <td>TOTAL</td> <td>Average Active Volunteers per Month - 1,696</td> <td>Total Volunteer Hours - 249,060</td> </tr> </table> <p>Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. The 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 escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2018, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 80 junior volunteers who provided mo</p> | Sharp Chula Vista Medical Center | Average Active Volunteers per Month - 357 | Total Volunteer Hours - 49,840 | Sharp Coronado Hospital and Healthcare Center | Average Active Volunteers per Month - 65 | Total Volunteer Hours - 10,263 | Sharp Grossmont Hospital | Average Active Volunteers per Month - 631 | Total Volunteer Hours - 100,173 | Sharp HospiceCare | Average Active Volunteers per Month - 70 | Total Volunteer Hours - 9,477 | Sharp Metropolitan Medical Campus | Average Active Volunteers per Month - 573 | Total Volunteer Hours - 79,307 | TOTAL | Average Active Volunteers per Month - 1,696 | Total Volunteer Hours - 249,060 |
| Sharp Chula Vista Medical Center | Average Active Volunteers per Month - 357 | Total Volunteer Hours - 49,840 | | | | | | | | | | | | | | | | | |
| Sharp Coronado Hospital and Healthcare Center | Average Active Volunteers per Month - 65 | Total Volunteer Hours - 10,263 | | | | | | | | | | | | | | | | | |
| Sharp Grossmont Hospital | Average Active Volunteers per Month - 631 | Total Volunteer Hours - 100,173 | | | | | | | | | | | | | | | | | |
| Sharp HospiceCare | Average Active Volunteers per Month - 70 | Total Volunteer Hours - 9,477 | | | | | | | | | | | | | | | | | |
| Sharp Metropolitan Medical Campus | Average Active Volunteers per Month - 573 | Total Volunteer Hours - 79,307 | | | | | | | | | | | | | | | | | |
| TOTAL | Average Active Volunteers per Month - 1,696 | Total Volunteer Hours - 249,060 | | | | | | | | | | | | | | | | | |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>re than 5,500 hours of service at SMH and SMBHWN, 152 junior volunteers who dedicated more than 16,550 hours of service at SCVMC, and 297 junior volunteers who contributed more than 32,780 hours of service at SGH. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2018, more than 130 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 Sharp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. Lastly, SGH both sponsored and moderated a presentation on volunteer compliance, human resources and legal issues to more than 70 attendees - including volunteer program managers and leaders, community partners and hospital inter-professional peers - at CHA's California Hospital Volunteer Leadership Conference in February. Held at the Hyatt Regency in Newport Beach, the conference theme was Our Connections, Our Impact, Our Stories, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, SDOH, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations. The following section describes the achievements of various Sharp volunteer programs in FY 2018.</p> <p>Sharp HospiceCare Volunteer Programs Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers contribute to Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and assistance with community outreach.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp HospiceCare trained approximately 50 new volunteers in FY 2018. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, five teenagers participated in Sharp HospiceCare's Teen Volunteer program. Through this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, nine premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers in private homes. In September, Sharp Hospice shared information with 20 premedical students at SDSU regarding its volunteer opportunities to enhance the educational experience and ensure ongoing support for hospice patients and their loved ones. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2018. In FY 2018, Sharp HospiceCare trained six volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage. Volunteers also support Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients. The program also honors veteran patients through special pinning ceremonies during which volunteers present them with a WHV pin and a certificate of appreciation for their service. In FY 2018, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare v</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>eteran patients as well as pinned nearly 80 veteran community members during community eve nts Sharp HospiceCare continued to offer the Memory Bear program to support community mem bers who have lost a loved one Volunteers created teddy bears out of the garments of thos e who have passed on, which served as special keepsakes and permanent reminders of the gri eving individual's loved one In FY 2018, volunteers dedicated approximately 3,400 hours t o sewing more than 850 bears for over 240 families Sharp HospiceCare recognizes the valua ble impact that volunteers have on the experience of its patients, family and caregivers In light of this recognition, Sharp HospiceCare offered a monthly continuing education sup port group to enhance volunteers' skills In addition, Sharp HospiceCare honored its volun teers during National Volunteer Week in April and National Hospice and Palliative Care Mon th in November Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Progra ms Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-s elected and trained to serve and comfort patients without family or friends present during their hospital stay Activities may include reading, writing letters, taking walks, playi ng games, or simply comforting patients through conversation In addition, CCP volunteers help keep patients safe by notifying medical staff when needs arise - a task that is usual ly performed by a family member or friend but often overlooked for patients who lack a com panion In FY 2018, 14 CCP volunteers devoted nearly 430 hours to approximately 440 patien t visits The Cushman Wellness Center Community Health Library and SMH Volunteer Departmen t continued to offer the Health Information Ambassador program in FY 2018 Serving SMH, th e SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings t he library's services directly to patients and family members and empowers them to become involved in their own health care Through the program, hospital volunteers receive specia lized training to become Health Information Ambassadors, who offer to bring patients and f amily members additional resources on their diagnosis during their hospital stay Informat ion requests are brought to the consumer health librarian who then prints consumer-oriente d information from high-quality websites, and returns the information back to the patients and families through the Health Information Ambassadors Patients and family members are also given access to an online database of reliable health information as well as the oppo rtunity to keep in touch with the library to ensure they continue to receive quality healt h information at home Throughout the year, the Health Information Ambassadors visited mor e than 2,300 patient rooms and filled over 580 information requests In response to the va st number of Americans demonstrating basic or below health literacy, in FY 2018 the consum er health librarian created a</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>pamphlet titled Health Literacy 101 to support 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 patients better understand 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 as well as 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 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 the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, adolescents and adults receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia or depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2018 Arts for Healing facilitated the donation of more than 350 handcrafted blankets and quilts for patients receiving end-of-life care at SMH and patients of the Sharp Senior Health Center Downtown. Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness activities in October and June, two Sharp blood drives, and Sharp's annual Disaster Preparedness Expo.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Arts for Healing celebrated its 10th anniversary in FY 2018. Throughout the year, more than 50 volunteers and four staff members facilitated art and music activities for approximately 35,000 patients, guests and staff. Since its inception, more than 140,000 patients and their families have benefited from the time and talent provided by the program's dedicated volunteers, licensed therapists and staff.</p> <p>Other Sharp Community Efforts In FY 2018, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. Below are just a few examples of these efforts. According to the January 2018 WeAllCount Annual Report, there are nearly 8,600 individuals experiencing homelessness in SDC, nearly 5,000 of whom are unsheltered. This represents a decrease of six percent region-wide from 2017. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of homeless individuals on the streets of downtown San Diego. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify homeless individuals who will be best served by traveling back home to loved ones. Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet. Once confirmed, the outreach team provides the transportation needed to reconnect with their support system. With Sharp's help, the Family Reunification Program has reunited nearly 2,200 homeless individuals in Downtown San Diego with friends and family across the nation.</p> <p>The University of California, Los Angeles Center for Health Policy and Research's Elder Index states that two in five (41 percent) San Diego seniors will have to choose between buying food and paying rent. Through the Giving Tree program at the Downtown Sharp Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2017, each patient who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant.</p> <p>The SGH Engineering Department led a variety of volunteer initiatives in FY 2018. The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by. In FY 2018, the team delivered two to four vases of flowers with an inspirational quote each week, with as many as six vases or more during peak flower season and upon additional requests. 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 Re</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>source Center and Meals on Wheels partnership by providing floral centerpieces for fundraising events benefitting East County seniors, as well as offers roses for SGH's annual patient remembrance service. Now in its eighth 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 experience of hospital visitors and community members. The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble a bouquet of balloons, ribbon, a Sodexo care bear or football, and a chocolate pastry created by SGH and Sodexo chefs, and deliver it to the individual. In FY 2018, the team assembled up to eight Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend. For the past eight years, the SGH Engineering Department, landscape team and Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the 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 2018, volunteers filled two trucks with donated food and other essential items, including 50 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 250 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items. The SGH landscape team created the award-winning Heart 2 Heart project through which the team places heart-shaped stones etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The team also installed other various heart shapes made out of flagstone or cobble on planters and stone areas of the campus to encourage walking and engage campus walkers in the scenery. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U.S. and Canada. As a Gold Level finalist - the company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of their business. Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place - a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS - to prepare children and teens for academic success. Team members from a variety of departments help provide a backpack with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 260 backpacks to youth during a back-to-school p</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>arty in Balboa Park For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies, and dedicate personal time to making the holidays the best they can be for them Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers During the 2017 holiday season, Santa's Korner served more than 120 individuals from 36 families For the past four years, SCVMC has supported Operation Gobble, an event started by Assemblywoman Lorena Gonzalez Fletcher that provides a turkey and fresh produce to those in need during the Thanksgiving holiday In 2017, Operation Gobble served 40 patients from the Barnhart Cancer Center's Medical and Radiation Oncology departments In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a holiday bike giveaway Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential In FY 2018, the holiday bike giveaway provided bicycles as holiday gifts to ten children of SCVMC cancer patients Lastly, for the past two years, Sharp employees have supported students in need from elementary schools within the San Diego Unified School District During their school supply drive in August, employees donated approximately 170 pounds' worth of new backpacks, binders, pens, pencils, crayons and other school supplies - more than doubling last year's efforts - to students from low-income households All Ways Green Initiative Sharp is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego's earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Through the All Ways Green initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Sharp's systemwide All Ways Green Committee is responsible for spearheading the organization's sustainability efforts. Sharp's environmental initiatives are concentrated in five domains: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) sustainable food practices, and (5) commuter solutions. Specialized committees are responsible for each of these domains (see Table 3), while established Green Teams at each Sharp entity are responsible for developing new programs at the local level to educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle. Table 3 All Ways Green Committees/Subcommittees and Domains: Natural Resource Subcommittee: Energy efficiency and water conservation; Waste Minimization Committee: Waste minimization; Food and Nutrition Best Health Committee: Sustainable food practices; Commuter Solutions Subcommittee: Commuter solutions. To monitor progress and measure tangible results, All Ways Green utilizes a Sharp-developed report card, which trends each domain's annual performance against a baseline. The report card shows where the desired results have been achieved as well as identifies opportunities for improvement. These opportunities for improvement are used to strategically plan initiatives that engage Sharp's workforce in reducing the organization's carbon footprint. Sharp continues to invest in technology and programs that reduce carbon emissions and minimize waste. Through these efforts, in FY 2018, Sharp hospitals prevented nearly 210,000 pounds of cardboard and plastic from entering landfills, and reduced carbon dioxide emissions by more than 115,000 pounds. Sharp's goals and accomplishments within each All Ways Green committee/subcommittee and domain are described below.</p> <p>Natural Resource Conservation: According to the EPA, health care ranks as the country's second most energy intensive industry, emitting roughly eight percent of the nation's greenhouse gas emissions. In the U.S., hospital water use constitutes seven percent of the total water used in commercial and institutional buildings. Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner, and track progress. A World Health Organization report published in 2017 encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption, utilizing alternative energy generation, recycling and conserving resources. Sharp's Natural Resource Subcommittee is addressing this call by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. The Natural Resource Subcommittee is responsible for communications to employees about the energy-conscious behaviors that</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>that can be practiced in the workplace and at home to promote continuous energy and water savings. Sharp was one of the first health care organizations in the county to commit to environmental best practices in information technology. In 2013, Sharp became the first health care system in San Diego to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. Since its implementation, the program has been installed on all computers at the organization and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency. Since April 2016, the SGH campus has been essentially off the electrical grid due to the completion of a new state-of-the-art Central Energy Plant (CEP), named the Brady Family Cogen. The CEP includes a 52-ton, 4.4-megawatt combustion turbine generator that generates enough electricity to meet up to 95 percent of the hospital's needs while reducing greenhouse gases by up to 90 percent. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating and air conditioning as well as provides hot and cold water to the hospital. The new CEP fully complies with state and local standards for air emissions. In 2017, new software was installed on ten data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for these devices. New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building. In addition, after implementing TSO Logic software in 2015, Sharp can conservatively reduce hardware electrical consumption by more than five percent each year through identification of the inefficient, energy-consuming or underutilized hardware. During California's recent five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to using water wisely. In alignment with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water (50 percent of total usage) through its water filtration system, more than 71,000 kWh of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas due to the use of energy-efficient laundry equipment. In May 2018, Sharp opened the new Copley building, which houses administrative space for SRSMG along with the high-complexity, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. S</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp is in the process of implementing a fuel-cell energy project at Copley, the first in the Sharp system. A fuel cell uses the chemical energy of hydrogen or another fuel to produce electricity cleanly and efficiently. Using these fuel cells could lead to a reduction of more than 90 percent in the plants' carbon dioxide emissions, while also producing large amounts of useful hydrogen.</p> <p>The Copley building will also be the first in the Sharp system to implement the Aircuity system, which continuously monitors environmental parameters and adjusts air supply and exhaust delivery based upon indoor contaminant levels and thermal load. This automated system samples and analyzes packets of air remotely, which are routed to a centralized suite of sensors. The system provides input to the building ventilation systems to optimize indoor environmental quality and energy efficiency.</p> <p>All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function.</p> <p>As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2018 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, and again in 2017, while SCVMC received ES certification from 2009 to 2011, 2013, 2015, and 2017). Sharp partners with the Center for Sustainable Energy (CSE) to promote and strengthen its work with the ES. From July to August 2017, a CSE benchmarking coach worked with Sharp facility managers to identify and correct data quality issues in the measurement of Sharp's energy and water consumption. As the result of this endeavor, in December 2017, the CSE featured Sharp in a case study highlighting the organization's dedication to improving the welfare of the environment and the communities it serves.</p> <p>In addition, Sharp's SR SMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings of its kind in San Diego.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>In 2017, Sharp received the Environmental Stewardship Award in the large business category from the BBB, serving San Diego, Orange and Imperial counties. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives. In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by health care organizations trying to conserve energy, given the need to maintain comfortable, clean and safe environments for patients, visitors and staff, 24 hours a day, seven days a week. Table 4 outlines Sharp's numerous natural resource conservation initiatives. Table 4 Natural Resource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Energy Star Participation SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Air Handler Projects SCHHC, SMH/SMBHWN Cogeneration Plant SGH Drip Irrigation/Landscape Water Reduction Systems SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Drought-Tolerant Landscaping SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electric Vehicle Charging Stations SCVMC, System Offices, SMH/SMBHWN, SRSMG 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, SMH/SMBHWN Faucets and Toilet Retrofits SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG HVAC projects SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Retrofits to LEDs SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Occupancy Sensors SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Mist Eliminators SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Moisture-sensitive Sprinkler Controls SCHHC, SGH, SMH/SMBHWN Plumbing Projects to Address Water Leaks SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Thermostat Control Software & Temperature Setback Projects SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Filtered Water Dispensers to Replace Water Bottles SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Water-efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System SCHHC, SCVMC, SGH, SMH/SMBHWN Waste Minimization U.S. hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of which is considered hazardous material. Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills. Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives, including proper waste segregation and enhanced r</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>recycling efforts Sharp made the following achievements in waste minimization in FY 2018 * Sharp proactively recycled more than 1,700 tons of construction debris from its major building project at SCVMC * Sharp's single-waste stream recycling program diverted more than 2.5 million pounds of trash from the landfill, including nonconfidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 136,000 pounds of surgical instruments for further use * Sharp donated over 64,000 pounds of computer equipment in place of utilizing e-waste disposal * Sharp diverted nearly 120,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers Sharp was named the 2017 Outstanding Recycling Program by the CRRA for its innovative waste minimization initiatives In addition, the City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program Sharp was an early adopter in its commitment to waste diversion and consistently diverts over 37 percent of waste through recycling, donating, composting, reprocessing and reusing programs Sharp's waste minimization efforts have resulted in more than 4,500 tons of waste diverted from the landfill See Table 5 for waste diversion rates and Table 6 for specific waste minimization efforts at Sharp in FY 2018 Table 5 Sharp HealthCare Waste Diversion - FY 2018 Sharp Chula Vista Medical Center Recycled Waste Per Year (pounds)- 4,264,722 Total Waste Per Year (pounds)- 7,174,063 Percent Recycled - 59% Sharp Coronado Hospital and Healthcare Center Recycled Waste Per Year (pounds)- 551,442 Total Waste Per Year (pounds)- 2,062,355 Percent Recycled - 27% Sharp Grossmont Hospital Recycled Waste Per Year (pounds)- 1,558,396 Total Waste Per Year (pounds)- 4,940,651 Percent Recycled - 32% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns Recycled Waste Per Year (pounds)- 1,592,405 Recycled Waste Per Year (pounds)- 6,408,972 Percent Recycled - 25% Sharp Mesa Vista Hospital Recycled Waste Per Year (pounds)- 196,420 Total Waste Per Year (pounds)- 494,786 Percent Recycled - 40% Sharp Rees-Stealy Medical Group Recycled Waste Per Year (pounds)- 400,598 Recycled Waste Per Year (pounds)- 2,070,810 Percent Recycled - 19% System Offices Recycled Waste Per Year (pounds)- 594,826 Total Waste Per Year (pounds)- 1,481,007 Percent Recycled - 40% Total Sharp HealthCare Recycled Waste Per Year (pounds)- 9,158,808 Total Waste Per Year (pounds)- 24,632,644 Percent Recycled - 37% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Establish Waste Diversion Baseline SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-stream Recycling SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycled Paper S</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>CHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Recycling SC HHC, 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 Electronic 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, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organic Waste Recycling (Green Waste) SCV MC, SGH Recycle Bins Distribution SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SM V/SMC, SRSMG Repurposing of Unused Medical Supplies and Equipment SCHHC, SCVMC, SGH, Sys tem Offices, SMH/SMBHWN, SRSMG Reusable Sharps Containers SCHHC, SCVMC, SGH, SMH/SMBHWN Single Serve Paper Napkins and Plastic Cutlery Dispensers SCHHC, SCVMC, SGH, System Offi ces, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Replacement of Bottled Water with Spa Water SCHHC, SCVMC, SGH, Syst em Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Sustainable Food Practices Sharp offers health y, nutritious and delicious food options to support the health of patients, employees and the community Sharp's commitment to healthy food and nutrition sustainability practices began over seven years ago with a strategy to increase the selection of organic and sustai nable food options to improve engagement In collaboration with its food service partner S odexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, h ealthy practices to help educate and motivate consumers and reduce its carbon footprint T he goal of Sharp's Food and Nutrition Best Health Committee is to promote food sustainabil ity efforts throughout the health care system and within the greater San Diego community This includes a focus on Sharp's sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment Sharp's Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption, increased purchases of beef and poultry raised without the rou tine use of antibiotics, menus that highlight wellness options, participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm oper ation in order for it to become, either legally or spiritually, the community's farm, incr eased use of locally sourced fresh, organic and sustainable food, food composting, increas ed recycling activities, the promotion of sugarless beverages, and the use of post-consume r recycled packaging solutions</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Up to 40 percent of food in the U S is never eaten and instead goes to waste In FY 2018, Sodexo teams at SCVMC and SMH were invited by the San Diego Food System Alliance and Smart Kitchens San Diego to participate in LeanPath - a pilot program funded by a City of San Diego grant to combat food waste and facilitate compliance with new composting and recycling laws</p> <p>LeanPath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger-relief organizations in SDC In addition, SCVMC's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food insecure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills In 2018, Sharp donated almost nine tons of food to these safety-net organizations Also in 2018, Sharp's imperfect produce program purchased more than 6,500 pounds of less-than-perfect fruits and vegetables per month that are nutrient-rich and full of flavor but would have been thrown away by Sharp's food vendors Four Sharp hospitals are now participating in composting efforts SMMC was the first hospital in SDC to participate in the City of San Diego's food scraps composting program in 2012 In 2017, the program expanded to SCVMC in partnership with the City of Chula Vista Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program, which was expanded to SCHHC in September 2018 Through these programs, food waste at these Sharp sites is processed into a rich compost product and is provided to residents at no charge for volumes of up to two cubic yards The compost 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 2018, Sharp's composting programs diverted approximately 480,000 pounds of waste from landfills Sharp's waste-minded operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup Sharp is also in the process of eliminating oil fryers in its kitchens SCHHC and SMMC have already switched to healthier methods of food preparation SGH and SCVMC are participating in</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p> In the cooking oil recycling program, which, in 2018, collected more than 8,000 pounds of oil, which is converted into safe biodiesel oil. Further, SCHHC, SMH and SMV continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafes. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative's health care domain. Sharp is also a participant in Practice Greenhealth's Healthier Food Challenge. As a participant, Sharp commits to reducing its purchase of meats, increasing its purchase of locally-grown food, and increasing its percentage of sustainable animal proteins. In FY 2018, Sharp reduced animal protein purchases by more than 550,000 pounds. This represents a 31 percent reduction in animal protein purchases since FY 2014. In FY 2018, approximately 329,000 pounds of locally sourced produce were used in Sharp's kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014. This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce. In FY 2018, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic- and hormone-free. Sharp was a recipient of the 2018 EMIES Un Wasted Food award from the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting. Named after the Federal Bill Emerson Good Samaritan Food Donation Act, which provides protection to good-faith donors, this award was created to encourage food donation to nonprofit organizations. Sharp previously earned this award in 2016. Sharp and Sodexo remain committed to increasing healthy food offerings in an effort to improve sustainability and ultimately change the eating habits of patients, staff and community members for the better. Sharp's sustainable food initiatives are outlined in Table 7: Sustainable Food Projects by Sharp HealthCare Entity Report Card and Indicators Tracking. SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRS MG Food Recovery. SCHHC, SGH, SMH/SMBHWN, SMV/SMC Imperfect Produce. SCVMC, SMV/SMC Composting. SCVMC, SGH, SMH/SMBHWN, SMV/SMC Oil Recycling. SCVMC, SGH Fryers Eliminated. SCHHC, SMH/SMBHWN, SMV/SMC Commuter Solutions. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce carbon emissions generated by its facilities and employees. Sharp's Commuter Solutions Subcommittee works to develop innovative and accessible programs and mark </p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>eting campaigns to educate employees about the benefits of ride sharing and other alternative modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2018. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon. In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces. Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum. As part of the nationwide Electric Vehicle Project, Sharp installed EVCs at its corporate office location, SCVMC, SMMC and some SRSMG sites. Twenty-five EVCs were added at the new Copley building in 2018. Sharp will continue efforts to expand EVCs at its other entities. Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Furthermore, Sharp participates in SANDAG's annual Bike to Work Day event each May. In 2018, Sharp employees were once again among almost 10,000 San Diegans who opted to ride their bike to work. Sharp hosted several pit stops, providing food and beverages, at various sites throughout SDC. Sharp also encourages employees to participate in alternate commuting, including SANDAG's iCommute program that can match commuters in an area based on their work schedule, departure location and destination. Employees can monitor their cost and carbon savings resulting from their alternate commuting methods - such as using public transit, carpooling, vanpooling, biking, walking, or telecommuting - and log their miles in an internal tracking tool on Sharp's intranet site, which has replaced SANDAG's discontinued TripTracker. In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or being stranded at work. Further, Sharp employees can also purchase discounted monthly bus passes.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommuter Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling, and public transit. The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region. Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for almost 700 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription and human resources. Sharp also provides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less than 10 workdays and thus reduces commute costs, lowers parking demand and helps the environment. Community Education and Outreach Sharp actively educates the community about its sustainability programs. In FY 2018, Sharp participated in the following outreach activities:</p> <ul style="list-style-type: none"> * Sharp published e-newsletters for employees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling and energy and water conservation. * Sharp held its sixth annual systemwide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how to decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home. Many of Sharp's key vendors participated in these fairs to help raise awareness of green initiatives and how Sharp is involved in those programs. * Sharp held a community recycling event that included free e-waste recycling and confidential document 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 and educates the general public about the potential for prescription medication abuse. * Sharp participates in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC. <p>Additional community environmental education and outreach initiatives at Sharp are highlighted in Table 8.</p> <p>Table 8 Environmental Community Education and Outreach</p> <p>America Recycles Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Bike to Work Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Earth Week Activities SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Environmental Policy SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Green Team SCHHC, SCVMC, SGH, System</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG No Smoking Policy SCHHC, SCVMC, SGH, System Of fices, 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 Education SC HHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Ride Share Promotion SC HHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Emergency and Disaster P reparedness Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services In FY 2018, Sharp provi ded disaster preparedness education to staff, community members and community health profe ssionals, as well as collaborated with numerous state and local organizations to prepare t he community for a potential emergency or disaster Sharp's disaster preparedness team off ered several education courses to first responders and community health care providers thr oughout SDC This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System /Hospital Incident Command System (HICS) as well as a training focused specifically on HIC S, an incident management system that can be used by hospitals to manage threats, planned events or emergencies In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster In September, Sharp ho sted its seventh annual Disaster Preparedness Expo to educate San Diego community members about effective disaster preparedness and response in the event of an earthquake, fire, po wer outage or other emergency Held at Balboa Park, the free event provided more than 800 community members with a variety of disaster exhibitors, demonstrations and displays, as w ell as education on personal and family disaster planning In addition, in FY 2018, the te am provided education on personal disaster preparedness to the Rotary Club of Chula Vista as well as during the County of San Diego's Aging Summit 2018 Age Well in Action In FY 2 018, Sharp's disaster leadership donated their time to state and local organizations and c ommittees, including County of San Diego Emergency Medical Care Committee, California Hosp ital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group In addition, Sharp's disaster leadership part icipates in the County of San Diego Healthcare Disaster Coalition Healthcare disaster coa litions are multi-agency groups of representatives who play a critical role in public safe ty during emergencies and disasters by assisting counties in improving mitigation, prepare dness, response and recovery a</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>activities As part of this coalition, in FY 2018, Sharp's disaster leadership led a subcommittee to review hospital evacuation planning and identify tools and best practices for dissemination to community health care professionals Sharp's disaster leadership also continued to participate in the Statewide Medical Health Exercise Program This work group of representatives from local, regional and State agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses Through participation in the U S Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership The partnership includes Sharp and other SDC hospitals, health clinics and other health care services providers The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC In FY 2018, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses Sharp supports safety efforts of the State and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to an event requiring mass decontamination Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event of an interruption to the system's normal water supply In recent years, global endemic events potentially impacted public health in the San Diego community Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations This allows for the delivery of uninterrupted care to the community in the face of public health threats Employee Wellness Sharp Best Health</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMC and corporate location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into their life styles and support them on their journey to attain their personal health goals. Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events. Sharp Best Health also offers an interactive, web-based health portal, where employees can create a wellness plan and track their progress. Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time. In FY 2018, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use. Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management and managing the challenges of living with a chronic condition, such as diabetes, high blood pressure, asthma or arthritis. The AHA recommends walking 10,000 steps a day to promote overall health. To align with this goal, Sharp Best Health encourages team members to use Fitbit wireless activity monitors to track their steps, distance, calories burned, sleep patterns and more. By syncing statistics to computers or smartphones, these devices inspire team members to achieve their personal fitness goals one step at a time. Throughout the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes. During FY 2018, more than 1,500 participants across the Sharp system walked an average of 8,700 steps per day. Since the Fitbit program's inception in 2014, participating employees have increased their average total steps by 24 percent. In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp corporate offices to promote safety along with increased physical activity. Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends. This included systemwide walking and hiking clubs through which more than 90 participants completed six hikes during FY 2018. Sharp Best Health participated in community health events throughout the year, in</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>cluding the American Cancer Society Great American Smoke Out, American Heart Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Vegetables Month, Stress Management Month and National Walking Month Sharp Best Health also supported the San Diego Heart & Stroke Walk by hosting donation-based indoor cycling classes at To by Wells YMCA In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a heart-healthy alternative to standard meetings At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Animal-Based Stress Relief " events where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2018 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, the truth about counting calories, and the impact of sleep, stress and aging on health Classes were also offered on stress management techniques and the importance of taking micro-breaks Fitness offerings included yoga, Zumba, weight training and aquatics classes Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home Sharp Best Health offered employees a new wellness initiative in FY 2018 called the Better Balance Project, which is intended to help attendees achieve a better sense of balance and well-being Instead of making radical, time-consuming changes, participants were encouraged to make small but powerful health adjustments that are frequently overlooked Each week throughout the four-week program, participants were provided tools and tasks to address a specific self-care subject, such as mindfulness, prioritizing sleep, organization and gratitude Sharp Best Health also debuted a new podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with health and wellness experts on a variety of topics to help listeners live in good health In FY 2018, Sharp Best Health continued to go beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil Whil's program is designed to help employees manage stress and improve their well-being by offering more than 1,200 mindfulness and yoga sessions Whil's sessions are of various lengths and skill levels, providing employees the flexibility to move at their own pace and set their own goals Whil has also been used throughout the system as a tool during staff meetings, department huddles and shift changes Since Whil's launch, more than 2,400 employees have become active users Another mindfulness initiative involved a collaborat</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ion between Sharp Best Health and certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes Throughout FY 2018, Sharp Best Health continued to provide Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing health resources and programs during work hours Wellness on Wheels involves "rounding" in staff lounges, hospital units, and nursing stations to promote a new and relevant subject each month Each session includes an educational component, an interactive activity and a call to action Wellness on Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care Keeping the experience relevant and quick improves access to wellness resources for busy staff with complex schedules During FY 2018, Wellness on Wheels topics included holiday food myths, essential oils, mindful eating, yoga poses for relaxation, heart health and common safety hazards Since 2015, Sharp has provided a systemwide Mindful healthy food initiative in partnership with Sodexo As part of the Mindful program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff In 2018, Sharp continued its partnership with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers Weight Watchers offers weight-loss services and products founded on a scientifically-based approach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors Sharp Best Health continued its partnership with Weight Watchers to offer employees a subsidized membership rate to any Weight Watchers program With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules At any given time during FY 2018, approximately 530 Sharp employees were actively using Weight Watchers Since the program's inception in 2016, participating employees have lost an estimated 4,000 pounds</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>In addition to providing Weight Watchers at work, during FY 2018, Sharp Best Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-person and on line nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or RD to ensure continued support and accountability. During FY 2018, 240 Sharp employees completed the New Weigh program. Nearly one in six community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 370,000 children and families, active-duty military, and fixed-income seniors living in poverty. For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2017 holiday season, Sharp Best Health and Sharp Community Benefit continued to partner with SuperFood Drive - a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all - to provide a "superfood drive," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 2,300 pounds of nutritious food. In addition, Sharp team members donated nearly \$1,000 through a Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 7,000 healthy meals for San Diegans in need of assistance with putting food on the table during the holidays. Section 2 Executive Summary. In addition to providing outstanding patient care, our Sharp community extends all across San Diego County. We are involved in helping others by offering free blood pressure screenings and interactive presentations on a wide range of wellness topics and many other efforts. We are proud to support the community - Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Centers. This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2018 (October 1, 2017, through September 30, 2018). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities: * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 20 18 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report *</p> <ul style="list-style-type: none"> * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, obesity, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones and for the community * Support of community nonprofit health organizations * Education and training for community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community <p>Highlights of Community Benefit Provided by Sharp in FY 2018 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2018 *</p> <ul style="list-style-type: none"> * Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations, telephone reassurance calls and other services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information, and participation i |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>n community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community Economic Value of Community Benefit Provided in FY 2018 In FY 2018, Sharp provided a total of \$437,406,616 in community benefit programs and services that were unreimbursed Table 9 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program Table 9 Sharp HealthCare Total Community Benefit by SB 697 Category - Estimated FY 2018 Unreimbursed Costs (see Note 1) Medical Care Services Shortfall in Medi-Cal (see Note 2) - \$129,308,822 Shortfall in Medi care (see Note 2) - \$248,662,360 Shortfall in San Diego County Indigent Medical Services (CMS) (see Note 2) - \$9,201,550 Shortfall in CHAMPVA/TRICARE (see Note 2) - \$7,612,667 Shortfall in Workers' Compensation - \$29,656 Charity Care (see Note 3) - \$24,969,673 Bad Debt (see Note 3) - 6,511,004 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy (see Note 4) - \$3,685,141 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events (see Note 4) - \$1,869,835 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (see Note 4) - \$5,555,908 TOTAL - \$437,406,616 Table 9 Notes Note 1 - Economic value is based on unreimbursed costs</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Note 2 - Methodology for calculating shortfalls in public programs is based on Sharp's pay or-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Note 3 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Note 4 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service. In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019. This resulted in recognition of supplemental revenues totaling \$248.5 million and quality assurance fees and pledges totaling \$161.1 million in FY 2018. The net FY 2018 impact of the program totaling \$87.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year. Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2018.</p> <p>Table 10 Sharp HealthCare Unreimbursed Medical Care Services Medi-Cal Hospital Fee Program Impact - FY 2018 Medicare & Medicare HMO - \$12,536,745 Medicare Capitated - \$123,297,615 Medi-Cal, Medi-Cal HMO & CMS Before Provider Fee - \$187,303,059 Provider Fee - \$(48,792,687) Medi-Cal, Medi-Cal HMO & CMS After Provider Fee - \$138,510,372 CHAMPVA & Workers' Comp - \$7,642,323 Bad Debt - \$6,511,004 Charity Care - \$24,969,673 Total Before Provider Fee - \$475,088,419 Provider Fee - \$(48,792,687) Total Before Provider Fee - \$426,295,732</p> <p>Table 11 lists community benefit costs provided by each Sharp entity. Table 11 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - Estimated FY 2018 Unreimbursed Costs Sharp Chula Vista Medical Center - \$90,298,683 Sharp Coronado Hospital and Healthcare Center - \$21,258,431 Sharp Grossmont Hospital - \$128,924,916 Sharp Mary Birch Hospital for Women & Newborn - \$9,761,499 Sharp Memorial Hospital - \$167,314,062 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$19,779,122 Sharp Health Plan - \$69,903 TOTAL FOR ALL ENTITIES - \$437,406,616</p> <p>Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 6.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>97 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2018, see tables presented in individual entity sections Table 12 Detailed Economic Value of SB 697 Categories - Estimated FY 2018 Unreimbursed Costs Sharp Chula Vista Medical Center Medical Care Services - \$87,878,861 Other Benefits for Vulnerable Populations - \$571,854 Other Benefits for the Broader Community - \$364,393 Health Research, Education and Training Programs - \$1,483,575 Total - \$90,298,683 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$20,564,090 Other Benefits for Vulnerable Populations - \$84,351 Other Benefits for the Broader Community - \$89,574 Health Research, Education and Training Programs - \$520,416 Total - 21,258,431 Sharp Grossmont Hospital Medical Care Services - \$125,643,033 Other Benefits for Vulnerable Populations - \$1,157,648 Other Benefits for the Broader Community - \$559,470 Health Research, Education and Training Programs - \$1,564,765 Total - \$128,924,916 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - \$9,316,725 Other Benefits for Vulnerable Populations - \$87,059 Other Benefits for the Broader Community - \$119,237 Health Research, Education and Training Programs - \$238,478 Total - \$9,761,499 Sharp Memorial Hospital Medical Care Services - \$163,867,752 Other Benefits for Vulnerable Populations - \$1,323,591 Other Benefits for the Broader Community - \$561,771 Health Research, Education and Training Programs - \$1,560,948 Total - \$167,314,062 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$19,025,271 Other Benefits for Vulnerable Populations - \$448,871 Other Benefits for the Broader Community - \$127,420 Health Research, Education and Training Programs - \$177,560 Total - \$19,779,122 Sharp Health Plan Medical Care Services - \$0 Other Benefits for Vulnerable Populations - \$11,767 Other Benefits for the Broader Community - \$47,970 Health Research, Education and Training Programs - \$10,166 Total - \$69,903 ALL ENTITIES Medical Care Services - \$426,295,732 Other Benefits for Vulnerable Populations - \$3,685,141 Other Benefits for the Broader Community - \$1,869,835 Health Research, Education and Training Programs - \$5,555,908 Total - \$437,406,616 Section 3 Community Benefit Planning Process Navigating the maze of health care can be daunting to say the least, and Sharp is committed to assisting community members in this process. Because it involves a loved one, the appreciation expressed is extremely meaningful - 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. CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, t</p> |

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

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>* Kaiser Foundation Hospitals - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California (UC), San Diego Health CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. Top 15 Health Needs Based on 2013 Initial Quantitative Analysis were as follows: Acute Respiratory Infections, Asthma, Back Pain, Breast Cancer, Cardiovascular Disease, Colorectal Cancer, Dementia and Alzheimer's, Diabetes (Type 2), High Risk Pregnancy, Lung Cancer, Mental Health/ Mental Illness, Obesity, Prostate Cancer, Skin Cancer, Unintentional Injuries. Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included: * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. Study Area Defined: For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at http://hasdic.org. As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>website or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC Additional variables analyzed in the 2016 CHNA processes are included in Table 13, variables were analyzed at the ZIP code level wherever possible Table 13 Data Variables in the HASD&IC and Sharp 2016 CHNAs * Hospital Utilization Inpatient discharges, ED and ambulatory care encounters * Community Clinic Visits * Demographic Data (socioeconomic indicators) * Mortality and Morbidity Data * Regional Program Data (childhood obesity trends and community resource referral patterns) * Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse) Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SD OH and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted The types of community engagement activities conducted as part of the collaborative HASD&IC 2016 CHNA included key informant interviews, facilitated discussions with care coordinators (community partner discussions), and community resident input through a Health Access and Navigation Survey In addition, Sharp contracted with IPH to collect additional community input through three primary methods facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients More t</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>han 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts Findings The collaborative HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria 1 Magnitude or Prevalence 2 Severity 3 Health Disparities 4 Trends 5 Community Concern Using these criteria, IPH created a summary matrix for review by the CHNA Committee As a result, the CHNA Committee identified behavioral health as the number one health need in SDC In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need As the HASD&IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity) In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&IC's and Sharp's CHNAs The importance of these SDOH was also confirmed by quantitative data Hospital programs and community collaborations have the potential to impact these SDOH, which are listed below in order of priority 2016 CHNA Social Determinants of Health 1 Food Insecurity & Access to Healthy Food 2 Access to Care or Services 3 Homeless/Housing Issues 4 Physical Activity 5 Education/Knowledge 6 Cultural Competency 7 Transportation 8 Insurance Issues 9 Stigma 10 Poverty The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix Rather, they will require time, persistence, collaboration and innovation The entire Sharp system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans Programs designed to address the needs identified in Sharp's 2016 CHNA are detailed in Sharp's fiscal year (FY) 2019-FY 2022 implementation strategies, which are publicly available online at http://www.sharp.com/about/community/health-needs-assessments cfm Sharp's 2019 CHNAs and FY 2020-FY2023 implementation strategies will be completed and publicly available by September 30, 2019</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>The findings of Sharp's 2016 CHNAs help inform the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below</p> <p>Steps Completed to Prepare Sharp's Community Benefit Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report</p> <ul style="list-style-type: none"> * Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs * Reports on activities conducted in the prior fiscal year - FY 2018 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2019 Plan * Reports and categorizes the economic value of community benefit provided in FY 2018, according to the framework specifically identified in Senate Bill 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year * Implement community benefit activities identified for the upcoming fiscal year <p>Ongoing Commitment to Collaboration</p> <p>Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&I C, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and 2-1-1 San Diego</p> <p>Section 4 Sharp Grossmont Hospital</p> <p>We are here when our community needs us the most, in the rough moments in people's lives when things are not going well, they can look to us to help hold them up and connect them to the resources they need to care for themselves after they are discharged</p> <p>- Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital</p> <p>FY 2018 Community Benefit Program Highlights</p> <p>Sharp Grossmont Hospital (SGH) provided \$128,924,916 in community benefit in fiscal year (FY) 2018</p> <p>See Table 26 for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697)</p> <p>Table 26 Economic Value of Community Benefit Provided Sharp Grossmont Hospital by SB 697 Category - Estimated FY 2018 Unreimbursed Costs</p> <p>Medical Care Services Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms (Note 1) - \$44,130,366</p> <p>Shortfall in Medicare (Note 1) - \$70,831,019</p> <p>Shortfall in Medicaid (Note 1) - \$13,963,541</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>all in San Diego County Indigent Medical Services (Note 1) - \$106,439 Shortfall in CHAMPVA /TRICARE (Note 1) - \$1,496,367 Charity Care (Note 2) - \$8,367,684 Bad Debt (Note 2) - \$711,158 Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy (Note 3) - \$1,157,648 Other Benefits for the Broader Community Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events (Note 3) - \$559,470 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (Note 3) - \$1,564,765 TOTAL - \$128,924,916 NOTES Note 1 - Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Note 2 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Note 3 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Key highlights * Medical Care Services included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019 This resulted in recognition of net supplemental revenues for SGH totaling \$13.2 million in FY 2018 This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits, financial and other support to Neighborhood Healthcare, Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients, flu vaccination clinics for high-risk adults, including seniors, contribution of time to Stand Down for Homeless Veterans, Ma ma's Kitchen, Feeding San Diego (FSD), Ssubi is Hope and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, support for Meals on Wheels San Diego County, the provision of durable medic</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>al equipment (DME), support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM), the Care Transitions Intervention (CTI) program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, health screenings for stroke, blood pressure, diabetes, fall prevention, hand mobility (arthritis, carpal tunnel, trigger finger, etc), lung function and carotid artery disease, community education and resources provided by the SGH cancer patient navigator program, and specialized education and flu vaccinations offered through the SGH Senior Resource Center SGH also collaborated with local schools to promote interest in health care careers and donated meeting room space to community groups SGH staff actively participated in community boards, committees and civic organizations, including but not limited to the County of San Diego Aging and Independence Services (AIS), Association of California Nurse Leaders (ACNL), Meals on Wheels Greater San Diego East County Advisory Board, Caregiver Coalition of San Diego (the Caregiver Education Committee), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, East County Action Network (ECAN), East County Senior Service Providers (ECSSP), Hospital Association of San Diego and Imperial Counties (HASD&IC), the local chapter of Association of Women's Health , Obstetric and Neonatal Nurses (AWHONN), California Association of Hospitals and Health Systems (CAHHS) Committee on Volunteer Services and Directors' Coordinating Council, San Diego Association of Directors of Volunteer Services, County of San Diego Public Health Nursing Advisory Board, California Academy of Nutrition and Dietetics - San Diego District, Grossmont College Occupational Therapy Assistant Advisory Board, County of San Diego Emergency Medical Care Committee, California Society for Clinical Social Work Professionals, Santa-Lakeside Rotary Club, Grossmont Healthcare District Community Grants and Sponsorships Committee, Cameron Family YMCA, San Diego East County Chamber of Commerce, Angels Foster Family Network, La Mesa Parks and Recreation, and Lantern Crest Senior Living Advisory Board See Appendix A for a listing of Sharp HealthCare's (Sharp's) community involvement The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community. Definition of Community SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942. The community served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. For SGH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon. Description of Community Health In 2018, there were 85,028 residents ages 65 and older in SDC's east region, representing 16.2 percent of the total regional population. Between 2018 and 2023, it is anticipated that the east region's senior population will grow by 20.41 percent. In 2016, 14.3 percent of the east region population reported living below 100 percent of the federal poverty level (FPL). The unemployment rate in SDC's east region was 9.2 percent, which was higher than the rate for SDC overall (7.5 percent). In addition, 7.1 percent of households received Supplemental Security Income (SSI), also higher than SDC overall (5 percent). According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. In 2016, 11 percent of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 21.7 percent of those below 138 percent of the FPL were eligible for such benefits. These rates were higher than SDC overall (7 percent of households participated in SNAP benefits while 21 percent of those below 138 percent of the FPL were eligible). 5 Please refer to Table 27 for SNAP participation and eligibility in the east region. Table 27 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's East Region, 2016 Food Stamps/SNAP Benefits. Households - 11.0% Families with Children - 10.5% Eligibility by Federal Poverty Level Pop</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ulation below or at 130% FPL - 20 1% Population below or at 138% FPL - 21 7% Population 13 9% to 350% FPL - 34 1% Source County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 In SDC's east region in 2016, 93 5 percent of children ages zero to 17, 81 6 percent of young adults ages 18 to 24, 82 2 percent of adults ages 25 to 44, 88 5 percent of adults ages 45 to 64, and 98 7 percent of seniors ages 65 and older had health insurance In SDC's east region in 2016, health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65 See Table 28 for details Table 28 Health Insurance Coverage in SDC's East Region, 2016 Children 0 to 17 years Current Rate - 93 5% HP2020 Target - 100% Young adults 18 to 24 years Current Rate - 81 6% HP2020 Target - 100% Adults 25 to 44 years Current Rate - 82 2% HP2020 Target - 100% Adults 45 to 64 years Current Rate - 88 5% HP2020 Target - 100% Seniors 65+ years Current Rate - 98 7% HP2020 Target - 100% Source County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 According to the California Health Interview Survey (CHIS), 34 4 percent of the east region population was covered by Medi-Cal See Table 29 for details Table 29 Medi-Cal (Medicaid) Coverage in SDC's East Region, 2016-2017 Covered by Medi-Cal - 34 4% Not covered by Medi-Cal - 65 6% Source 2016-2017 CHIS CHIS data also revealed that 15 3 percent of individuals in the east region did not have a usual place to go when sick or in need of health advice (see Table 30) 9 Table 30 Regular Source of Medical Care in SDC's East Region, 2016-2017 Has a usual source of care Current Rate - 84 7% HP2020 Target - 100% Has no usual source of care Current Rate - 15 3% HP2020 Target - 0% Source 2016-2017 CHIS Cancer and diseases of the heart were the top two leading causes of death in SDC's east region in 2016 See Table 31 for a summary of leading causes of death in the east region For additional demographic and health data for communities served by SGH, please refer to the SGH 2016 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments.cfm Table 31 Leading Causes of Death in SDC's East Region, 2016 Malignant Neoplasms (Overall Cancer) Number of Deaths - 977 Percent of Total Deaths - 24 1% Diseases of the Heart Number of Deaths - 929 Percent of Total Deaths - 22 9% Cerebrovascular Diseases Number of Deaths - 254 Percent of Total Deaths - 6 3% Chronic Lower Respiratory Diseases Number of Deaths - 230 Percent of Total Deaths - 5 7% Accidents/Unintentional Injuries Number of Deaths - 220 Percent of Total Deaths - 5 4% Alzheimer's Disease Number of Deaths - 207 Percent of Total</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Deaths - 5 1% Diabetes Mellitus Number of Deaths - 143 Percent of Total Deaths - 3 5% Ch ronic Liver Disease and Cirrhosis Number of Deaths - 95 Percent of Total Deaths - 2 3% Es sential Hypertension and Hypertensive Renal Disease Number of Deaths - 83 Percent of Tota l Deaths - 2 0% Intentional Self-Harm (Suicide) Number of Deaths - 74 Percent of Total De aths - 1 8% All Other Causes Number of Deaths - 842 Percent of Total Deaths - 20 9% Total Deaths Number of Deaths - 4,054 Percent of Total Deaths - 100 0% Source County of San Di ego Health and Human Services Agency (HHSA), Public Health Services, Community Health Stat istics Unit, 2018 Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develop s service line-specific goals * Estimates an annual budget for community programs and serv ices based on community needs, previous years' experience and current funding levels * Pre pares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vacc inations * Prepares and distributes information on community benefit programs and services through its foundation and community newsletters * Consults with representatives from a v ariety of departments to discuss, plan and implement community activities Priority Communi ty Needs Addressed in Community Benefit Report - SGH 2016 CHNA SGH completed its most rece nt CHNA in September 2016 SGH's 2016 CHNA was significantly influenced by the collaborati ve HASD&IC 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year SGH completed its most current implementation strategy - a description of SGH programs designe d to address the priority health needs identified in the 2016 CHNA The most recent CHNA a nd implementation strategy for SGH are available at http //www sharp com/about/community/h ealth-needs-assessments.cfm</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Through the SGH 2016 CHNA, the following priority health needs were identified for the communities served by SGH * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at SGH There are also programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy Medical Group clinics throughout SDC - including SDC's east region - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs For additional details on SGH programs that specifically address the needs identified in the 2016 CHNA, please refer to SGH's implementation strategy available at http://www.sharp.com/about/community/health-needs-assessments.cfm Through further analysis of SGH's community programs and in consultation with SGH service line leaders and community relations team members, this section also addresses the following priority health needs for community members served by SGH * General community health education and wellness * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan Identified Community Need Education, Support and Screening for Stroke Rationale references t</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p> he findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of six priority health issues affecting members of the communities served by SGH * The HASD&IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC * According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke About half of all Americans (47 percent) have at least one of these three risk factors Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015) * In 2016, cerebrovascular diseases including stroke were the third leading cause of death for SDC's east region * In 2016, there were 254 deaths due to stroke in SDC's east region The region's age-adjusted death rate due to stroke was 44.3 per 100,000 population This rate was the highest among all SDC regions and was higher than the HP 2020 target of 34.8 deaths per 100,000 * In 2016, there were 1,272 hospitalizations due to stroke in SDC's east region The region's age-adjusted rate of hospitalizations for stroke was 228.3 per 100,000 population - the highest among all SDC regions * In 2016, there were 394 stroke-related ED discharges in SDC's east region, a 38 percent increase from 2015 The age-adjusted rate of discharge was 72 per 100,000 population * According to 2016-2017 CHIS data, an estimated 33.7 percent of east region adults were obese, 12.4 percent smoked cigarettes, and 64.3 percent did not regularly walk for transportation, fun, or exercise In 2016, 17.9 percent reported eating fast food four or more times in the past week The rates for all of these activities were higher in the east region than SDC overall * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016) * The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors * According to the CDC, healthy lifestyle choices can help prevent stroke Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018) Objective * Provide stroke education, support and screening services for the east region of SDC FY 2018 Report of Activities SGH is recognized with advanced certification by the Joint Commission </p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ion as a Primary Stroke Center and was recertified 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 recipient of the American Heart Association (AHA)/ American Stroke Association's (ASA) Get With The Guidelines (GWTG) - Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients. In FY 2018, the SGH Stroke Center provided stroke education and screenings at 11 community events in SDC's east region. At these events, the team provided more than 600 community members with information about stroke risk factors, warning signs, and appropriate interventions, including arrival at the hospital within early onset of symptoms. The SGH Stroke Center also provided more than 80 attendees with blood pressure checks or stroke screenings, during which the team identified risk factors, provided education and advised behavior modification, including smoking cessation, weight loss and stress reduction. Community events and locations included SGH Burr Heart and Vascular Center Open House, the Senior Health Fair at the Lakeside Community Center, the Senior Transportation and Housing Expo at the La Mesa Community Center, the Spring into Healthy Living event at the McGrath Family YMCA, Health Fair and Flu Shot event at the Jewish Family Service of San Diego (JFS) College Avenue Center, Japanese Family Support Center, ECSSP's 19th annual East County Senior Health Fair at the La Mesa Community Center, Spring Valley Branch Library, the annual Safety Fair hosted by the La Mesa Police Department, the San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center, and the annual Lakeside Fire Open House at the Lakeside Fire Protection District. The SGH Stroke Center also provided stroke education to nearly 20 members of the Grossmont Mall Walkers group at Grossmont Center and nearly 30 members of TOPS Club, Inc. - a local weight loss support group - at Renette Recreation Center in El Cajon.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>In April, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) - an easy way to detect and enhance responsiveness to a stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 34,600 community members. Also in April, the SGH Stroke Center provided stroke education and risk factor screenings with pulse checks to more than 180 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel & Marina. Educational topics included different types of strokes, how to identify risk factors for stroke, strategies for risk reduction and recognizing symptoms of stroke. The SGH Stroke Center also collaborated with the SGH Senior Resource Center to provide stroke education and resources to seniors in the east region during FY 2018. Through this collaboration, the SGH Stroke Center and a Sharp interventional neurologist delivered a presentation on recent advances in stroke treatment as well as provided stroke resources to nearly 50 community members at San Diego Oasis in May. The SGH Stroke Center also conducted personal health interviews and blood pressure and pulse checks, as well as provided education on emergency treatment for stroke, prevention and warning signs, and how to respond using FAST. Also in partnership with the SGH Senior Resource Center, the SGH Stroke Center provided stroke screenings to approximately 10 community seniors at the Dr. William C. Herrick Community Health Care Library in June. In FY 2018, the SGH Outpatient Rehabilitation Department offered a weekly Stroke Communication Support Group for stroke survivors and their family members with a focus on stroke and brain injury survivors with aphasia or other speech or language difficulties. Topics included games to improve visual skills, language stimulation, listening activities and social interaction. The support group is sponsored by Young Enthusiastic Stroke Survivors, a community network that offers social, recreational and support group activities to stroke survivors and their families and caregivers. An average of six community members attended each session. In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. SGH also continued its 13-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry. FY 2019 Plan SGH Stroke Center will do the following * Part I</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>participate in stroke screening and education events in the east region of SDC * Provide education for individuals with identified stroke risk factors * Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department * Continue to participate in Strike Out Stroke Night at the Padres * Continue to participate in the San Diego County Stroke Consortium with other SDC hospitals * Continue to provide data to the SDC stroke registry * Provide at least one physician speaking event on stroke care and prevention * Provide stroke education and screenings at the Sharp Women's Health Conference * Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts</p> <p>Identified Community Need Heart and Vascular Disease Education and Screening Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identify cardiovascular disease as one of six priority health issues affecting members of the communities served by SGH * The HASD&IC 2016 CHNA continued to identify cardiovascular disease as one of the top four priority health issues for community members in SDC * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, Office of Statewide Health Planning and Development (OSHPD) & SpeedTrack Inc., 2015) * A cardiovascular health key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues facing cardiology patients: access to care, obtaining medications, understanding diet, understanding symptoms, and communicating their needs to providers * The key informant interview identified the following as effective strategies for cardiology patients: taking time to teach patients about their disease and self-management, building relationships with patients, providing educational materials, Backline (a text messaging service connecting patients and providers) numbers for providers, education for general practitioners, and including a trained addiction specialist on the care team * In addition, the cardiovascular health key informant interview identified the following risk factors for heart disease: diabetes, lack of social support, substance use disorders, financial issues, transportation, and lack of health education. Addiction is of particular concern, as nearly all SGH cardiology patients under age 55 have substance use issues * According to the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke * In 2016, heart disease was the second leading cause of death for SDC's east region * In 2016, there were 568 deaths</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>s due to coronary heart disease (CHD) in SDC's east region. The region's age-adjusted death rate due to heart disease was 98.5 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (81.7 deaths per 100,000 population), but below the HP 2020 target (103.4 deaths per 100,000 population). * In 2016, there were 1,100 hospitalizations due to CHD in SDC's east region. The age-adjusted rate of hospitalization for heart disease was 191.9 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (171.2 per 100,000 population). * In 2016, there were 244 ED discharges for CHD in SDC's east region. The age-adjusted rate of ED discharges was 44.2 per 100,000 population, which is the highest in the county, and higher than the age-adjusted rate for SDC overall (36.2 per 100,000 population). * According to CHIS data from 2016-2017, 6.2 percent of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall at 5.1 percent. * Data from the 2016-2017 CHIS indicated that 31.4 percent of adults living in SDC's east region had ever been diagnosed with high blood pressure. This is higher than SDC overall (26.2 percent) and California (28.7 percent). * According to data presented in the HHS 2014 Live Well Community Health Assessment, east region residents were more likely to be obese, smoke tobacco, regularly eat fast food, and binge drink than residents of other regions - all of which may increase the risk of developing CHD. * According to the CDC, heart disease (including CHD, hypertension and stroke) kills approximately 610,000 people annually and is the leading cause of death for both men and women (CDC, 2015). * In their 2018 statistical update, the AHA reported that CHD is responsible for 1 in 7 deaths in the U.S., killing nearly 370,000 people each year. Death rates and actual numbers of deaths from CHD have decreased significantly between 2005 and 2015, but the burden and risk factors remain alarmingly high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 45.6 percent of U.S. adults now have hypertension (AHA, 2018). * According to the AHA, it may be possible to prevent heart disease, stroke, and cardiovascular disease by not smoking, engaging in daily physical activity, maintaining a healthy diet and body weight, and controlling cholesterol, blood pressure, and blood sugar (AHA, 2018).</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Objectives * Provide heart and vascular education and screening services for the community , with an emphasis on adults, women and seniors * Share expertise in cardiovascular care with community health care professionals through participation in professional conferences and collaboratives * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease</p> <p>FY 2018 Report of Activities In FY 2018, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF) A free, monthly CHF class and support group provided nearly 90 individuals with a supportive environment to discuss various topics about living well with CHF A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart conditions, reaching more than 270 individuals SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2018 Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and cardiac health education and resources, including prevention, symptom recognition, evaluation and treatment Events included the Sharp Disaster Preparedness Expo, Celebrando Latinas, Live Well San Diego's (LWSD's) Love Your Heart event, SGH's Burr Heart & Vascular Community Open House, AHA Heart & Stroke Walk and annual Sharp Women's Health Conference In addition, the Cardiac Rehabilitation team collaborated with the SGH Senior Resource Center in February to educate more than 30 seniors at the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart Further, the Cardiac Rehabilitation team provided free flu shots to more than 15 community seniors during a flu clinic held at the hospital in October Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events This included SGH's ninth annual Heart and Vascular Conference in October, a two-day event where more than 300 health care professionals - including physicians, nurses and allied health workers caring for patients with cardiovascular disease - received education on advances in cardiovascular care at the Rancho Bernardo Inn In November and May, SGH participated in the 13th and 14th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 30 regional vascular physicians, nurses, epidemiologists, scientists and research personnel working together to collect and analyze vascular data in an effort to improve patient care SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care SGH continued to participate in programs to improve the care and outcomes of</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>f individuals with heart and vascular disease To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS SGH participated in the quarterly County of San Diego EMS Advisory Council for STEMI hosted by Sharp at its corporate office location Additionally, SGH provided its Peripheral Vascular Disease Rehabilitation Program to provide education and coaching on exercise, diet and medication to keep patients - particularly low-income patients - at the highest functional level The program is partially funded by donations to the Grossmont Hospital Foundation to help defray the cost for patients with limited resources Throughout FY 2018, SGH-affiliated cardiologists shared heart-related information with local news outlets, including KUSI News, Everyday Health, a consumer health website, and The East County Californian Topics included aspirin and heart health, cannabis and heart health, and sex after a heart attack SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs In FY 2018, the team spent more than 450 hours mentoring more than 30 students from Azusa Pacific University (APU), San Diego State University (SDSU), University of California (UC), San Diego, Grossmont College, National University and Western University of Health Sciences, including students with an interest in a career as a nurse or cardiovascular technologist FY 2019 Plan SGH will do the following</p> <ul style="list-style-type: none"> * Provide a free monthly CHF class and support group * Provide free bimonthly Heart and Vascular Risk Factor Education classes * Provide cardiac and vascular risk factor education and screening at community events * Provide one cardiac health lecture and a Cardiovascular Expo for community members * Pursue additional research opportunities to benefit patients and community members * As invited, offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options * Provide a conference on heart and vascular disease for community physicians and other health care professionals * Continue to provide student learning opportunities, including a new internship module for exercise physiology and kinesiology students * Continue to provide data on STEMI to the County of San Diego EMS * Continue to provide the Peripheral Vascular Disease Rehabilitation Program <p>Identified Community Need Diabetes Education, Prevention and Support Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale</p> <ul style="list-style-type: none"> * The SGH 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the communities served by SGH * The HASD&IC 2016 CHNA continued to identify Type 2 diabetes |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>as one of the top four priority health issues affecting community members in SDC * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc, 2015) * Sharp diabetes educator discussions conducted as part of the SGH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including accessing a physician, finding support programs, meeting outpatient needs (i.e., appointments with psychologists or endocrinologists), and a lack of diabetes education coverage under Medi-Cal * The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips, unmet behavioral health needs, food insecurity, and knowledge of benefits * According to data presented in the SGH 2016 CHNA, diabetes is a major cause of heart disease and stroke * The Centers for Disease Control and Prevention (CDC) identify diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017) * According to SGH diabetes discharge data, among SDC patients with a primary diagnosis of a diabetes-related ICD-10 code in 2017, 'Gestational Diabetes Mellitus in Childbirth Controlled by Oral Hypoglycemic Drugs' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Type 2 Diabetes Mellitus With Hyperglycemia,' and among those ages 45 and older, the top inpatient primary diagnosis was 'Type 2 Diabetes Without Complications' * In 2016, diabetes was the seventh leading cause of death in SDC's east region * According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017) * In 2016, there were 143 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 24.7 per 100,000 population, higher than the overall SDC age-adjusted rate (20.7 deaths per 100,000 population) * In 2016, there were 921 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 176.1 per 100,000 population. This rate was the second highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (120.9 per 100,000 population)</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* In 2016, there were 887 diabetes-related ED discharges in SDC's east region. The age-adjusted rate of diabetes-related ED discharges was 171.5 per 100,000 population. This was the third highest rate among all SDC regions and was higher than the age-adjusted rate for SDC overall (151.9 per 100,000 population). * According to 2015-2017 CHIS data, 10.7 percent of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (9.1 percent) and the state of California (9.8 percent). Diabetes rates among seniors were particularly high, with 18 percent of east region adults over 65 reporting that they had ever been diagnosed with diabetes. * According to 2016-2017 CHIS data, 13.4 percent of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, compared to 12.3 percent of residents in SDC overall. * According to the CDC's 2017 National Diabetes Statistics Report, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity. * The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC National Diabetes Statistics Report, 2017). * A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46 percent) have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016). * The CDC-approved Diabetes Prevention Program (DPP) is an evidence-based, cost-effective intervention to help people decrease their risk of developing diabetes by making healthy lifestyle changes. According to the California Department of Public Health (CDPH), in 2018, California mandated the DPP be covered under Medi-Cal for all beneficiaries who have prediabetes or a high risk of developing Type 2 diabetes. By funding the DPP, California will help create partnerships between community-based organizations, private insurers, health care providers, employers, academia and government agencies with the goal to reduce the incidence of prediabetes and Type 2 diabetes statewide (CDPH, 2018). Objectives * Provide diabetes education, prevention and support in the east region of SDC. * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations. * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community. FY 2018 Report of Activities The SGH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program provides individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes, and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish. In FY 2018, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference. This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on prediabetes, navigating the road to prevention, the signs, symptoms and complications of diabetes, and diabetes self-management. In addition, two diabetes educators presented on controlling blood sugar levels, prediabetes, and diabetes risk factors, symptoms and complications. Attendees were also educated about metabolic syndrome - a group of conditions including increased blood pressure, high blood sugar, abnormal cholesterol levels, and excess body fat around the waist that occur together, increasing an individual's risk of heart disease, stroke and diabetes. The Sharp Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October. The Sharp Diabetes Education Program provided education to various community groups throughout the year. In collaboration with the SGH Senior Resource Center, the program provided a lecture on diabetes and the power of lifestyle change to nearly 20 senior community members at the Dr. William C. Herrick Community Health Care Library. The Sharp Diabetes Education Program also participated in Sharp's partnership with the City of San Diego to provide diabetes resources and education on nutrition, including how food groups and serving size affect blood sugar levels, to nearly 20 community members at Skyline Hills Branch Library. In January, the SGH Diabetes Education Program provided diabetes awareness education to approximately 25 community members at the Kiwanis Club of El Cajon Valley. Additionally, in February, the SGH Diabetes Education Program educated approximately 25 community members on the basics of diabetes at New Life Church of the Nazarene in El Cajon. The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide education to diabetic patients at multiple FHCS D sites. The program also provides education to diabetic patients at multiple FHCS D sites through the organization's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's Lemon Grove site, Sharp diabetes educators provided four lectures to nearly 30 community members. Topics included creating an active lifestyle, nutrition (including the effect of food groups and serving sizes on blood sugar levels), and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In 2018, participants with more severe cases of diabetes (i.e., higher blood glucose levels) experienced a 30 percent decrease in blood glucose levels compared to the group overall. The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) how to manage their blood sugar levels. In collaboration with community clinics, in FY 2018, the team provided these patients with a variety of education and resources to support a healthy pregnancy while diabetic. Topics covered gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercise and weight management, monitoring fetal movement, and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician-gynecologists to prevent complications. At SGH, the Sharp Diabetes Education Program provided services and education to nearly 420 underserved pregnant women with diabetes.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. For the east region, this included particular attention to the newly immigrated Iraqi Chaldean population. Educational resources included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, Food Groups, and Arabic language materials about pregnancy. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track blood sugar levels. Live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application, and the program facilitated translation and other resources to specifically assist Chaldean cultural needs. Further, Sharp team members themselves received education regarding the different cultural needs of diverse communities. In FY 2018, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, the Sharp Diabetes Education Program presented to more than 150 health professionals during Sharp's Obesity Crisis Conference titled Practical Approaches to the Care of the Obese Patient. The team's presentation covered insulin use in the obese patient, including the origin and purpose of insulin, the effects of different kinds of insulin, the significance of accurate timing of insulin administration, and treatment options. In June, the Sharp Diabetes Education Program attended the ADA's 78th Scientific Sessions conference in Orlando, Florida. The conference theme was Diabetes Breakthroughs Happen Here, which taught more than 14,000 international attendees about the most significant advances in diabetes care and research. Also in June, the Sharp Diabetes Education Program provided a poster presentation to approximately 75 attendees at Sharp's fourth annual Interprofessional Research & Innovation Conference. The presentation, titled Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurses' Knowledge, highlighted a project aimed at improving patient care and diabetes knowledge among nurses. In addition, in August, the Sharp Diabetes Education Program presented on The Diabetes Injectable Pen Laboratory - A Novel Approach to Improve Home Health Nurses' Diabetes Knowledge to approximately 60 health professionals at the American Association of Diabetes Educators' 2018 Annual Conference in Baltimore, Maryland. The presentation described a study that demonstrated statistically significant improvements in knowledge and confidence.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>ence levels among registered nurses (RNs) and licensed vocational nurses using diabetes medication pens In November, the Sharp Diabetes Education Program hosted a diabetes conference designed for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting Topics included the advantages and disadvantages of pump therapy, pump therapy as a method of insulin delivery, differences in the treatment of Type 1 and Type 2 diabetes, diabetes risk factors, causes of diabetes patients not taking their medications, and the interventions required to improve patient handover from hospital to primary care Further, in FY 2018, the Sharp Diabetes Education program provided diabetes education to 20 nurse practitioner students at SDSU, while the SGH Diabetes Education Program mentored a dietetic intern from the San Diego Women, Infants and Children (WIC) program FY 2019 Plan The SGH Diabetes Education Program will do the following * Provide community members with prediabetes and diabetes information at various community venues in SDC's east region * Explore additional collaborations to assist and educate food insecure community members * Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts * Continue to foster relationships and collaborate with FHCS D to provide education and resources to their diabetic patients * Continue to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics * Participate in Tour de Cure - the ADA's signature fundraising event to fight diabetes and its burdens * Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations * Continue to participate in local and national professional conferences - including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators - to share best practices in diabetes treatment and control with the broader health care community * Conduct educational outpatient and inpatient symposiums for health care professionals * Continue to host a diabetes conference for health care professionals Identified Community Need Health Education, Screening and Support for Seniors Rationale references the findings of the SGH 2016 CHNA, HASD& IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA continued to identify senior health as one of six top priority health issues for community</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>ty members served by SGH * The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals * As part of the SGH 2016 CHNA, discussions held with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * Sharp senior health discussions held as part of the SGH 2016 CHNA process identified the most common health-related issues or needs for seniors as: anxiety, cardiac disease, cognitive impairment and dementia, depression, diabetes, psychosis and chronic mental illness (specific to the population served by the Downtown Sharp Senior Health Center), hypertension, increased need for caregivers, isolation, contributing to poor diet, bad habits and depression, loss of purpose, and substance abuse, particularly with prescription drugs * Seniors participating in the SGH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care: understanding health insurance, including confusing terms, knowing where to go for care, especially understanding when to use the ED, urgent care and primary care, using health insurance, including understanding health care costs/bills and knowing what services are covered, getting health insurance, and follow-up care, including understanding next steps and finding available appointments * In 2016, Alzheimer's disease was the sixth leading cause of death in SDC's east region * In 2016, the top 10 leading causes of death among adults ages 65 and older in SDC's east region were (in rank order): overall cancer, CHD, Alzheimer's disease and other dementias (ADOD), chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, stroke, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls * In 2016, seniors in SDC's east region experienced higher rates of hospitalization for all major causes, including cancer, hypertensive diseases, diseases of the heart, asthma, arthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia, when compared to the east region population overall * The top three causes of ED utilization among SDC's east region residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>* Seniors in SDC use the 911 emergency medical system at higher rates than any other age group. The most common complaints include general medical, altered neurological state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 2015). * A 2016 HHSA report titled Identifying Health Disparities to Achieve Health Equity in San Diego County Age found that seniors in SDC's east region have disproportionately high death rates for cancer, COPD, CHD and stroke when compared to other seniors in the county overall. * According to the CDC, 2.8 million older adults, or more than 1 in 4, are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and with each fall, the chance of falling again doubles. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2018). * In 2013, an estimated 62,000 San Diegans ages 55 and over were living with ADOD. One quarter of these residents lived in the east region. Between 2013 and 2030, the number of east region residents living with ADOD is projected to increase by 39.7 percent (Alzheimer's Disease and Other Dementias in San Diego County, HHSA, 2016). * In 2016, an estimated 54.9 percent of SDC's east region residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2016, 17 percent of the influenza hospitalizations and 6 of the 11 influenza deaths in the east region occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 8.5 per 100,000, higher than the rate for SDC overall (6 per 100,000) (HHSA, 2016). * Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey described in a report titled Valuing the Invaluable, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015). * According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018). * According to a report from the National Alliance for Caregiving (NAC) and AARP titled Caregiving in the U.S. 2015, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015). * The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder E.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>conomic Security Standard The highest proportion of seniors living in this gap includes renters, Latinos, women and grandparents raising grandchildren (Padilla-Frausto & Wallace, 2015) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * Provide daily telephone reassurance/safety check calls to ensure the safety of homebound seniors and disabled adults in SDC's east region * In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community * Serve as a referral resource to additional support services in the community for senior residents in SDC's east region * Provide education and community resources to caregivers * Maintain and grow partnerships with community organizations to expand community outreach and provide seniors and caregivers with updated information on available services and resources FY 2018 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources In FY 2018, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,600 households in SDC's east region In addition, the SGH Senior Resource Center distributed approximately 4,000 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people The SGH Senior Resource Center provides a telephone reassurance and safety check program for isolated or homebound seniors and disabled community members living in SDC's east region Through the program, SGH Senior Resource Center staff and volunteers place computerized phone calls to participants daily at regularly scheduled times In the event that staff members do not connect with participants, a phone call is placed to family members or friends to ensure the individual's safety In FY 2018, staff placed more than 4,900 phone calls to approximately 15 seniors and disabled community members, as well as nearly 20 follow-up phone calls to family and friends In FY 2018, the SGH Senior Resource Center reached more than 600 community members through approximately 30 free health education programs provided at locations in SDC's east region including the SGH campus, the La Mesa Adult Enrichment Center and the Grossmont Healthcare District Conference Center Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy and rehab</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>itation, diabetes, bereavement, finance, health insurance, nutrition, nursing, advance care planning (ACP) and rehabilitation. Educational topics included ACP, tools and resources for caregivers, managing the physical aspects of caregiving, diabetes, Medicare, memory loss, difficult family conversations, brain health, bereavement and coping with grief, tax planning, heart health and fitness, osteoporosis and preventing fractures, fall prevention, how to talk to a doctor, healthy eating in the new year, wills and trusts, maintaining a healthy voice, reverse mortgages and gift annuities, understanding hospice, and finding reliable health information. Also in FY 2018, nearly 300 seniors and their caregivers were reached through a series of clinical lectures provided by an audiologist, psychologist, interventional neuroradiologist, hematologist-oncologist, pulmonologist, neurologist and vascular surgeon. Topics included mental health, pain and neuropathy, recent advances in stroke treatment, restful sleep, vascular conditions, digital hearing aids, and advances in cancer prevention and treatment. The lectures were held at SGH, the Dr. William C. Herrick Community Health Care Library and San Diego Oasis - an organization that promotes healthy aging through lifelong learning, active lifestyles and volunteer engagement. In addition, the SGH Senior Resource Center collaborated with San Diego Oasis to provide education on topics including mindful eating, preventing fractures and ACP to more than 100 seniors. Further, the SGH Senior Resource Center presented to more than 400 community members on senior services, Vials of Life, fitness and exercise, experiencing aging, balance and fall prevention, making the most of and improving the health care experience, resources and tools for caregivers, seniors and socialization, stroke, and talking to a health care provider. Presentations were held at various locations throughout SDC, including but not limited to El Cajon, La Mesa and the City of San Diego.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Throughout the year, the SGH Senior Resource Center provided 11 health screening events at various sites in SDC's east region, reaching nearly 200 members of the senior community. Screenings included balance and fall prevention, hand, carotid artery, peripheral artery disease, stroke, and behavioral health. In addition, the SGH Senior Resource Center reached nearly 800 community members through more than 50 free blood pressure screenings. As a result of these screenings, two seniors were referred to physicians for follow-up care. Screenings were provided at the SGH campus, Dr. William C. Herrick Community Health Care Library, La Mesa Adult Enrichment Center, JFS College Avenue Center and McGrath Family YMCA, as well as at community health fairs, special events and to the Grossmont Mall Walkers. The SGH Senior Resource Center continued to sponsor the Grossmont Mall Walkers, a free fitness program to increase physical activity, improve balance and strength, and encourage a healthy lifestyle among community adults and seniors. Every Saturday, participants gathered at Grossmont Center to walk around the mall and perform gentle exercises led by an instructor from the SGH Senior Resource Center. On average, more than 130 community members participated in the Grossmont Mall Walkers program each month in FY 2018. At The San Diego Union-Tribune's CaregiverSD community expo in June, the SGH Senior Resource Center provided Vials of Life, senior resources and information about its services to approximately 300 community members. The SGH Senior Resource Center also offered Vials of Life, caregiver and community resources, and information about its services to more than 700 seniors at the AIS Aging Summit 2018 and the Burr Heart & Vascular Center community open house. In April, the SGH Senior Resource Center partnered with Sharp HospiceCare and the City of La Mesa to provide a conference titled Healthy and Safe Aging for community seniors and their families. Held at the La Mesa Community Center, the free conference provided approximately 100 attendees with educational presentations from a marriage and family therapist, attorney, nurse practitioner, ACP specialist, and other experts on how to plan for a healthy, safe and mindful future. In September, the Sharp Senior Resource Centers collaborated with the Caregiver Coalition of San Diego to provide the Caregiving for Someone With Dementia Caregiver Conference at the La Mesa Community Center. Nearly 100 community members attended the free conference, which included a resource fair and presentations from experts on a variety of topics to help care for loved ones. Throughout the year, the SGH Senior Resource Center both hosted and participated in health fairs and events throughout SDC's east region. This included the provision of blood pressure screenings and educational resources to more than 2,400 community seniors and caregivers at the Lakeside Community Center, Meadowbrook Mobile Home Estates in Santee, El Ca</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>jon Fire Department, George L. Stevens Senior Center, La Mesa Community Center, San Diego LGBT (Lesbian, Gay, Bisexual and Transgender) Community Center, JFS College Avenue Center, La Vida Real senior community, Grossmont Center, Cameron Family YMCA in Santee, Balboa Park, Liberty Station in Point Loma, Town and Country San Diego and SGH The SGH Senior Resource Center continued to provide seasonal flu vaccines in selected community settings. In FY 2018, the SGH Senior Resource Center provided more than 440 seasonal flu vaccinations at nine community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Salvation Army of El Cajon, Journey Community Church, food banks in Santee and Spring Valley, and SGH. In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vials of Life and information regarding telephone reassurance calls. Further, seniors, caregivers, individuals who are homeless or at risk of homelessness, individuals with chronic illnesses, and high-risk adults with limited access to care, including those without transportation, were notified about flu vaccine events through activity calendars, collaborative outreach conducted by the flu clinic site, Sharp.com, and paper and electronic newspaper notices. Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region. Organizations included the Caregiver Coalition of San Diego (the Caregiver Education Committee), ECSSP, ECAN, AIS Health Promotion Committee and Meals on Wheels Greater San Diego East County Advisory Board. Further, in order to avoid unnecessary visits to the emergency room and the potential risks of hospitalization, SGH is a part of the Alzheimer's Response Team (ART) in East County, which links medical first-responders, social workers, Sheriff's deputies and other professionals to individuals living with dementia, to ensure proper assistance as well as the most appropriate services during an emergency. Launched in July by the County of San Diego, SGH works alongside the Grossmont Healthcare District, Alzheimer's San Diego and LWSD. The team also collaborates to provide ongoing support to families and help prevent future crises. The ART is an outgrowth of The Alzheimer's Project, the county-led initiative to find a cure for Alzheimer's and help families struggling with the disease. FY 2019 Plan SGH Senior Resource Center will do the following:</p> <ul style="list-style-type: none"> * Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations * Provide community health information and resources through educational programs, monthly blood pressure clinic |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ics and health screening events * Collaborate with Sharp experts and community partners to provide approximately 35 seminars that focus on issues of concern to seniors * Participate in community health fairs and events targeting seniors * Collaborate with the East County YMCA, AIS and ECAN to provide a healthy living conference for seniors * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors * Provide telephone reassurance calls to seniors and disabled adults in SDC's east region * Provide approximately 4,000 Vials of Life to senior community members * Produce and distribute quarterly calendars highlighting events of interest to seniors and family care givers * Collaborate with community organizations to provide opportunities for seasonal flu vaccinations to community members facing barriers to accessing care, including homeless persons * Maintain and grow active relationships with organizations that serve seniors in SDC's east region * In partnership with San Diego Oasis and SGH clinical experts and affiliated physicians, provide a monthly educational program on health and wellness topics for seniors (e.g., vascular disease, fall prevention, stroke, etc.)</p> <p>Identified Community Need Cancer Education and Support, and Participation in Clinical Trials</p> <p>Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale * The SGH 2016 CHNA identified cancer as one of six top priority health issues for community members served by SGH * The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals * Sharp cancer navigator discussions conducted as part of the SGH 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the east region) cultural differences and language barriers between patient and provider, health literacy, financial issues, knowing where to go for care, availability of reliable transportation, difficulty with end-of-life conversations, and lack of advance care directives * The cancer key informant interview conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care and language barriers for non-English speakers as major difficulties facing oncology patients</p> <p>Additional challenges include financial, legal and survivorship issues, emotional, sexual and body image issues, lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources, and end-of-life or palliative care issues</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>* The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process, community coordinators with knowledge of hospital needs and community resources, greater hospital and community partnerships, resources to educate providers on end-of-life and palliative care issues, personnel within the health care system to identify resources and answer questions, financial assistance for co-pays, prescriptions, child care and other bills, and survivorship clinics. * As part of the SGH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors, more comprehensive educational groups, a navigator staff member or case manager for all oncology patients, not just newly diagnosed, help navigating health insurance options to identify the best coverage for individual needs, and tours specifically for patients who have a serious illness requiring multiple treatments. * According to 2017 Sharp oncology data, 14 percent of the 274 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress and were referred to internal or external resources, such as social workers or community cancer resources. * The most frequently observed cancers at SGH in 2017 were (in rank order) breast, lung, colorectal, prostate, gynecological and lymphoma. In total, there were 1,231 new cases of cancer at SGH in 2017. * In 2016, cancer was the leading cause of death in SDC's east region and was responsible for 24.1 percent of all deaths. * There were 977 deaths due to cancer (all types) in SDC's east region in 2016. The region's age-adjusted death rate due to cancer was 173.1 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 146.6 per 100,000 population and the HP2020 target of 161.4 deaths per 100,000 population. * In 2016, the east region's age-adjusted death rates were higher than the rates for SDC overall in 12 of the 15 most common cancers: bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, liver, lung, melanoma of the skin, non-melanoma skin cancer, and prostate. * In 2016, 20.8 percent of all cancer deaths in SDC's east region were due to lung cancer, 9.8 percent to colorectal cancer, 8.6 percent to female breast cancer, 7.3 percent to prostate cancer, 6.1 percent to pancreatic cancer, and 5.4 percent to female reproductive cancer. * In 2016, the age-adjusted mortality rate of female breast cancer in the east region was 26.6 per 100,000 women, which exceeds the rate for SDC overall (20 per 100,000 women), and the HP2020 target of 20.7 breast cancer deaths per 100,000 women. * According to the American Cancer Society (ACS) Cancer Statistics Center, in 2018 there will be an estimated 29,</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>360 new cases of breast cancer and 4,500 breast cancer deaths for females in California * According to the 2015 Susan G Komen for the Cure San Diego Affiliate Community Profile, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years. * The 2015 Susan G Komen for the Cure San Diego Affiliate Community Profile also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2). * According to the ACS 2017 California Cancer Facts & Figures report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities. * According to 2015-2016 CHIS data, 85.7 percent of women in SDC's east region ages 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 4.9 percent of SDC east region women in this age range reported that they have never had a mammogram. * According to findings from the ACS 2018 Cancer Facts & Figures report, screening offers the ability for secondary prevention by detecting cancer early. For example, the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018). * Study findings from the 2015 Susan G Komen for the Cure San Diego Affiliate Community Profile indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern and African American women (Susan G Komen, 2015). * A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer - and other noncommunicable diseases - are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018). * The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including psychosocial support, assistance with treatment decisions, assist</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ance with insurance issues, arrangement of transportation, coordination of additional services (i.e., fertility preservation), and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016). * According to the National Institutes of Health, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants. Objectives:</p> <ul style="list-style-type: none">* Provide cancer education and support to patients and community members* Provide cancer resources and education at community events* Provide cancer patient navigation and support services to the community* Participate in cancer clinical trials, including screening and enrolling patients <p>FY 2018 Report of Activities Note: SGH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. Sharp (including Sharp Memorial Hospital (SMH), SGH, and Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In FY 2018, the SGH Cancer Center provided education on cancer, breast self-examination demonstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to approximately 400 individuals at community events, including ECAN's annual Spring Into Healthy Living senior health and wellness fair and San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center. At Sharp's annual Women's Health Conference in April, the SGH Cancer Center offered cancer education, health screening recommendations for various age groups, breast self-exam demonstrations and cards, information about skin checks and melanoma, and literature on cancer care and prevention including risk reduction through lifestyle changes to approximately 1,000 community members. In honor of Lung Cancer Awareness Month in November, the SGH Cancer Center offered a free community event titled What Doctors Want You to Know About Lung Cancer to more than 20 community members. Experts and Sharp-affiliated physicians presented on early detection, new treatments and the personal risk factors for lung cancer. Additionally, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October. In FY 2018, the SGH Cancer Center provided a variety of free support groups for approximately 90 community members impacted by cancer. Offered twice monthly, the breast cancer support group allowed women in all stages of breast cancer - from recent diagnosis, to treatment and survivorship - to share experiences and discover coping strategies. A general cancer support group was offered monthly to meet the educational and emotional needs of people living with any kind of cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to share experiences and coping strategies during any phase of treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The SGH Cancer Center also offered a monthly Man Cave support group for men with cancer, which provided a safe and comfortable setting to explore important issues that can arise when coping with any type of cancer, including work, relationships, family and regaining control over life. Furthering its support for those with cancer, the SGH Cancer Center continued to provide the Wall of Hope and Inspiration - a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer. In addition, in FY 2018, SGH Cancer patients participated in the Swallows project in which more than 30 patients and loved ones painted unique aluminum birds that represent what healing looks like to them. The birds were assembled into a flight of swallows over the entrance of the medical oncology and</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>radiation oncology areas as a symbol of hope and a successful journey The SGH Cancer Center continued to host educational classes at no cost for patients and community members facing cancer Through the monthly Lunch and Learn Cancer Education series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing anxiety, leaving a legacy, making healthy habits stick, mindful eating, importance of exercise, cancer prevention lifestyle, and strategies for successful survivorship Attendees were also invited to participate in a question-and-answer session while enjoying a complimentary lunch The series reached an average of eight to 12 individuals per session in FY 2018 The SGH Cancer Center also provided meetingspace for the ACS' Look Good Feel Better classes, which teach women techniques to manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and boost self-confidence Classes included a complimentary makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs and headwear Four classes were offered at the SGH Cancer Center in FY 2018, reaching more than 30 women Throughout the year, the SGH Cancer Center offered free workshops for patients and community members This included free monthly ACP workshops provided in collaboration with Sharp's ACP program Led by a trained ACP facilitator, the workshops provided nearly 15 community members with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones, and guidance on completing an advance health care directive The SGH Cancer Center also offered three rotational monthly workshops including a Relaxation and Quieting the Mind workshop to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis, a Chemo Brain Workshop Improving Memory and Concentration for patients experiencing memory problems related to chemotherapy and other cancer treatments, and a Scanxiety Managing the Fear of Cancer Recurrence workshop to assist patients in understanding and managing anxiety related to tests and scans The workshops assisted more than 50 community members in FY 2018 To help guide and support patients and their families before, during and after the course of treatment, the SGH Cancer Center team offered a licensed clinical social worker (LCSW), a certified dietitian, genetics counselors and cancer patient navigators for breast and various other cancers The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance In FY 2018, this included improv</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>g patient and family connections to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen, 2-1-1 San Diego (2-1-1), JFS and the Food Bank's Breast Cancer Case Management program, as well as other food and financial assistance programs. The LCSW served more than 350 patients and family members in FY 2018, while approximately 100 community members contacted the LCSW for consultation regarding support groups and other SGH Cancer Center services and community resources. The breast health navigator is an RN certified in breast health who personally assists breast cancer patients and their families with navigating the health care system. The breast health navigator offers support, guidance, education, financial assistance referrals and recommendations for community resources. Through collaboration with community clinics - including FHCS, Neighborhood Healthcare and Borrego Health - the breast health navigator identifies patients who may financially benefit from the Breast and Cervical Cancer Treatment Program Offered through the California Department of Health Care Services, the program provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients, while local clinics help facilitate the enrollment process. Patients needing psychosocial support are referred to the SGH Cancer Center Radiation Oncology Department's LCSW or various local or national resources including JFS's Breast Cancer Case Management program. The breast health navigator also plays an active role in community education at health fairs, providing educational literature about early detection of breast cancer and mammography guidelines, at no charge to the community. In FY 2018, the breast health navigator provided navigation assistance to nearly 200 breast cancer patients in need, including many with late-stage cancer diagnoses. Since 2014, a cancer patient navigator has been designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, anal and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. Since the inception of SGH's navigator program, the cancer patient navigator has assisted more than 500 patients and their families. Three genetic counselors assist patients and family members at SGH and SMH through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Throughout FY 2018, SGH helped raise community awareness of cancer through television interviews on KPBS, FOX 5 San Diego, CBS 8/CW San Diego and KUSI News as well as through KPBS Public Radio 89.5 and live stream. Through these outlets, information was shared by a medical social worker, SGH Cancer Center staff and hospital physicians from a variety of specialties, including oncology and gastroenterology. Topics included lung cancer in individuals who have never smoked, coffee and its possible cancer risk link to acrylamide, a chemical byproduct created when coffee beans are roasted, a groundbreaking new study that found that women with early-stage breast cancer may be able to avoid chemotherapy, and scanxiety. During a Facebook Live question-and-answer session in March, a gastroenterologist shared simple ways people can reduce their risk of colon cancer, including engaging in moderate amounts of exercise and getting screened, as well as the preventive benefits of aspirin therapy. Another Facebook Live question and answer session focused on reducing the risk of breast cancer and was held during breast cancer awareness month in October. The Sharp Cancer Centers (SCVMC, SGH, and SMH) conduct oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2018, the Sharp Cancer Centers approached and evaluated 3,680 patients for participation in oncology clinical trials. As a result, 207 patients were enrolled in cancer research studies. In FY 2018, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian and prostate. FY 2019 Plan The SGH Cancer Center will do the following:</p> <ul style="list-style-type: none"> * Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social 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 cancer and those with advanced cancer and their caregivers * Provide monthly workshops on managing scanxiety, relaxation and chemo brain as well as a multi-session couples communication 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 * Provide free meeting space for four Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment * Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones * Provide education and resources to the community by patient navigators for breast, colon, brain and gynecologic cancers, and cancer patients with complex care needs * Connect individuals to community resources |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>to help them manage their illness * In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved ones * Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills * Screen and enroll cancer patients in clinical trials for research studies * Provide education on cancer and available treatments through community residents and community physician lectures * Provide internships to National University radiation therapy students * Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk * Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services Identified Community Need Women's, Prenatal and Post partum Health Services and Education Rationale references the findings of the SGH 2016 CHN A, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC 2016 CHNA continued to identify high-risk pregnancy as one of the top 15 priority health conditions seen in SDC hospitals * In 2016, SDC's east region had 430 low birth weight (LBW) births, which accounted for 6.6 percent of total births for the region. When compared to all other racial groups, the proportion of LBW births in the east region was highest among African American/Black infants (9.2 percent). Additionally, a significantly higher proportion of LBW births in the region occurred among female infants (8.35 percent) compared to male infants (4.86 percent) * In 2016, 24 infants in SDC's east region died before their first birthday. The infant mortality rate was 3.7 infant deaths per 1,000 live births, the same as the rate for SDC overall * There were 1,210 hospitalizations due to maternal complications in SDC's east region in 2016, a 35.8 percent increase from 2015. The region's age-adjusted rate was 515.5 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (494.2 per 100,000 population) * In 2016, 5,301 live births received early prenatal care in SDC's east region, which translates to 81.5 percent of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (84.2 percent), and the lowest among all SDC regions * Proven strategies to increase the use of prenatal care include affordable health coverage, expedited health coverage for uninsured pregnant women, insurance coverage that includes health education and risk counseling, outreach and assistance with enrolling in health coverage and accessing affordable prenatal services, use of safety net health providers, culturally and linguistically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support from trained and certified doulas and community health workers</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>, group care approaches to reduce costs and enhance care, and transportation assistance (Children's Initiative, 2017) * According to the 2017 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease and decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. Mothers who breastfeed may reduce their risk of breast, ovarian, and uterine cancers, experience quicker postpartum recovery time, and miss less work due to child illness (Children's Initiative, 2017) * Breastfeeding initiation rates vary by race/ethnicity, and are lowest among Native American, Pacific Islander and African American mothers (Children's Initiative, 2017) * In 2016, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 80.9 percent (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2017) * While most women plan to breastfeed, only half of working mothers receive the support they need in the workplace to continue doing so. Mothers with workplace support for breastfeeding are twice as likely to be exclusively breastfeeding at three months postpartum. Lower income mothers are less likely to have workplace support for breastfeeding compared to mothers with higher incomes (CDPH, 2018) * According to 2015-2017 CHIS data, 31.2 percent of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), which is higher than SDC overall (22.6 percent) * According to the CDC, being overweight increases the risk of complications during pregnancy, and may lead to negative health outcomes for both mother and child after birth. Nearly half of women are overweight or obese when they become pregnant. Additionally, nearly half of women gain more weight than is recommended during pregnancy, which can lead to future obesity for both mother and child (CDC, 2017) * Findings from the CDPH's 2018 Maternal and Infant Health Assessment indicated that in 2015, 20.5 percent of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (California Task Force on the Status of Maternal Mental Health Care, 2018)</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined. Untreated maternal mental health disorders have serious consequences, including adverse birth outcomes, impaired bonding between mother and infant, childhood behavioral problems, and increased stress on families (California Task Force on Status of Maternal Mental Health Care, 2017). * Screening for maternal mental health disorders is currently not routine, and treatment for identified cases occurs less than 15 percent of the time. Untreated maternal depression costs California an estimated \$2.25 billion each year in lost income and productivity and negative health outcomes for children (California Task Force on Status of Maternal Mental Health Care, 2017). * The American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including a change in hormone levels after birth, prior experience with or family history of depression, anxiety or mental illness, stress related to caring for a newborn, having a baby who is difficult to comfort, or who has challenging sleep and hunger needs, having a baby with special needs, first-time, very young or older motherhood, emotional stressors such as the death of a loved one or family problems, financial or employment issues, and isolation or lack of social support (APA, 2016). * According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause a diverse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesity, smoking during pregnancy and high blood pressure (CDC, 2017). * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2017). * Preterm birth results in \$26 billion in avoidable medical and societal costs each year (March of Dimes, 2017). * According to the National Center on Substance Abuse and Child Welfare, an estimated 15 percent of infants are affected by prenatal alcohol or illicit drug exposure each year. Substance use during pregnancy increases the risk of negative health outcomes, such as stillbirth, miscarriage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (Substance Abuse and Mental Health Services Administration, 2017). Objectives * Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skills * Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding * Collaborate with community organizations to help raise awareness of women's health issues and services, as well as</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>to provide low-income and underserved women in the San Diego community with critical prenatal services * Participate in professional associations related to women's services and prenatal health and disseminate research FY 2018 Report of Activities</p> <p>In FY 2018, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout the community Free support groups assisted women and families with the challenges and adaptations of having a newborn Offered twice per week, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home Facilitated by RN lactation consultants, the group served nearly 20 attendees per session in FY 2018, including fathers who were welcome to attend The weekly postpartum support group, led by social workers, supported more than 30 mothers per session in FY 2018 Through the support group, mothers with babies up to 12 months of age who are experiencing symptoms of the "baby blues," depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals Educational classes covered a variety of parenting and newborn care topics Through the breastfeeding class, moms-to-be learned about the advantages of breastfeeding and basic breastfeeding tips, such as positioning and the use of breast pumps Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling Other offerings by the SGH Women's Health Center in FY 2018 included classes on caesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents The SGH Women's Health Center also supported the community through participation in the Sharp Women's Health Conference in April Team members offered information on women's health including labor and delivery, prenatal care, obstetrics/gynecology care, neonatal intensive care options and more to 1,000 attendees In addition, SGH continued to host an annual neonatal intensive care unit (NICU) reunion event to offer a unique experience for patients and families whose babies have spent time in the NICU, and celebrate their care long after they leave the hospital The event reached approximately 250 former NICU patients and their families and included a variety of activities such as face painting, a photo booth (including framed pictures for the families), games, and arts and crafts The SGH Women's Health Center has implemented several critical process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community Following the implementation of the 10 Steps to Success</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Successful Breastfeeding initiative in 2012, the SGH Women's Health Center has pursued various quality strategies to promote exclusive breastfeeding and exclusive breast milk in the NICU. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes. Early intervention strategies were incorporated to promote the establishment of breastmilk in the first couple of weeks. The SGH Women's Health Center also continued to track mothers of premature infants 28 to 34 weeks who had established breastmilk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive newborn breastfeeding rate at discharge from 49 percent in 2011 to 59 percent in 2018. In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) - an initiative of LWSD and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected out of six participating clinics as the pilot clinic to help establish Baby-Friendly USA guidelines around breastfeeding during the prenatal period and after discharge, and support other prenatal clinics in achieving Baby-Friendly USA standards. Though the pilot program ended in 2016, SGH continues its collaboration in the BFCHC to ensure sustainability of the model.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2018, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This included nearly 1,000 hours of care for pregnant women, with midwife coverage five days per week. The SGH Prenatal Clinic also continued to participate in the CDPH Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered to help reduce the number of women who meet the criteria for gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH registered dietitian (RD) or the SGH Diabetes Education Program as appropriate. At-risk women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community. The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist chemically dependent (addicted) women with psychological and social issues during pregnancy. These approaches have been shown to reduce both LBW rates and health care costs for women and infants. The SGH Women's Health Center also provided women with referrals to a variety of community resources, including, but not limited to California Teratogen Information Service (CTIS), WIC, and the County of San Diego Public Health Nursing. In FY 2018, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including WIC, CTIS, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, Beacon Council's Patient Safety Collaborative, ACNL, the regional Perinatal Care Network, the local chapter of AWHONN, California Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, American Association of Critical-Care Nurses - Clinical Scene Investigator Academy, and the County of San Diego Public Health Nursing Advisory Board. FY 2019 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Provide free breastfeeding, postpartum and new parent support groups * Provide parenting education classes * Participate in wellness events for women with a focus on lifestyle tips to enhance overall health * Share evidence-based maternity care practices through presentations at professional conferences * Provide prenatal clinical and social services as well as education to vulnerable community clinic patients |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>rough the SGH Prenatal Clinic * Provide a NICU graduate reunion for former NICU patients and their family members Identified Community Need Health Education and Wellness Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as six priority health issues affecting members of the communities served by SGH * The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases * The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity) These 10 social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC These strategies include behavioral health prevention and stigma reduction, education on disease management and food insecurity, integrating physical and mental health care, better coordination of care, greater cultural competence and diversity, and engagement of patient navigators and case managers in the community * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and Type 2 diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc, 2015) * According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015) * HHS's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide In 2015, 54 percent of all deaths in SDC's east region were attributed to 3-4-50 conditions, which was equal to the rate for SDC overall (54 percent) * In 2016, cancer was the leading cau</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>se of death and diseases of the heart were the second leading cause of death for SDC's east region * According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 30.8 percent, which is a 15.8 percent decrease from 2016, but still higher than the self-reported obesity rate for SDC overall (22.5 percent) * In 2016, 17.9 percent of adults ages 18 and older in SDC's east region self-reported eating at fast-food restaurants four or more times each week, which was higher than the rate for SDC overall of 16.3 percent (CHIS, 2016) * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer In 2016, 39.8 percent of Americans were obese (CDC, 2017) * Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015) Objectives * Provide a variety of health and wellness education and services at events and sites throughout the community * Offer health and wellness education to the community through various media outlets FY 2018 Report of Activities Throughout FY 2018, SGH participated in community events, offered presentations at neighborhood sites, and partnered with local media sources to educate community members about a variety of health and wellness topics In April, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference, where they offered wellness education and services to approximately 1,000 attendees This included the provision of nutrition education, handouts, recipes and healthy food samples as well as answering nutrition-related questions At the conference, SGH also provided nearly 210 community members with osteoporosis heel screenings, education on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention In addition, hand screenings were provided at the conference, which included evaluations and recommendations for hand pain and discomfort (arthritis, carpal tunnel, trigger finger, etc) Furthermore, SGH conducted five blood drives where nearly 170 SGH team members donated more than 140 pints of blood</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In FY 2018, SGH RDs offered more than 100 community members nutrition handouts and healthy food samples, as well as answered nutrition-related questions at multiple community events, including Sempra/San Diego Gas & Electric's employee health fair, SGH's Burr Heart & Vascular Center Community Open House and a National Nutrition Month table located at the SGH cafeteria. In January, an SGH RD presented on eating well in the new year to nearly 20 seniors at the Dr. William C. Herrick Community Health Care Library. In addition, an SGH RD presented on mindful eating to nearly 50 community members at the SGH Cancer Center and San Diego Oasis. SGH helped increase awareness about current news and trends impacting the health and safety of community members through television interviews on KUSI News, KPBS, FOX 5 San Diego and CBS 8/CW San Diego, printed articles in The San Diego Union-Tribune, The East County Californian and El Latino San Diego, websites including RT For Decision Makers in Respiratory Care, MyFitnessPal online blog, Bustle digital magazine and Everyday Health - a consumer health website, and various radio stations. Information was shared through these outlets by a bereavement counselor, RD and medical social worker, as well as hospital physicians from a variety of specialties, including emergency medicine, sleep medicine, neurology, psychiatry, general surgery, bariatric surgery, cardiology, gastroenterology and oncology. Topics included, but were not limited to aspirin and heart health, cannabis and heart health, sex after a heart attack, the Awake Video-Assisted Thoracic Surgery option for patients deemed inoperable, skin cancer and the Hispanic community, lung cancer in nonsmokers, symptoms and prevention of heat-related illnesses, sleep patterns and mood changes during warm San Diego nights, strategies to cope with lack of sleep, first aid tips after encountering a wild animal, the health benefits of eating fish as a child, fecal transplants, unexpected differences between grieving and depression, tips to prepare for surgery, minimally-invasive weight loss options, and the mental and physical health benefits of owning and caring for a dog. Throughout FY 2018, staff at SGH regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included CAHHS Committee on Volunteer Services and Directors' Coordinating Council, Cameron Family YMCA, County of San Diego EMCC, Grossmont Healthcare District's Independent Citizens' Bond Oversight Committee, San Diego East County Chamber of Commerce, California Hospital Association (CHA) Workforce Committee, CHA San Diego Association of Directors of Volunteer Services, San Diego-Imperial County Council of Hospital Volunteers, Santee-Lakeside Rotary Club, Lantern Crest Senior Living Advisory Board, AHA, Health Sciences High and Middle College (HSHMC) Board, California Academy of Nutrition and Dietetics - San Diego District, Association of Fu</p> |

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

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>h for those over age 65 (CDC, 2018) * According to data from NCHS, in 2016, over 130,000 deaths in the U S were attributed to three causes poisoning (26 percent), motor vehicle traffic accidents (16 9 percent), and falls (16 5 percent) * Unintentional injuries are t he leading cause of death among children in the U S , while non-fatal unintentional injuri es can result in children having long-term disabilities (LiveWell San Diego Report Card on Children, Families, and Community, 2017) * SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children Successful interventions include safety c ampaigns, educational strategies and changes in parenting practices (LWSD Report Card on C hildren, Families, and Community, 2017) * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord inj uries The physical, emotional, psychological and learning problems that affect injured ch ildren, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation Educational programs like ThinkFirs t increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury (SCI), injury prevention measures, and the use of safety habits at an early age (w ww thinkfirst org/kids, 2015) * According to HP2020, most events resulting in injury, dis ability or death are predictable and preventable There are many risk factors for unintent ional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, physical environment both at home and in the community, access to health services and systems for injury-related care, and social environment, including individual social experiences (e g , social norms, education and victimization history), social rela tionships (e g , parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e g , cohesion in schools, neighborhoods and communities) and societal factors (e g , cultural beliefs, attitudes, incentives and disi ncentives, laws and regulations) Objectives * Offer an injury and violence prevention pro gram for children, adolescents and young adults in SDC's east region * Offer talks and opp ortunities to Health and Science Pipeline Initiative (HASPI) high school students around i njury and violence prevention and health care career readiness FY 2018 Report of Activitie s</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy. In FY 2018, ThinkFirst/Sharp on Survival provided injury prevention education in a variety of settings to approximately 3,000 East County residents. More than 1,400 of these residents were students in grades nine through 12 who are part of the HASPI program. HASPI is a collaborative network of educators, community organizations and health care industry representatives all working together to increase health and medical career awareness, improve science proficiency in schools and prepare students for future health care careers. Through the partnership and financial support from HASPI, the ThinkFirst/Sharp on Survival program offered schools in SDC's east region a variety of services including classroom presentations, small assemblies and offsite learning expos. HASPI school-site programs consisted of one- to two-hour classes on topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs). In FY 2018, ThinkFirst/Sharp on Survival expanded its delivery of HASPI education within East County through presentations to 65 students at Mountain Empire High School, located in the rural backcountry of southeastern SDC. Also through the HASPI program, in FY 2018, a dozen students from West Hills High School interested in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center. Students rotated through five stations that provided hands-on experiences in adapted dressing techniques, wheelchair mobility and various memory and problem-solving activities used in therapy. The experience allowed them to gain a better understanding of physical rehabilitation, as well as the challenges that patients face following a life-changing event. With grant funding from the Grossmont Healthcare District (GHD), ThinkFirst/Sharp on Survival provided further outreach to East County schools through presentations reaching more than 70 students at Avocado Elementary School. Presentations were provided to students during three assemblies that focused on conveying the permanence of injuries, TBI, SCI and disabilities. In addition, a group of fourth graders received education on booster seat safety. Following the presentations, students engaged in hands-on learning and disability education through exploration of wheelchair accessible vans. This activity aimed to show students that individuals are more alike than different, regardless of physical ability. ThinkFirst/Sharp on Survival also presented on injury prevention, TBI, SCI and disability awareness.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>to approximately 900 college students in SDSU's Disability in Society course. The class is open to a variety of majors, enabling ThinkFirst/Sharp on Survival to reach a broad audience of young adults. After the presentation, students had the opportunity to ask questions related to the challenges nonprofit organizations face when conducting public health education and outreach. In July, ThinkFirst/Sharp on Survival presented to 20 members of the Casa De Oro, El Cajon and Sunrise Optimist Clubs. As longtime residents of these communities and ongoing supporters of ThinkFirst San Diego, these members request a special guest presentation every few years to learn about the organization's current projects -especially those related to helping children in East County - and to ask questions regarding current child passenger safety information. In October, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 550 youth and their parents at the annual GHD-sponsored Kids Care Fest at the Lakeside Rodeo Grounds. Education included proper helmet fitting and booster and car seat use, TBI and SCI, and state safety laws. FY 2018 Plan ThinkFirst/Sharp on Survival will do the following:</p> <ul style="list-style-type: none"> * With grant funding, provide educational programming and presentations for local schools and organizations * With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation in community events and health fairs * As part of the HASPI partnership, continue to evolve program curricula to meet the needs of health career pathway classes * Grow partnership with HASPI through participation in conferences, round table events and collaboration on letters of support for various funding opportunities * Continue to provide booster seat education to elementary school children and their parents with funding support from grants * Continue to provide college students with injury prevention education through SDSU's Disability in Society course and public health classes * Explore further opportunities to provide education to health care professionals and college students interested in health care careers, including public health students at SDSU * With grant funding, continue to expand program to reach new populations, including throughout SDC's east region and Imperial County * With grant funding, continue linking injury prevention with career readiness and career paths * Assist with planning and providing guest speakers for the 2019 ThinkFirst National Injury Prevention Foundation Conference Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers <p>Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale * According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care industry</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>stry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017) * The same report indicated that the six fastest growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent) RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017) * The Health Care Priority Sector report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017) * According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017) * The 2017 SDWP Nonprofit Sector Employment Trends and Career Opportunities report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast It also recommends enhancing curriculum with more training on data management and technology to help graduates meet the needs of this increasingly data-driven sector * In its Employment Projections - 2016-2026 report, the U S Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations Several factors leading to the increased demand for these professions include projected population growth in the next decade, an aging U S population, more people living with chronic conditions, such as diabetes and obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016)</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015). * Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018). * As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Healthcare Atlas, 2017). * The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained, the most severe shortage among all states (BHW, 2017). * The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches retirement, it will be critical to train younger RNs to handle the turnover (California Health Care Foundation (CHCF), 2017). * The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018). * According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018). * An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in c</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (Employer-Defined Value Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students, CHA, 2015) Objectives * Collaborate with local middle and high schools to provide opportunities for students to explore health care professions * Collaborate with local colleges and universities to provide professional development lectures to students from local colleges and universities * Offer professional development opportunities for community health professionals</p> <p>FY 2018 Report of Activities Throughout the academic year, SGH provided more than 840 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Approximately 580 nursing students spent nearly 56,000 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 260 ancillary students spent more than 65,300 hours on the SGH campus. Academic partners included Alliant International University, APU, Bridgewater State University, California State University (CSU) Chico, CSU Dominguez Hills, CSU Fresno, CSU Northridge, California State University San Marcos, Casa Loma College, Chapman University, Concorde Career College, EMSTA College, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Keck Graduate Institute, Lake Area Technical Institute, Lake Erie College of Osteopathic Medicine, Metropolitan State, Mount Saint Mary College, National University, North West College, Northern Arizona University, Pacific College of Oriental Medicine, Palomar College, Pima Medical Institute, Point Loma Nazarene University (PLNU), Samuel Merritt University, San Diego City College, San Diego Mesa College, SDSU, San Jose State University, Santa Barbara City College, Southwestern College, Touro University, UC San Diego, University of Buffalo, University of New Hampshire, University of Phoenix, University of Puget Sound, University of San Diego (USD), University of Southern California, University of St. Augustine, University of the Pacific, Walden University, Western Governors University and Western University. Further, the SGH Cancer Center provided internships to two National University radiation therapy students. SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Healthcare Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences. In FY 2018, 23 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>- and post-operative surgery, the progressive care unit, radiology, pharmacy, supply chain /distribution, nutrition, infection control, the surgical waiting area/concierge, occupational and physical therapy, and the catheterization and hyperbaric laboratories At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff Those completing the program received high school credits for an elective course SGH also continued its participation in the HSHMC program in F Y 2018, providing early professional development for approximately 160 students in ninth through 12th grades Students spent more than 28,440 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, ED, food and nutritional services, behavioral health, acute care medical-surgical nursing, sterile processing, engineering, occupational and physical rehabilitation, endoscopy, women's health , cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, and the hand clinic In addition, SGH staff provided students instruction on educational requirements, career ladder development and job requirements At the end of the academic year, SGH staff provided the students, their family members, community leaders and hospital mentors with a symposium that showcased the lessons learned throughout the program SGH continued to provide HealthCare Towne in FY 2018, an early outreach program for middle and junior high school students designed to build the health care workforce of tomorrow through a field trip to the SGH campus This unique event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care Healthcare Towne has four major components that include World of Work, the Puzzle Room, Scenario Tour and In-the-Round Activity The first component, World of Work, empowered students to develop self-awareness by exploring their strengths, interests and values Students were divided into three groups to solve three different scenarios In the Puzzle Room, students collaborated to diagnose a hypothetical patient before they arrived at the hospital by interpreting clues to find the answer and reveal the next piece In the Scenario Room, students learned about and walked through clinical areas where the patient would receive care, including the ambulance bay, ED, operating room, catheterization laboratory, imaging and intensive care unit During the final component, In-the-Round Activity, students applied clues, lab results and what they learned throughout the day to help fully diagnose the patient with several conditions In April and September 2018, approximately 70 local middle school students participated in HealthCare Towne</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>In FY 2018, SGH sponsored Ethics in Business, a program of the San Diego East County Chamber of Commerce and the GUHSD Career Technical Education Department. The program is designed to train high school students to become principled leaders through curriculum and case studies focusing on good ethical behavior and is the result of a cooperative effort by a group of business, education and community leaders. SGH staff were on-site to assist during the event, which was attended by approximately 200 high school students. With health care workforce shortages on the rise, SGH created the Inspire program, a weeklong program that encourages high school students from underrepresented backgrounds to consider careers in health care and learn about nursing directly from those in the field. To qualify for the program, students must be in good academic standing and enter their senior year within SDC's east region. Applicants must also have permanent resident status or U.S. citizenship, and speak fluent English in addition to either Arabic, Farsi, Kurdish, Turkish or Dari. SGH partnered with License to Freedom, a local nonprofit that advocates for and empowers immigrants and refugees in SDC, to recruit participants. Students shadowed nurses in outpatient, acute and critical care, women's health and surgical services, and administrative settings. In addition, daily meet-and-greet luncheons with representatives from local colleges and universities including PLNU, National University, USD and others exposed students to a wide variety of nursing programs and degrees, as well as the processes for pursuing each educational track. Lastly, students created community-based education projects on topics chosen from the CHNA. In small groups, the students performed research and created poster presentations and handouts on obesity, mental health, diabetes and heart health and shared these projects at both SGH and a community health fair in El Cajon. SGH and SMH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station MICN emergency nurses. Participants received certification through the County of San Diego EMS upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County of San Diego EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit. In addition, as a radio base station, the Sharp Prehospital/EMS department provided two continuing education Joint Base Regional Care Conferences for local EMS personnel and MICN trained RNs throughout SDC. FY 2019 Plan SGH will do the following: * In collaboration with GUHSD, participate in the HESI * Continue to participate in the HSHMC program * Continue to provide internship and professional development opportunities to college and university students throughout San Diego * Continue to collaborate</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>with local universities to provide professional development lectures for students * Continue to offer HealthCare Towne to middle and junior high school students Identified Community Need Support During the Transition of Care Process for High-Risk, Underserved and Underfunded Patients Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * As part of the SGH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program (CCTP)/CTI staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients coaching, educating patients about their disease and the health care system, providing education tailored to specific cultural and linguistic groups, providing transportation, support, hope and love, and providing a personal health record with resources and information about their medications * A key informant interview conducted as part of the SGH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services * The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes) These social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care behavioral health prevention and stigma reduction, education on disease management and food insecurity, improving diversity and cultural competency, coordinating services across the continuum, integrating physical and mental health, and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care * Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC * Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care understanding health insurance, getting health insurance, using health insurance, knowing where to go for care, and follow-up care or appointments * As of September</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>er 2018, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lak eside, Lemon Grove, Santee and Spring Valley was 3.4 percent. This is slightly higher than the rate for SDC overall (3.2 percent), but lower than the state average (3.9 percent) (Labor Market Information, State of California Employment Development Department, 2018). * The Regional Taskforce on the Homeless' January 2018 WeAllCount campaign estimated that there were 8,576 homeless individuals in SDC, roughly 58 percent of whom were unsheltered. The most commonly cited cause of homelessness among the unsheltered population was loss of a job (23.4 percent), followed by money issues (16.2 percent), "other" (12.7 percent), cost of housing (11.7 percent) and disability (8 percent). * In 2018, 12.7 percent of SDC's homeless population resided in the east region. * The same report found that 31 percent of current SDC homeless are accessing health services, while 18 percent are not. * A 2016 report by the HHS titled Identifying Health Disparities to Achieve Health Equity in San Diego County Socioeconomic Status found that low-income communities in the county are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes. Four such low-income communities - El Cajon, La Mesa, Lemon Grove and Mountain Empire - are located in SDC's east region. * According to results from the Kaiser Family Foundation's Employer Health Benefits Survey, the average annual premium for employer-sponsored health insurance in 2018 was \$6,896 for a single adult and \$19,616 for a family. On average, workers contributed 18 percent to single coverage premiums and 29 percent for family coverage premiums - an increase of 3 percent for singles and 5 percent for families compared to 2017. The survey also found that the average dollar amount workers contribute to single and family premiums has risen 65 percent since 2008. * According to a report from the CHCF titled Mental Health in California For Too Many, Care Not There, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50 percent between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018). * According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30 percent from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Objectives * Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care * Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals * Collaborate with community organizations to provide services to chronically homeless individuals * Through the CTI program, provide high-risk, under- and unfunded patients with health coaching, support and resources that address SDOH to ensure a safe transition home and continued health and safety FY 2018 Report of Activities In FY 2018, SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment Individuals received referrals to and assistance from a variety of local resources and organizations These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays SGH referred high-risk patients, families and community members to churches, shelters and other community resources for food, safe shelter and other resources For unemployed, uninsured and underinsured patients, or for those who simply cannot afford the expense of DME, including a wheelchair, walker or cane due to a fixed income, SGH has committed to providing medically necessary equipment for high-risk patients upon discharge SGH case managers and social workers actively seek DME donations from the community and SGH Volunteer Services, providing nearly 300 DME items in 2018 In addition, SGH paid nearly \$46,000 for uninsured patients to receive continued short-term rehabilitative care in a skilled nursing facility (SNF) to improve patient mobility and stability To assist economically disadvantaged individuals, SGH provided more than \$198,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds These funds assisted nearly 6,800 individuals in FY 2018 In addition, SGH pharmacists assisted more than 400 economically disadvantaged patients with outpatient prescriptions valued at more than \$228,000 In addition, SGH continued to collaborate with community organizations to provide services to chronically homeless patients Through its collaboration with the SDRM, SGH discharged chronically homeless patients or patients who have exhausted other community housing resources to the SDRM's Recuperative Care Unit This program allows chronically homeless patients to receive follow-up medical care through SGH in a safe and secure space, and also provides psychiatric care, behavioral health care, substance abuse counseling and guidance from the SDRM's programs in order to help patients recuperate and get back on their feet The SDRM assists patients with FSD and CalFresh applications, connects patients to community resources, including St Paul's PACE and JFS, assists with permanent housing, prov</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>ides programs that support continued sobriety and residential treatment, and collaborates with St Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Program for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness Further, in collaboration with Sharp Global Patient Services, SGH transferred three homeless hospice patients to their native countries and reunited them with family and friends</p> <p>Beginning in 2014, SGH piloted the CTI program for its high-risk, vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients Modeled after the countywide CCTP established by the Centers for Medicare & Medicaid Services to serve the Medicare fee-for-service patient population at risk for readmission, the CTI program provides 30-day coaching by an RN or medical social worker at no cost to vulnerable patients who are identified through a comprehensive risk assessment tool The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues and other conditions that impact their health and safety The project team is a collaborative effort between various team members across Sharp, including nurses, case managers, social workers and disease specialists as well as team members of Sharp community benefit, Patient Financial Services (PFS) , SGH's Senior Resource Center and others CTI health coaches include an RN and a medical social worker who devoted hundreds of hours directly to CTI patients The team ensures that vulnerable patients are connected with community resources and support to safely transition home and keep them safe and healthy in the community Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations This outreach is critical for sustaining the health and well-being of vulnerable patients and empowering them to manage their care outside the hospital Food insecurity, or lack of access to healthy food, is a key factor in the health status of CTI patients Since its inception, hundreds of CTI patients were identified as food insecure and provided a direct referral to 2-1-1 2-1-1 then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance food commodity programs (through the Food Bank), free food distribution sites throughout San Diego, and assistance with CalFresh enrollment In addition, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefits prior to hospital discharge, which dramatically increased the likelihood that patients completed CalFresh applications and received benefits In FY 2018, more than 80 SG</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>H patients were granted CalFresh benefits. Further, the CTI program provides medically-tailored emergency food bags for CTI patients without sufficient food in their homes. The food bags are supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditions and nutritional needs of CTI patients, in order to sustain their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutritionally dense foods during the first few days of discharge, when proper nutrition is critical. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region. In addition, a significant number of CTI patients are diabetic and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this barrier, the CTI program works with Sharp Diabetes Educators who assemble and provide "diabetes kits" - including a three-month supply of strips, lancets, glucose monitors, etc. These kits help to keep CTI patients safe and managed until their insurance is activated. In addition, blood pressure cuffs and batteries, pill boxes and can openers were provided for CTI patients. The CTI pilot has demonstrated a powerful impact over the past few years. To date, the CTI team has approached more than 2,700 patients and succeeded in enrolling more than 2,100 individuals in the program. Since its inception in May 2014, the average readmission rate for CTI-enrolled patients is below 13 percent, compared to an average readmission of nearly 30 percent for individuals who refused CTI coaching services. In FY 2018, the average readmission rate for CTI patients from any status was 12.4 percent. It is the focus on care management as well as SDOH that contributes to the success of the CTI program.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>The CTI program's partnership with 2-1-1's Health Navigation Program has proven to be one of the most innovative and impactful collaborations of the CTI program, and truly a best practice in delivering care to community members facing inequities. 2-1-1's Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. 2-1-1 Health Navigators work with community members experiencing issues in accessing care, managing chronic conditions, and those who are uninsured or underinsured. Health Navigators assess specific needs, which are unique to the individual's health condition and situation, refer and educate them about options and community resources, and advocate on their behalf when needed. Health Navigators ensure access and utilization of the services that community members are referred to and then conduct follow-up communication with them over time. Through the partnership between SGH and 2-1-1, CTI patients are referred to the 2-1-1 Health Navigation Program to address health and social needs and leverage 2-1-1's enrollment services, housing coordination and advocacy. At intake and again at completion of care coordination, 2-1-1 uses a risk rating scale to measure and address changes in vulnerability related to SDOH (access to food, housing, transportation, etc.), hospital readmission risk, and patient satisfaction and patient self-efficacy to both demonstrate program impact and identify areas for improvement. Based on the rating scale, patients fall into one of six categories that allow the Health Navigators to tailor the services to the individual and connect patients with the appropriate community resources. CTI patients referred to 2-1-1 are assessed on a variety of measures such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment. The risk assessment tool has identified the top needs as housing, food assistance and primary care services. Funded by the Grossmont Hospital Foundation, the CTI program's partnership with 2-1-1 continues to successfully demonstrate the value of SDOH support for high-risk patients post hospital discharge. In FY 2018, nearly 80 patients were referred to 2-1-1. In the third year of this partnership, 100 percent of CTI patients that completed 2-1-1 Health Navigation reduced their vulnerability in at least one SDOH domain (e.g., housing, nutrition, etc.). In its second full year of implementation, the partnership with 2-1-1 continued to demonstrate significant decreases in vulnerability in the domains of nutrition and housing. In addition, the partnership has had a significant impact on readmission rates among participants. In the second year of the program, the readmission rate for CTI patients who completed the 2-1-1 Health Navigation Program was 10.8 percent, a dramatic decrease from the readmission rate of nearly 30 percent, associated</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>with patients who qualify for CTI, but do not enroll in the program. In addition, survey outcomes from the partnership revealed that 96 percent of CTI patients expressed confidence in the care plan to manage their health following completion of the 2-1-1 Health Navigation Program. These outcomes support the ultimate goal of the CTI program - to empower patients and community members with resources and skills to maintain their health and well-being. FY 2019 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide post-acute care facilitation to high-risk patients * Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME * Continue to administer Project HELP funds to those in need * Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients * Continue to provide high-risk, Medi-Cal and unfunded patients with care transitions support, including connection to health care services and resources that address SDOH * Maintain and strengthen partnerships with FSD and 2-1-1 to strengthen the services of the CTI program and support expansion of the program * Implement 2-1-1's Community Information Exchange - an online platform that allows the sharing of social service program utilization data by community members, and potentially patients * Explore opportunities to improve communication with community clinics * Continue to work with SGH Volunteer Services to provide weather-appropriate clothing to homeless patients upon discharge <p>SGH Program and Service Highlights</p> <ul style="list-style-type: none"> * 24-hour emergency room and critical care center, with heliport and paramedic base station - designated STEMI Center * Acute care * Ambulatory Care Center * Breast Imaging Center, including mammography * Cardiac Training Center * CTI program * David and Donna Long Center for Cancer Treatment, including clinical trials, genetic counseling, radiation therapy and medical oncology * Electrocardiogram * Electroencephalography * Endoscopy * Grossmont Medical Plaza Outpatient Surgery Center * Group and art therapies * Heart and vascular care - recognized by the AHA * Home health * Home infusion services * Hospice, including BonitaView, LakeView and ParkView hospice homes * Intensive Care Unit * Level III Neonatal Intensive Care Unit * Mental Health Inpatient and Outpatient Services * Orthopedics, including total joint replacement surgery * Outpatient diabetes services, recognized by the ADA * Outpatient Infusion Center * Palliative care services * Pathology services * Pediatric services * Pharmacy services * Pre-Anesthesia Evaluation Services * Pulmonary services * Radiology and diagnostic imaging, including computed tomography scan, positron emission tomography scan, digital mammography and DEXA bone density scan * Rehabilitation services (inpatient and outpatient) * Senior Resource Center * SNF/Transitional Care U |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>nit * Sleep Disorders Center * Spiritual care services * Stroke Center - recognized by the AHA * Surgical Intensive Care Unit * Surgical services, including robotic surgery * Therapy Pet program * Care Clinic (opening 2018) * Van transportation services * Women's Health Center, offering a full range of pregnancy, delivery, gynecologic and women's reproductive services * Wound Healing Center, including hyperbaric medicine Section 5 Sharp HospiceCare We can impact the community by providing the information, tools and resources that help people take charge of their own health You can change your community by being involved in groups and activities that truly make a difference in the lives of others - Suzi Johnson, Vice President of Hospice, Sharp HospiceCare Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's) hospital entities However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 6 of this report The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in fiscal year (FY) 2018 in the following Senate Bill 697 community benefit categories * Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Mama's Kitchen, Feeding San Diego and the San Diego Food Bank * Other Benefits for the Broader Community included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community, such as education, support groups and outreach at community health fairs and other events Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), San Diego Regional Home Care Council (SDRHCC), South Bay Senior Providers, South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (H PNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for Compassionate Care (SDCCC), San Diego Health Connect POLST e-registry workgroup and San Diego County Medical Society Bioethics Commission See Appendix A for a listing of Sharp's involvement in community organizations in FY 2018 The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>* Health Research, Education and Training Programs included time devoted to education and training for health care professionals and student and intern supervision Definition of Community Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942 Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC For Sharp's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area, and Downtown San Diego Description of Community Health In 2018, there were 485,911 residents ages 65 and older in SDC, representing 14.6 percent of the population Between 2018 and 2023, it is anticipated that SDC's senior population will grow by 22.6 percent In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL) The county's unemployment rate was 7.5 percent and 5 percent of households received Supplemental Security Income According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits 2 Please refer to Table 32 for SNAP participation and eligibility in SDC Table 32 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016 Food Stamps/SNAP Benefits Households - 7.0% Families with Children - 7.1% Eligibility by Federal Poverty Level Population below or at 130% FPL - 19.5% Population below or at 138% FPL - 21.0% Population 139% to 350% FPL - 32.7% Source County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018 Demographic Profiles, 2016, and U S Census Bureau, American Community Survey 2012-2016 In SDC in 2016, 93.8 percent of children ages zero to 17, 80.3 percent of young adults ages 18 to 24, 81.1 percent of adults ages 25 to 44, 87.4 percent of adults ages 45 to 64, and 98.5 percent of seniors ages 65 and older had health insurance Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national</p> |

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

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>Statistics Unit, 2018 Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, Sharp HospiceCare * Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities * Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community * Incorporates end-of-life community needs into its goal development Priority Community Needs Addressed by Sharp HospiceCare Sharp HospiceCare provides hospice and palliative care services across the Sharp care continuum Each Sharp acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), Sharp Coronado Hospital and Healthcare Center (SCHHC), SGH and SMH, completed their most recent CHNA in September 2016 Sharp's 2016 CHNAs were significantly influenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year, each hospital completed its most current implementation strategy - a description of programs designed to address the priority health needs identified in the 2016 CHNAs The most recent CHNA and implementation strategies are available at http://www.sharp.com/about/community/health-needs-assessments cfm Sharp's 2016 CHNAs continued to identify senior health as a priority health need for the community Sharp HospiceCare helps to address senior health issues through the following community programs and services * End-of-life and advanced illness management (AIM) education for community members * Advance care planning (ACP) education and outreach for community members, students and health care professionals * Hospice and palliative care education and training programs for students and health care professionals * Bereavement counseling and support For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan Identified Community Need End-of-Life and Advanced Illness Management Education for Community Members Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* In Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues for community members served by Sharp * As part of Sharp's 2016 CHNAs, discussions with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * In 2016, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order) overall cancer, Alzheimer's disease and other dementias, coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls * In 2016, hospitalization rates among seniors were higher than the general population due to CHD, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis * According to 2017 CHIS data, 37.2 percent of SDC adults ages 18 to 64 living at 200 percent of the FPL reported that they were not able to afford enough food * According to the World Health Organization, chronic diseases are responsible for 71 percent of all deaths globally. Risk factors for chronic diseases include socioeconomic status, diet, tobacco use and physical activity level (World Health Organization, 2018). Nearly 60 percent of Americans now live with at least one chronic condition, while 42 percent have more than one (RAND Corporation, 2017) * Nearly two-thirds of California's seniors on Medicare had two or more chronic conditions in 2012, and more than one-third had four or more. These seniors have an increased need for care and higher risk for mortality as well as poorer day-to-day functioning (California Health Care Almanac: Beds for Boomers Report, 2015) * While chronic diseases place significant burdens on individuals and health care systems, community-taught self-management of symptoms is possible. Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Council on Aging, 2018) * According to a 2018 report from the California Task Force on Family Caregiving, there are 4.5 million Californians providing unpaid care to individuals ages 18 and older. Informal caregivers face many challenges in this role, including balancing employment with caregiving, accessing culturally relevant and competent services, paying for supportive services, and attending to their own health and well-being (California Task Force on Family Caregiving, 2018) * According to AARP, more than 40 million people in the U.S. currently act as unpa</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>id caregivers to people ages 65 and older More than 10 million of these caregivers are mi llennials with separate part- or full-time jobs, and one in three employed millennial care givers earns less than \$30,000 per year (AARP, 2018) * According to a report from the Nat ional Alliance for Caregiving (NAC) and AARP titled Caregiving in the U S 2015, 60 percent t of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AAR P and NAC, 2015) * About 6 in 10 caregivers assist with medical/nursing tasks for their l oved one, and 42 percent of these caregivers are performing those tasks without any formal training According to Caregiving in the U S 2015, 84 percent of caregivers report that they could use more information or help on caregiving topics The top four topics of conce rn for caregivers are keeping their loved one safe at home, managing their own emotional o r physical stress, making end-of-life decisions, and managing their loved ones' challengin g behaviors (AARP and NAC, 2015) * According to the Institute on Aging, about 14 9 millio n Americans are caring for someone with dementia Caregiver interventions that have shown to successfully improve the health and well-being of dementia caregivers include providing education around how to manage dementia-related symptoms, improving social support for ca regivers, and providing caregivers with respite care from caregiver duties (Alzheimer's As sociation, 2016) * According to Let's Get Healthy California - a task force developed to advance a 10-year plan to make California the healthiest state in the nation - hospice pat ients receive better symptom control, are less likely to receive aggressive care at the en d of life, and their families are more likely to be satisfied with the care they receive (Let's Get Healthy California Task Force, 2018) * Data presented by the Let's Get Healthy California Task Force indicated that 48 5 percent of SDC decedents utilized hospice servic es in 2014 This was higher than the rate for the state of California overall (43 3 percent) but fell short of the group's 2022 target (54 percent) Among all demographic groups in SDC, the Asian population had the lowest rate of hospice utilization (27 6 percent) (Let' s Get Healthy California Task Force, 2018) * In 2013, 140,000 Californians were served by hospice Nearly 80 percent of hospice patients were ages 71 and older At the current rat e of use, the number of hospice patients is projected to more than double between 2013 and 2040, and it is projected that in 2040, 88 percent of hospice patients will be 71 and old er (California Health Care Almanac, Beds for Boomers, 2015) * Research from the Californi a Health Care Foundation (CHCF) shows that in 2014, just 25 to 50 percent of palliative ca re needs were being met statewide By 2017, palliative care capacity across the state had increased for both inpatient palliative care (43 to 66 percent of needs met) and community -based care (33 to 51 percent)</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>(CHCF, 2018) * In January 2018, California became the first state to provide community-based palliative care services as part of Medicaid coverage, expanding the availability of palliative care into every county in the state. Despite this expansion, barriers to use of this new Medi-Cal benefit exist, including lack of education for patients and referring physicians, the absence of standardization in billing practices, care delivery models and quality assessment methods, and a need to understand and accommodate the variation in needs seen across geographic areas and patient populations (CHCF, 2018) * According to an article published in Palliative Care Research and Treatment, many people living with a chronic life-threatening illness either do not receive any palliative care service or receive services only in the last phase of their illness. Research has shown that palliative care programs can improve outcomes for both patients and caregivers, and demonstrate cost effectiveness by transferring care from acute settings to patients' preferred locations. Current barriers to effective end-of-life care include lack of professionals with specialized training, clinician ignorance and lack of awareness of resources, physician reluctance to refer patients, patient and family reluctance to accept referrals, and restrictive program eligibility requirements (Hawley, 2017) Objectives * Provide education and outreach to the San Diego community concerning AIM and end-of-life care * Collaborate with community organizations to provide education and outreach to community members, caregivers and loved ones * Support the unique AIM and end-of-life care needs of military veterans and their families</p> <p>FY 2018 Report of Activities Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through participation in a variety of local organizations including SDCCEOLC, SDRHCC, San Diego County HVP, San Diego Chapter of the HPNA, San Diego POLST Coalition/SDCCC, Caregiver Coalition of San Diego, SoCAN, South Bay Senior Providers and ECSSP. In partnership with these and other community organizations, in FY 2018, Sharp HospiceCare reached nearly 3,000 community members through free education and outreach on a variety of end-of-life and AIM topics, including hospice, palliative care and caregiving, at community health fairs, conferences and other events. Locations included churches, senior living centers, and community health agencies and organizations throughout SDC.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>In October, Sharp HospiceCare helped plan and facilitate the San Diego Community Action Network (SanDi-CAN) 11th annual community conference at the Balboa Park Club titled Planning Ahead Ensuring Your Decisions Will Be Honored The free event helped approximately 100 seniors and family members identify their end-of-life values and goals of care, and learn the communication skills necessary to make informed health care planning decisions In April, Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide two aging conferences for community seniors, family members and caregivers, titled Healthy and Safe Aging Held at the Point Loma Community Presbyterian Church and the La Mesa Community Center, the free conferences educated more than 200 attendees about planning for a healthy, safe and mindful future In August, Sharp HospiceCare and SCVMC hosted a similar conference at Fredericka Manor Retirement Community in Chula Vista that reached approximately 100 community members Sharp HospiceCare partnered with the Caregiver Coalition of San Diego to offer free conferences to approximately 200 community members who provide care for a friend or family member Conferences included What Every Caregiver Should Know A Guided Tour, held at the Solana Beach Presbyterian Church in July, Three P's of Caregiving Purpose, Preparedness and Providers, held at St Paul's Plaza in August, and Caring for Someone With Dementia Caregiver Conference, held at the La Mesa Community Center in September The conferences included resource fairs as well as presentations on various caregiving topics, including but not limited to brain health and dementia, avoiding caregiver burnout, communication and denial, letting go of self-expectations, emotional aspects of caregiving, fall prevention and safety, understanding care options, essential documents, and paying for care Sharp HospiceCare provided end-of-life and AIM education and resources to more than 2,000 community members at a variety of health fairs and events throughout the year Senior and caregiver-oriented events included Spring Into Healthy Living at the McGrath Family YMCA, Lakeside Senior Health Fair, ECSSP's 19th annual Senior Health Fair, SanDi-CAN and So-CAN Interactive Technology & Health Fair, Summer Senior Resource Event at the Mira Mesa Senior Center, a health fair at Paradise Village retirement community, County of San Diego Aging & Independence Services Aging Summit 2018, Beyond the Sky Solutions' annual Female Care Providers Conference, and The San Diego Union Tribune's Successful Aging Expo and Caregiver SD Community Expo Outreach at additional community events took place at the Sharp Women's Health Conference, La Maestra Community Health Centers' City Heights Health Fair, San Diego Gas & Electric's bi-annual employee health fair, SCVMC's Changing Minds, Minds Matter South County mental health fair, Parkinson's Association of San Diego 2018 Step by Step Walk, University of California</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>, San Diego Women's Conference, and the open house at the SGH Burr Heart and Vascular Center. In addition, throughout the year, Sharp HospiceCare provided end-of-life and AIM presentations and resources to nearly 300 community members at St Luke Catholic Church, Our Lady of Perpetual Help Church, St Spyridon Greek Orthodox Church, Oakmont of Escondido Hills retirement community, Jewish Family Service of San Diego, Point Loma/Hervey Branch Library and SGH's Club 65. Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans as well as through participation in veteran-oriented community events. As a partner in We Honor Veterans (WHV) - a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families - hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III. Through Level I, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. With Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations. Sharp HospiceCare is currently working towards becoming a WHV Level IV Partner, which focuses on improving access to and quality of care for community veterans. In FY 2018, Sharp HospiceCare conducted a variety of veteran recognition activities as part of its WHV commitment. In honor of Veterans Day, Sharp HospiceCare celebrated patients who served in the U.S. military by holding 21 flag ceremonies throughout the month of November. During the ceremonies, fellow veterans presented patients with a U.S. flag that had previously flown on the USS Midway aircraft carrier. In addition, Sharp HospiceCare held special pinning ceremonies during which volunteers presented veterans with a WHV pin and a certificate of appreciation for their service. More than 90 Sharp HospiceCare veteran patients as well as nearly 80 veteran community members were pinned during FY 2018. In December, Sharp HospiceCare honored veterans through the annual Wreaths Across America wreath-laying ceremony at Fort Rosecrans National Cemetery, Greenwood Memorial Park and Miramar National Cemetery. Sharp HospiceCare furthered its WHV commitment through the provision of veteran-specific community education and outreach. This included a presentation on the WHV program to approximately 150 attendees of the CSU Institute for Palliative Care at California State University San Marcos (CSUSM) and SDCCC's High Tech High.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>h Touch palliative care conference in June The annual conference strives to educate community members as well as current and future health care professionals about palliative care options and ACP Sharp HospiceCare has been a member of the San Diego County HVP since 2010 Through the partnership, the VA San Diego Healthcare System (VASDHS) and San Diego's community hospice organizations collaborate to promote quality care for veterans with a life-limiting illness as well as serve as a voice and resource for veterans and their families Sharp HospiceCare continued to provide a wig donation program in FY 2018 Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, which are cleaned and styled for donation to individuals experiencing hair loss as a result of cancer treatment or other illnesses Team members provide private appointments for community members to select their wig and receive personalized fitting, styling and maintenance instructions In FY 2018, Sharp HospiceCare donated approximately 30 wigs to community members, as well as approximately 20 surplus wigs to other departments throughout Sharp, including cancer patients at the Laurel Amtower Cancer Institute at SMH and the Douglas & Nancy Barnhart Cancer Center at SCVMC FY 2019 Plan Sharp HospiceCare will do the following</p> <ul style="list-style-type: none"> * Continue to collaborate with a variety of local community organizations to provide end-of-life and AIM education and resources to community members * Collaborate with the Sharp Senior Resource Centers and SCVMC to host a free aging conference at locations in La Mesa, Point Loma and Chula Vista, reaching 100 community members per conference * Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for quality end-of-life care for veterans * Achieve WHV Partner Level IV to improve access to and quality of care for community veterans * Continue to provide a wig donation program <p>Identified Community Need Advance Care Planning Education and Outreach to Community Members and Health Care Professionals Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale</p> <ul style="list-style-type: none"> * The Sharp 2016 CHNAs identify care at the end of life as a critical issue for the senior population * Discussions held with Sharp cancer patient navigators as part of Sharp's 2016 CHNAs indicated the following major challenges to helping oncology patients: difficulty having end-of-life conversations, which may be due to cultural variation, or lack of physician experience with palliative care, and few individuals having an advance directive |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* According to the CDC, Americans have gained an average of 30 additional years in lifespan over the last century. Americans now experience mortality at a much later age and largely due to chronic disease. Planning for end-of-life care increases individual autonomy, ensures individuals feel their voice is heard, and relieves stress for those surrounding elderly individuals. In 2017, only 30 percent of Americans had advance care plans. With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017). * A 2017 systematic review published in Health Affairs found that 36.7 percent of Americans had completed an advance directive, and 29.3 percent had living wills. Factors contributing to low ACP completion include tedious legal formalities in executing an advance directive, initial lack of clinician support for advance care directives, which is perpetuated in provider culture today, and the lack of depth and tailoring of advance directives to fully represent patients' preferences (Kuldeep et al., 2017). * According to research published in the Public Library of Science's peer-reviewed journal PLOS One, barriers to ACP include competing work demands among clinicians, the emotional and interactional nature of patient-clinician and patient-family conversations around ACP, cultural views on death, language differences, socioeconomic status and social isolation of the patient, and structural difficulties in implementing an ACP-focused framework of care within health care organizations. Proper training and support for clinicians is essential to facilitate increased ACP within health care organizations (Lund, Richardson, & May, 2015). * Despite evidence that ACP can improve the quality of the end of life, it is most likely to be completed by white, 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 awareness and access to ACP. Community-based initiatives to increase conversations around ACP - especially socially, culturally, religiously and language-tailored programs - may help offer resources and leadership to previously underserved populations (Gerontological Society of America, 2017). * While 92 percent of Americans say it's important to discuss their wishes for end-of-life care, only 32 percent have had such a conversation. In addition, 95 percent of Americans say they would be willing to talk about their wishes, and 53 percent even say they'd be relieved to discuss it (The Conversation Project National Survey, 2018). * A Consumer Reports survey of 2,015 adults suggests that Americans would prefer to die at home. 86 percent said they would consider receiving end-of-life-care at home, but just 36 percent said the same about getting that care in a hospital. Despite this, about 60 percent of Americans die in acute care hospitals.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>tals, 20 percent in nursing homes and only 20 percent at home (Stanford School of Medicine - Palliative Care, 2014) * Advance directives should be completed while people are healthy, which gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes 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 important for health systems and health care workers to provide support and guidance to patients and families on the role of ACP, palliative care and hospice ACP is an important tool in the clinician-patient-family relationship for ensuring effective and sensitive support at the end of life Open communication between patient and provider, as well as between the patient and loved ones, can help ensure that all parties are aware of the patient's preferences (The Five Trajectories Supporting Patients During Serious Illness, CSU Institute for Palliative 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 and their loved ones about the importance of ACP (Peters, Kim & Udow-Phillips, 2016) * According to the Institute of Medicine (IOM), there is a need for public education and engagement about end-of-life planning at several levels, including the societal level, to build support for public and institutional policies that ensure high-quality, sustainable care, the community and family levels, to raise awareness and elevate expectations about care options, the needs of caregivers, and the hallmarks of quality care, and the individual level, to motivate and facilitate ACP and meaningful conversations with family and caregivers (IOM, 2014) Objectives * Provide education, engagement and consultation for community members on ACP and POLST * Educate community health care professionals on ACP and POLST * Empower community members to make informed health care decisions FY 2018 Report of Activities Sharp offers a free and confidential ACP program to support community members as they consider their future health care options Facilitated by Sharp 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 consists of three stages Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance directive Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, co-morbidities, potential for hospitalization and caregiver issues With a goal of anticipating future need</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>As health declines, this stage focuses on developing a written plan that identifies goals of care and involves the health care agent and loved ones. The third stage, late-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 decisions require conversion to medical orders that will guide the health care provider's actions and remain consistent with goals of care. The focus of this stage is to assist the individual 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 care and treatment preference when important health care decisions must be made. Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions. The document is publicly available on Sharp's website in both English and Spanish and uses easy-to-read language to describe what an advance directive is and how and why to complete one. The form allows individuals to put their health care wishes into writing and appropriately sign the advance directive. With this witnessed signature, the advance directive becomes a legal document that identifies the appropriate 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 speaking with a Sharp ACP facilitator. Throughout FY 2018, the Sharp ACP team provided approximately 80 phone and in-person consultations 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.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>In FY 2018, the Sharp ACP team engaged more than 1,100 community members in education on ACP and POLST. Education was provided for a variety of senior and caregiver audiences, including SGH's Club 65, Silvercrest Senior Residence, La Costa Glen retirement community, senior community members in collaboration with the SGH Senior Resource Center, East County Senior Health & Information Fair at the La Mesa Community Center, County of San Diego Aging & Independence Services 2018 Aging Summit, Sharp Senior Resource Centers' Senior Health & Information Fair, Caregiver Coalition's Caregiving Conference at St Paul's Plaza, and Sharp Aging Conferences at the La Mesa Community Center, Fredericka Manor Retirement Community and Point Loma Community Presbyterian Church. Education for additional community groups and sites included City of Chula Vista employees, including the public works and police departments, U.S. Customs and Border Protection employees and their family members, Rotary Club of El Cajon, ACP Community Education Forum at Scripps Mercy Hospital, SDCCEOLC's Practical Planning for End of Life Care event, Salvation Army Escondido Corps, SGH Congestive Heart Failure Class and Support Group, SGH Better Breather's Club, SCVMC Heart Health Expos, annual ACP seminar at SCVMC, and the Sharp Disaster Preparedness Expo. Sharp HospiceCare honored National Healthcare Decisions Day (NHDD) in FY 2018, which is a nationwide initiative celebrated every April to educate adults of all ages about the importance of ACP. Team members provided NHDD presentations at a variety of community events and sites throughout the month, including the Oasis adult learning center in La Mesa, Oasis San Diego Woman's Club, San Diego LGBT Lesbian, Gay, Bisexual and Transgender Community Center, La Mesa Adult Enrichment Center, Santa Sophia Catholic Church, Golden Age Garden Apartments, SCHHC Community Wellness Fair, Norman Park Senior Center, Sharp Aging Conference at the La Mesa Community Center and Point Loma Community Presbyterian Church, Wellness Wednesdays at the Dr. William C. Herrick Community Health Care Library, Sharp Women's Health Conference, and the San Diego Post-Acute Care Collaborative. Sharp HospiceCare reached more than 600 community members through these NHDD presentations. Sharp's ACP team reached an additional 30 community members through free ACP workshops in FY 2018, including a monthly workshop at the David and Donna Long Center for Cancer Treatment at SGH as well as workshops at the Laurel Amtower Cancer Institute at SMH in February and June. During the workshops, individuals impacted by cancer received guidance on identifying their personal health care choices, communicating their wishes to loved ones and developing their advance directive. Gaps in ACP exist among underserved populations. In FY 2018, Sharp HospiceCare was one of 50 sites across the country selected to receive grant funding from the Hospice Foundation of America (HFA) to provide community outreach.</p> |

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| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>treach aimed at understanding the ACP needs of underserved populations Using an interactive, end-of-life game called Hello, Sharp HospiceCare engaged individuals who face barriers to health care due to socioeconomic, geographic, linguistic, cultural or educational circumstances This included 12 transgender and heterosexual women at Christie's Place - a non profit organization dedicated to providing education, support and advocacy for women, children, families and individuals affected by human immunodeficiency virus or acquired immunodeficiency syndrome - as well as five community members at the Valencia Park/Malcolm X Library As a Hello game community outreach site, Sharp HospiceCare helped the HFA assess the game's effectiveness and the readiness of underserved groups to engage in further ACP In addition, in FY 2018, Sharp's ACP team partnered with the CSU Institute for Palliative Care at CSUSM to discuss potential outreach strategies for bringing information about advance health care directives to the county's homeless community In FY 2018, Sharp HospiceCare provided film screenings and post-film panel discussions of Being Mortal - a documentary that addresses the national dialogue around death and what matters most to patients and families In partnership with the Sharp Senior Health Center Downtown, events were provided to senior community members at San Diego Square affordable senior housing development and Serving Seniors' Gary and Mary West Senior Wellness Center Being Mortal film screenings and discussions were also provided to senior community members at St Paul's Senior Services as well as to health providers at Gateway Gardens independent living community Throughout the year, Sharp's ACP team educated nearly 600 local, state and national health care professionals on ACP and POLST including, but not limited to, skilled nursing facility administrators through the San Diego Health Care Association, a community health care chaplain, staff at Villa Rancho Bernardo skilled nursing and memory care facility, palliative care leaders from John Muir Health, SDRHCC, Coalition for Compassionate Care of California (CCCC) Annual Palliative Care Summit, CSU Institute for Palliative Care at CSUSM and SDCCC's High Tech High Touch palliative care conference, Tri-City Medical Center professionals, San Diego County Medical Society, SDCCEOLC, and the Caregiver Coalition In addition, in January, the ACP team served as a speaker and facilitator of a workshop titled The Road Ahead for Serious Illness Care, which engaged more than 50 community providers from nonprofit organizations and health care agencies in planning for better community engagement in ACP and palliative care Further, in September, education on bioethics at the end of life was provided to 15 members of the Stephen Ministry at St Paul's Cathedral Since FY 2016, Sharp's ACP team has partnered with San Diego Health Connect, County of San Diego Aging and Independence Services, Health Ser</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>vices Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through the San Diego Healthcare Information Exchange, a countywide program that securely connects health care providers and patients to private health information exchanges. The Sharp HospiceCare ACP team participates in this initiative - funded by the CHCF and supported by the CCCC and California Emergency Medical Services Authority (EMSA) - to create an electronic POLST registry (POLST eRegistry). When a paper POLST form is not readily available during an emergency, the patient's care may be hindered or conflict with their wishes. The POLST eRegistry will improve access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved. Sharp demonstrates community leadership in the effort to establish quick and safe provider access to patient medical orders. In March 2018, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry. As of November 2018, nearly 23,000 POLST forms faxed by Sharp hospitals, Sharp Rees-Stealy Medical Group, Sharp HospiceCare and other patient care departments have been uploaded to the POLST eRegistry. FY 2019 Plan Sharp HospiceCare will do the following:</p> <ul style="list-style-type: none"> * Provide free ACP and POLST education and outreach to community members through phone and in-person consultations * Collaborate with community organizations to provide educational classes and events to raise community awareness of ACP * Both independently and in collaboration with SDCCC and SDCCEOLC, provide community events to promote the importance of ACP in honor of NHDD * Continue to provide ACP education and outreach to local, state and national health care professionals * Serve as a community resource regarding the End of Life Option Act * Continue to collaborate with community partners to provide community members with access to advance directive and POLST forms through the San Diego Healthcare Information Exchange * Continue to participate in the CHCF's POLST eRegistry initiative with CCCC and EMSA * As participants in Sharp's ACP Work Group, update Sharp's Advance Health Care Directive to include simplified language and new interactive and video-based components <p>Identified Community Need: Health Professions and Student Education and Training Rationale references the findings of Sharp's 2016 CHNA, HA SD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale: * According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017)</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>* In its Employment Projections - 2016-2026 report, the U S Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include projected population growth in the next decade, an aging U S population, more people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016). * Total employment in California is projected to increase by 6.5 percent from 2014 to 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015). * Half of the occupations projected to grow fastest in the U S from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018). * As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Healthcare Atlas, 2017). * The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018). * An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages. * According to the HPNA, professional nurses play a leading role as members of the palliative care and hospice teams, and across the continuum of care,</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>as primary team members who assess, direct, evaluate and coordinate patient needs during the illness experience. Economic models project a significant shortage of between 725,000 and 1.1 million professional nurses in the U.S. by 2030, underscoring the importance of preparing nurses for the future (HPNA, 2015). * The number of people reaching retirement will double by 2030, accounting for an eight percent increase in the U.S. population needing a wide range of professional health, home care and social services. An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current workforce levels are already stretched. Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare workforce and knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2018). * Direct-care workers in California are responsible for providing 70 to 80 percent of the paid, hands-on long-term care for older adults or those living with disabilities or other chronic conditions (Eldercare Workforce Alliance, 2014-2015). * While the demand for doctors specializing in the medical care of elderly patients is increasing, the interest among medical students for a career in geriatrics is lagging behind. Factors cited for the low interest among these students include the preference for younger patients and acute somatic diseases that can be cured, the complexity of the geriatric population, and the lack of status and financial aspects of the career (Why Medical Students Do Not Choose a Career in Geriatrics: A Systematic Review, BMC Medical Education, 2015). * The American Academy of Hospice and Palliative Medicine (AAHPM) states that high-quality palliative and hospice care improve quality of life as well as patient and family satisfaction, and may prolong survival at a lower cost than typical medical care (AAHPM, 2018). * AAHPM notes that lack of provider training and knowledge of palliative care results in many patients with serious illness receiving painful or ineffective treatments that do not prolong or enhance their lives. Expanding hospice and palliative care training opportunities can help ensure clinicians across disciplines and specialties who care for people with serious illness are competent in "basic palliative care," including communication skills, interprofessional collaboration and symptom management (AAHPM, 2018). * According to AAHPM, in 2015, just 44 percent of hospital palliative care programs met national staffing standards set by the Joint Commission. Current training capacity for hospice and palliative medicine physicians is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. If the rate of physicians entering and leaving hospice and palliative medicine maintains, there will be no more than 1 percent absolute growth.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>in this physician workforce in 20 years, by which time the number of persons eligible for palliative care will grow by over 20 percent. Projections show a ratio of one palliative medicine physician for every 26,000 seriously ill patients by 2030 (AAHPM, 2018). * According to the American Hospital Association, caring for the seriously ill requires a well-coordinated interdisciplinary team that is particularly adept in transitions of care - especially in today's transforming health care environment. A team-based approach provides additional attention and proactive support to the needs of the patient and the caregiver, whose wellness is affected by the caregiving role (American Hospital Association Objectives). * Provide education and training opportunities around end-of-life care and ACP for students and interns. * Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of AIM. * Maintain active relationships and leadership roles with local and national organizations.</p> <p>FY 2018 Report of Activities: In FY 2018, Sharp HospiceCare provided training opportunities for students studying nursing, pharmacy and ancillary disciplines. Academic institution partners included CSUSM, Chapman University School of Pharmacy, Grand Canyon University, Keck Graduate Institute, Lake Erie College of Osteopathic Medicine, San Diego State University (SDSU), Touro University and Western Governors University. Students shadowed nurses and providers during their work day, including at Sharp HospiceCare's hospice homes. Sharp HospiceCare supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and palliative care. In FY 2018, education was provided to approximately 225 nursing students from Azusa Pacific University, University of San Diego and CSUSM, as well as to more than 50 social work students from SDSU. Topics included ACP, POLST, goals of care, hospice, palliative care, bioethics and bereavement. In addition, in November, the ACP team supported the professional development of a religious studies professor from SDSU through the provision of education on improving communication at the end of life.</p> |

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| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp HospiceCare leadership provided education, training and outreach to more than 1,500 local, state and national health professionals throughout the year. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Audiences included the National Association of ACOs Conference, Baptist MD Anderson Cancer Center, Center to Advance Palliative Care National Seminar, Coalition to Transform Advanced Care National Summit, St. Joseph Home Health, CCCC Annual Summit, Health Insight End of Life Care Summit, San Diego Academy of Family Physicians Annual Symposium, a continuing medical education event hosted by MCE Conferences, and Dignity Health. Presentation topics included palliative care, AIM, geriatric frailty, prognostication and innovative approaches in advanced illness care. In addition, in FY 2018, Sharp HospiceCare leadership continued to serve on the board of directors for NHPCO and CHAPCA. Underscoring Sharp HospiceCare's commitment to quality end-of-life care for San Diego veterans, the Sharp HospiceCare interdisciplinary team is trained in ELNEC (End-of-Life Nursing Education Consortium) for Veterans. Administered by the American Association of Colleges of Nursing, the ELNEC project is a national education initiative to improve palliative care. Through Train-the-Trainer courses, the ELNEC for Veterans project trains a core of expert nursing educators on how to provide better palliative care for veterans with life-threatening illness so that they can continue to teach this essential information to practicing nurses and other health care professionals. In March, Sharp HospiceCare partnered with the San Diego County HVP to provide a two-day ELNEC for Veterans Train-the-Trainer course for 50 health professionals, including end-of-life and palliative care staff from the VASDHS as well as individuals from local hospices and community organizations. In addition, as part of its WHV commitment to meet the unique end-of-life needs of veterans and their families, Sharp HospiceCare presented on the WHV program to approximately 150 attendees of the CSU Institute for Palliative Care at CSUSM and SDCCC's High Tech High Touch palliative care conference in June. FY 2019 Plan Sharp HospiceCare will do the following:</p> <ul style="list-style-type: none"> * Continue to provide education and training opportunities for nursing, pharmacy and other health care students and interns * Provide students with an end-of-life learning environment in community-based hospice homes * Continue to provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services to meet the needs of the aging population * Maintain active relationships and leadership roles with local and national organizations * Collaborate with San Diego County HVP to provide ELNEC for Veterans training to community health care professionals |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a Community Benefit Report | <p>identified Community Need Bereavement Counseling and Support Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The IOM's 2014 report titled Dying in America Improving Quality and Honoring Individual Preferences Near the End of Life indicates that clinical care is not a person's sole priority near the end of life Patients and families may be deeply concerned with existential or spiritual issues, including bereavement, and with practical matters of coping Appropriate support in these areas is an essential component of good care * Bereavement care is one of the core services provided by hospice Under Centers for Medicare and Medicaid Services regulations, hospices must provide support to family members for 13 months following the death of a loved one These services can take a variety of forms, including telephone calls, visits, written materials about grieving and support groups (NHPCO, 2018) * According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job The grief experience can be affected by one's history and support system Engaging in self-care practices and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss (NHPCO, 2018) * According to the Clinical Journal of Oncology Nursing, risk factors for complicated grief - a state of prolonged grief, where individuals have difficulty accepting death and assimilating to life without the deceased - among bereaved caregivers include fewer years of education, younger age of the deceased and lower satisfaction with social support Prompt recognition and referral to supportive services and mental health experts can help facilitate early and effective treatment (Toftagen et al, 2017) * According to a study titled Missed Opportunity Hospice Care and the Family, caregivers agreed that hospice enabled them to be a caregiver and provide an in-home dying experience for their spouse However, these caregivers also suggested that hospices could make additional strides to identify and respond to their specific needs for support through the dying and bereavement process (Journal of Social Work in End-of-Life & Palliative Care, 2015) * A 2015 study published in the Journal of the American Medical Association (JAMA) surveyed 305 bereaved spouses of decedents who used hospice and 711 bereaved spouses of decedents who did not use hospice Surviving spouses of individuals who used hospice for at least three days were more likely to have some reduction in depressive symptoms one year after death when compared to those whose spouses did not use hospice at all (JAMA, 2015) * Unpaid caregivers contribute \$450 billion of health care labor each year, often in addition to full- or part-time employment Over</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>half (55 percent) of caregivers report feeling overwhelmed by the demands of caregiving, and many experience intense feelings of loneliness and social isolation In the aftermath of a care recipient's death, many caregivers report feeling guilt, depression, lack of purpose and loneliness (Crossroads Hospice Charitable Foundation, 2016) * A 2016 study published in the Biomedical Care Journal of Palliative Care identified two core bereavement issues for family caregivers the consequences of traumatic deathbed experiences on caregiver grief and feelings of guilt, and a 'void' effect caused by withdrawal of professional support immediately after death These core issues have implications for clinical practice, emphasizing a need for improved communication between health care professionals and families, including education on broader aspects of the physical dying process as well as more effective engagement and discussion with families on end-of-life care planning and decisions In addition, health providers must strengthen bereavement support resources for caregivers prior to death, and provide more effective follow-up approaches following the care recipient's death (Harrop et al, 2016) * According to a study published in the Journal of Pain and Symptom Management, caregivers who receive support and resources from health professionals prior to the death of their loved one may report a more positive death experience for the care recipient, as well as greater satisfaction with the clinical care team Pre-bereavement interventions may also affect caregivers' level of grief as well as physical and mental health following their loved one's death (Aoun et al, 2018) Objectives * Provide bereavement education, resources, counseling and support to community members who have lost loved ones * Provide individuals and their families with referrals to community services FY 2018 Report of Activities Sharp HospiceCare offers a variety of bereavement services to help grieving community members cope with the loss of a loved one Services include professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings In FY 2018, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted more than 2,600 hours to home, office and phone bereavement counseling with people who have lost loved ones Referrals to community counselors, mental health services, bereavement support services and other community resources were also provided as needed</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Community Benefit Report | <p>Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, which reached nearly 400 community members in FY 2018. Offered quarterly, the groups consisted of eight-week sessions facilitated by skilled mental health care professionals with a specialization in the needs of the bereaved. The Healing After Loss support group focused on addressing the concerns of adults who were grieving the loss of a loved one. Weekly themes included Introduction to the Grief Process, Strategies for Coping with Grief, Communicating with Family and Friends, Experiencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Natural Grief and Depression, Use of Ceremony and Ritual to Promote Healing, and Who Am I Now?/What Does Healing Look Like? The Widow's and Widower's support group addressed concerns of men and women who lost their spouse or partner. Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life situations. In recognition of Mother's Day and Father's Day, in May, Sharp HospiceCare hosted classes and support groups for adults who have lost a parent. Held at the Peninsula Family YMCA and the Grossmont Healthcare District, two Remembering Our Parents classes highlighted the unique aspects of parent loss, coping strategies and how to discover a sense of hope. Designed for adults who lost a parent within the past three to 18 months, a three-session Parent Loss support group offered coping strategies and the opportunity for participants to discuss the impact their parents had on their lives. Nearly 30 community members attended these support groups. In addition, in July and August, Sharp HospiceCare provided 30 community members with education on coping skills during bereavement support groups hosted by the John D. Spreckels Center in Coronado. Sharp HospiceCare supported approximately 150 community members grieving the loss of a loved one during the 2017 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's system office, which included presentations on understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, and reviving hope. That same month, two similar events titled Coping with Grief During the Holiday Season were held at the Point Loma Community Presbyterian Church and the Grossmont Healthcare District. These events provided practical suggestions for community members to manage the painful feelings of loss that often arise during the holidays. Additionally, Sharp HospiceCare provided a Support During the Holiday Season bereavement support group on two days in December, which focused on developing skills to promote healing, as well as remembering your loved ones, through the holidays. Sharp HospiceCare also continued to mail its monthly bereavement support newsletter, Healing Through Grief, to community</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Community Benefit Report | <p>members for 13 months following the loss of their loved one More than 1,300 newsletters were mailed each month during FY 2018 FY 2019 Plan Sharp HospiceCare will do the following * Continue to offer individual and family bereavement counseling for community members who have lost a loved one * Continue to provide referrals to community services * Continue to provide a variety of free bereavement support groups * Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season * Continue to mail monthly bereavement support newsletters to loved ones of patients who have passed Sharp HospiceCare Program and Service Highlights * Advance care planning * Bereavement care services * Caregiver and family support * Homes for Hospice program * Hospice aides * Hospice nursing services * Integrative therapies * Management for various hospice patient conditions, including * Alzheimer's disease * Cancer * Debility * Dementia * Heart disease * Human Immunodeficiency Virus * Kidney disease * Liver disease * Pulmonary disease * Stroke * Music therapy * Social services support * Spiritual care services * Volunteer program * We Honor Veterans program Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2018 Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Alliance for African Assistance * Altrusa International Club of San Diego * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Academy of Nursing * American Association of Colleges of Nursing * American Association of Critical-Care Nurses * American Cancer Society * American College of Healthcare Executives * American Congress of Obstetricians and Gynecologists * American Diabetes Association * American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Hospital Association Regional Policy Board * American Lung Association * American Nurses Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Angels Foster Family Network * The Arc of San Diego * Asian Business Association of San Diego * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association for Community Health Improvement * Association for Contextual Behavioral Science - Aging Special Interest Group * Association of California Nurse Leaders * Association of Fundraising Professionals - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * Balboa Institute of Transplantation * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collab</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>orative * Behavioral Health Recognition Dinner Planning Team * Borrego Health * Boys and Girls Club of South County * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Council * California Association of Marriage and Family Therapists San Diego Chapter * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Department of Public Health (CDPH) * CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Joint Advisory Committee * California Dietetic Association * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Board of Trustees * CHA Center for Behavioral Health * CHA Emergency Management Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA San Diego Association of Directors of Volunteer Services * CHA Workforce Committee * California Immunization Coalition * California Library Association * California Maternal Quality Care Collaborative * California Perinatal Quality Care Collaborative * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Cameron Family YMCA * CHIP Behavioral Health Work Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista * City of San Diego * City of San Diego Park & Recreation * Clairemont Lutheran Church * Community Center for the Blind and Visually Impaired * Consortium for Nursing Excellence, San Diego * Coronado Chamber of Commerce * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County Service Area - 69 Advisory Board * Doors of Change * Downtown San Diego Partnership * East County Action Network * East County Senior Service Providers * Emergency Nurses Association - San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Father Joe's Villages * Feeding San Diego * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * George G. Glenner Alzheimer's Family Centers, Inc * Girl Scouts San Diego * Grossmont College Occupational Therapy Assistant Advisory Board</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a Community Benefit Report | <p>* Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District Community Grants and Sponsorships Committee * Grossmont Healthcare District Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health and Science Pipeline Initiative * Health Care Communicators Board * Health Industry Collaboration Effort, Inc * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Healthy Chula Vista Advisory Commission * Helix Charter High School * Hidden Heroes campaign * Home Start, Inc * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * Institute for Public Health, San Diego State University (IPH) * Integrative Therapies Collaborative * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation * Lantern Crest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On * Live Well San Diego Check Your Mood Committee * Live Well San Diego - South Region * Lightbridge Hospice * Mamá's Kitchen * March of Dimes * Meals on Wheels San Diego County * Meals on Wheels Greater San Diego East County Advisory Board * Mental Health America * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Hispanic Nurses, San Diego Chapter * National Association of Perinatal Social Workers * National Association of Neonatal Nurses * National Association of Orthopedic Nurses * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National University * Neighborhood Healthcare * Neighborhood House Association * North San Diego Business Chamber * Pacific Arts Movement * Palomar Community College * Paradise Village * Partnership for Smoke-Free Families * Partnerships with Industry * Peninsula Family YMCA * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma/Hervey Library * Point Loma Nazarene University * Postpartum Health Alliance * Practice Greenhealth * Promises2Kids * Psychiatric Emergency Response Team * Public Health Emergency Hospital Preparedness Program * Regional Perinatal System * Residential Care Committee * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronad</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| <p>Form 990, Part III, Line 4a Community Benefit Report</p> | <p>o * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Blood Bank * San Diego Community Action Network * San Diego Community College District * San Diego County * San Diego County Aging and Independence Services * San Diego Dietetic Association * San Diego East County Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Fire-Rescue Department * San Diego Food System Alliance * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Information Association * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition * San Diego Imaging - Chula Vista * San Diego Immigration Coalition * San Diego-Imperial County Council of Hospital Volunteers * San Diego North Chamber of Commerce * San Diego Organization of Healthcare Leaders * San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care * San Diego Psych-Law Society * San Diego Psychological Association Supervision Committee * San Diego Regional Chamber of Commerce * San Diego Regional Healthcare Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego Square * San Diego State University * San Diego Unified School District * San Diego Workforce Partnership (SDWP) * Santee-Lakeside Rotary Club * SAY San Diego * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture * Smart Kitchens San Diego * South Bay Community Services * South Bay Senior Providers * South County Action Network * South County Economic Development Council * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssubis Hope * St Paul's PACE * St Paul's Retirement Home Foundation * Statewide Medical Health Exercise Program * SuperFood Drive * The Meeting Place * Transitional Age Youth Behavioral Health Services Council * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * USS Midway Museum * VA San Diego Healthcare System * VA San Diego Mental Health Council * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Westminster Tower * Women, Infants and Children Program * Wreaths Across America - San Diego * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA In the Company of Women Event</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | <p>The Compensation Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2017.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | <p>The Compensation Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2017.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 19 Required documents available to the public | <p>The organization does not make its governing documents available to the general public. Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (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).</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | OTHER - Total Revenue 1465888, Related or Exempt Function Revenue 1465888, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | OTHER - Total Revenue 386978, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 386978, |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | CHANGE IN MINIMUM PENSION LIABILITY - 3944399, BENEFICIAL INTEREST IN GROSSMONT HOSPITAL FOUNDATION - 5775215, |

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) GROSSMONT IMAGING LLC 7777 ALVARADO ROAD SUITE 108 LA MESA, CA 91941 20-2655131 | DIAGNOSTIC IMAGING | CA | NA | Related | 260,788 | 1,590,766 | | No | 0 | Yes | | 50 % |
| (2) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189 | Offices of Physicians | CA | NA | N/A | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) CONTINUOUS QUALITY INSURANCE SPC | CAPTIVE INSURANCE COMPANY | CJ | NA | C Corporation | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
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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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 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 Yes | |
| 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 Yes | |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
| | | | |
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Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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

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

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|-------------------------------------|-------------------------------|---|
| Sharp Memorial Hospital | L | 4,712,701 | Accrual |
| Sharp Memorial Hospital | M | 4,897,062 | Accrual |
| Sharp Memorial Hospital | P | 128,916 | Accrual |
| Sharp Memorial Hospital | Q | 281,086 | Accrual |
| Sharp Memorial Hospital | R | 106,559 | ACCRUAL |
| Sharp Memorial Hospital | S | 542,734 | Accrual |
| Sharp Chula Vista Medical Center | L | 3,711,401 | Accrual |
| Sharp Chula Vista Medical Center | M | 637,412 | Accrual |
| Sharp Chula Vista Medical Center | Q | 71,795 | Accrual |
| Sharp Coronado Hospital And Healthcare Center | M | 754,262 | Accrual |
| Sharp Coronado Hospital And Healthcare Center | L | 221,569 | Accrual |
| Sharp Coronado Hospital And Healthcare Center | Q | 228,050 | Accrual |
| Sharp Coronado Hospital And Healthcare Center | R | 52,578 | Accrual |
| Grossmont Hospital Foundation | Q | 1,058,705 | Accrual |
| Grossmont Hospital Foundation | C | 4,021,032 | Accrual |
| Grossmont Hospital Foundation | B | 1,471,670 | Accrual |
| Grossmont Hospital Foundation | N | 70,085 | Accrual |
| Sharp Health Plan | L | 1,750,422 | Accrual |