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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization
Scripps Health
% Brett Tande
Doing business as

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

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

D Employer identification number
95-1684089

E Telephone number
(858) 678-7901

G Gross receipts $ 3,759,567,825

F Name and address of principal officer:
Christopher Van Gorder
10140 Campus Point Drive
San Diego, CA 92121

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SCRIPPS.ORG

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

L Year of formation: 1924

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a $3.8 billion, private not-for-profit integrated health system in San Diego, Ca. (see Sch O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	18,645
6	Total number of volunteers (estimate if necessary)	**6**	264
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,307,079
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	275,995

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	145,322,851	198,167,041
9	Program service revenue (Part VIII, line 2g)	3,136,723,551	3,302,028,743
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,688,123	131,452,621
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,371,998	129,298,395
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,487,106,523	3,760,946,800
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,203,950	840,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,419,930,850	1,552,725,968
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,711,261		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,822,252,952	1,962,226,886
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,243,387,752	3,515,792,854
19	Revenue less expenses. Subtract line 18 from line 12	243,718,771	245,153,946

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,720,360,494	7,649,635,938
21	Total liabilities (Part X, line 26)	2,098,076,504	2,365,563,136
22	Net assets or fund balances. Subtract line 21 from line 20	4,622,283,990	5,284,072,802

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: 2022-08-08

BRETT TANDE CORP SR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-07-29		P00775456

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

Firm's address ▶ 101 E WASHINGTON ST STE 910
PHOENIX, AZ 85004

Phone no. (602) 322-3051

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	3,107,426,728	including grants of $	840,000) (Revenue $	3,425,444,408)
4b	(Code: See Additional Data)	(Expenses $	1,454,855	including grants of $	0) (Revenue $	1,979,308)
4c	(Code:	) (Expenses $		including grants of $	) (Revenue $	)
4d	Other program services (Describe in Schedule O.) (Expenses $			including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		3,108,881,583			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	799		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	18,645		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

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

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	23,108,743	0	3,027,790

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3,013

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Scripps Clinic Medical Group Inc, 10666 N Torrey Pines Rd La Jolla, CA 92037	Physician Services	320,446,207
Scripps Coastal Medical Group, 501 Washington Ave San Diego, CA 92103	Physician Services	58,533,190
Scripps Health Inpatient Providers, 10010 Campus Point Dr San Diego, CA 92121	Physician Services	34,372,454
Medimpact Healthcare Systems, 10181 Scripps Gateway Ct San Diego, CA 92131	Pharmaceutical Svcs	33,422,824
Emergency Acute Care Medical Group, 440 Stevens Ave Ste 100 San Diego, CA 92075	Physician Services	13,891,394

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 ▶ 147

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	226,845			
d Related organizations	1d				
e Government grants (contributions)	1e	50,434,718			
f All other contributions, gifts, grants, and similar amounts not included above	1f	147,505,478			
g Noncash contributions included in lines 1a - 1f:$	1g	83,699,812			
h **Total.** Add lines 1a-1f		198,167,041			
Program Service Revenue	Business Code				
2a HEALTHCARE DELIVERY REV	622110	2,958,966,418	2,957,653,428	1,312,990	0
b PROVIDER FEE REVENUE	622110	152,003,067	152,003,067	0	0
c Capitation Premium	622110	144,496,050	144,496,050	0	0
d Joint Venture Revenue	900099	13,554,762	13,554,762	0	0
e RENTAL INCOME - MOB	531120	13,084,640	13,084,640	0	0
f All other program service revenue.		19,923,806	19,857,084	66,722	0
g **Total.** Add lines 2a–2f.	3,302,028,743				
3 Investment income (including dividends, interest, and other similar amounts)		48,325,536	637,541	403,025	47,284,970
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b	0				
c Rental income or (loss) 6c	0	0			
d Net rental income or (loss)		0			
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	81,596,005				
b Less: cost or other basis and sales expenses 7b	-1,531,080				
c Gain or (loss) 7c	83,127,085				
d Net gain or (loss)		83,127,085			83,127,085
8a Gross income from fundraising events (not including $ 226,845 of contributions reported on line 1c). See Part IV, line 18 8a	69,030				
b Less: direct expenses 8b	152,105				
c Net income or (loss) from fundraising events		-83,075			-83,075
9a Gross income from gaming activities. See Part IV, line 19 9a	0				
b Less: direct expenses 9b	0				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances 10a	0				
b Less: cost of goods sold 10b	0				
c Net income or (loss) from sales of inventory		0			
Other Revenue Miscellaneous Revenue	Business Code				
11a MANAGEMENT SERVICES	561110	46,181,614	44,315,009	1,866,605	0
b PHARMACEUTICAL REVENUE	446110	33,474,606	33,474,606		0
c All other revenue	900099	49,725,250	46,967,817	657,737	2,099,696
d All other revenue					
e **Total.** Add lines 11a–11d		129,381,470			
12 **Total revenue.** See instructions		3,760,946,800	3,426,044,004	4,307,079	132,428,676

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	840,000	840,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	19,476,774	0	19,476,774	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	202,408	0	202,408	0
7 Other salaries and wages	1,274,640,907	1,091,064,871	179,334,596	4,241,440
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,934,283	38,688,052	8,150,301	95,930
9 Other employee benefits	112,959,269	112,556,050	0	403,219
10 Payroll taxes	98,512,327	81,012,946	17,230,432	268,949
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	11,327,899	1,498,774	9,824,733	4,392
c Accounting	1,163,291	25,451	1,137,840	0
d Lobbying	298,605	0	298,605	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	6,380,713	0	6,380,713	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	754,501,471	685,582,290	68,465,426	453,755
12 Advertising and promotion	3,682,292	66,167	3,615,631	494
13 Office expenses	64,129,061	53,602,978	9,976,771	549,312
14 Information technology	58,084,628	29,277,161	28,807,467	0
15 Royalties	0	0	0	0
16 Occupancy	85,967,165	78,060,563	7,693,908	212,694
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	22,890,117	19,614,272	3,275,845	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	191,211,264	174,438,078	16,773,186	0
23 Insurance	7,317,387	7,310,533	6,854	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	616,252,082	616,252,082	0	0
b HOSPITAL FEE PROGRAM	103,494,413	103,494,413		
c Repairs & Maintenance	31,970,112	12,420,899	19,548,520	693
d ALL OTHER EXPENSES	3,556,386	3,076,003	0	480,383
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,515,792,854	3,108,881,583	400,200,010	6,711,261
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		852,352,866	2	656,798,524
	3	Pledges and grants receivable, net		6,746,587	3	12,950,578
	4	Accounts receivable, net		610,810,894	4	751,613,657
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		20,843,020	5	21,534,529
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		61,624,818	8	79,843,600
	9	Prepaid expenses and deferred charges		29,813,638	9	40,345,860
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,400,286,093			
	b	Less: accumulated depreciation	10b 2,193,361,519	2,039,528,311	10c	2,206,924,574
	11	Investments—publicly traded securities		2,219,922,119	11	2,819,854,076
	12	Investments—other securities. See Part IV, line 11		367,416,000	12	547,462,000
	13	Investments—program-related. See Part IV, line 11		73,538,809	13	77,238,578
	14	Intangible assets		45,109,895	14	45,109,895
	15	Other assets. See Part IV, line 11		392,653,537	15	389,960,067
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,720,360,494	16	7,649,635,938
Liabilities	17	Accounts payable and accrued expenses		818,637,337	17	774,230,142
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		792,432,964	20	1,068,134,200
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		102,260,000	23	120,938,623
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		384,746,203	25	402,260,171
	26	**Total liabilities.** Add lines 17 through 25		2,098,076,504	26	2,365,563,136
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		4,351,904,421	27	4,971,037,007
	28	Net assets with donor restrictions		270,379,569	28	313,035,795
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,622,283,990	32	5,284,072,802
	33	Total liabilities and net assets/fund balances		6,720,360,494	33	7,649,635,938

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,760,946,800
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,515,792,854
3	Revenue less expenses. Subtract line 2 from line 1	3	245,153,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,622,283,990
5	Net unrealized gains (losses) on investments	5	416,068,128
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	566,738
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,284,072,802

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

Form 990, Part III, Line 4b:

The Maxwell H. and Muriel Gluck Child Care center provides child care and pre-school education for the benefit of individuals in the community of San Diego, including employees and patients of the nonprofit 501(C)(3) entities of Scripps Health and Scripps Research Institute. Special emphasis is placed on a variety of learning and play activities in the musical and visual arts field.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	58.0 2.0	X		X				2,442,197	0	341,024
SHIRAZ FAGAN CHIEF EXEC, SR VP (PART-YEAR)	50.0 0.0				X			1,704,623	0	5,603
RICHARD ROTHBERGER TREASURER / EXEC VP, CFO	54.0 1.0			X				1,604,419	0	72,447
JAMES LA BELLE MD CORP SR VP, CMO (PART-YEAR)	50.0 0.0				X			1,520,434	0	2,857
RICHARD SHERIDAN FORMER OFFICER	0.0 0.0						X	1,203,364	0	275,162
THOMAS BUCHHOLZ CORP SR. VP, MD ANDERSON	50.0 0.0				X			1,213,918	0	225,739
CARL ETTER CHIEF EXECUTIVE, SR VP	50.0 0.0				X			1,065,764	0	179,208
RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	50.0 0.0				X			1,076,208	0	152,530
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50.0 0.0				X			1,019,526	0	202,041
BARBARA PRICE CORP SR VP, BUS&SERV LINE DEV	50.0 0.0				X			1,001,510	0	191,070

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			
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50.0 0.0				X			943,802	0	60,831
JOHN ENGLE CORP SR. VP, CHIEF DEVELOPMENT	50.0 0.0				X			792,499	0	148,999
GHAZALA SHARIEFF CORP SR. VP, ACUTE CARE/CLIN E	50.0 0.0				X			698,437	0	88,139
ERIC COLE CORP SVP, HUMAN RESOURCES	50.0 0.0				X			745,843	0	35,655
JOHN POOLE CORP VP, SYSTEM IMPROVEMENT	50.0 0.0					X		649,027	0	122,408
LISA RISSER-THAKUR CORP SR. VP, ANCILLARY OPS	50.0 0.0				X			630,761	0	129,513
BRAD ELLIS CORP VP, ASST GEN COUNSEL, SEC	49.0 1.0			X				645,107	0	106,282
SHAWN FORRESTER CORP VP, PAYER RELATIONS	20.0 20.0				X			615,950	0	121,244
CHRISTEE THOMAS CORP VP, REV CYCLE/CNT BUS OFC	50.0 0.0					X		620,030	0	99,957
SHANE THIELMAN CORP SR. VP, CIO	50.0 0.0				X			572,118	0	138,153

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			
GERALD L SODERSTROM CORP VP, AUDIT / COMPLIANCE	50.0 0.0					X		583,823	0	103,882
TRACY CHU CORP VP, POP HLTH CHF EXEC/ACO	50.0 0.0					X		553,705	0	95,224
MARY ELLEN DOYLE CORP VP, NURSING OPS	50.0 0.0				X			590,102	0	52,126
LAURANCE CRACROFT VP, PHYSICIAN NETWORK DEVT	50.0 0.0					X		529,395	0	49,568
MONIQUE GONZALEZ ASSISTANT SECRETARY	50.0 0.0			X				86,181	0	28,128
MIELLE SCHWARTZ EXECUTIVE ASSISTANT SECRETARY	39.0 1.0			X				73,493	0	26,761
GENE H BARDUSON TRUSTEE	13.0 1.0	X						0	0	0
RICHARD C BIGELOW TRUSTEE, VICE CHAIR	13.0 1.0	X		X				0	0	0
JEFF BOWMAN TRUSTEE	13.0 1.0	X						0	0	0
JOHN BOYER PHD TRUSTEE	13.0 1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAN CALDWELL TRUSTEE, CHAIR	13.0 1.0	X		X				0	0	0
JUDY CHURCHILL PHD TRUSTEE	13.0 1.0	X						0	0	0
NICOLE A CLAY TRUSTEE	13.0 1.0	X						0	0	0
DON GOLDMAN TRUSTEE	13.0 1.0	X						0	0	0
KEVIN T HAMILTON TRUSTEE	13.0 1.0	X						0	0	0
KATHERINE A LAUER TRUSTEE	13.0 1.0	X						0	0	0
MARTY J LEVIN TRUSTEE	13.0 1.0	X						0	0	0
ELLIOT A SCOTT TRUSTEE	13.0 1.0	X						0	0	0
RICHARD VORTMANN TRUSTEE	13.0 1.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer lines 2a and 2b below.**

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493222002452

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
Scripps Health	95-1684089

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?	Yes		150
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		261,125
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?	Yes		229,980
j Total. Add lines 1c through 1i			491,255
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	1
b Total acreage restricted by conservation easements	2b	16.00
c Number of conservation easements on a certified historic structure included in (a)	2c	1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 0

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 FASB 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 FASB 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 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 742,881

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 FASB ASC 958 relating to these items:

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	129,880,000	121,490,000	119,389,000	124,841,000	116,324,000
b Contributions	540,474	-141,903	956,581	1,966,841	317,621
c Net investment earnings, gains, and losses	15,126,128	12,705,109	4,884,528	6,490,061	13,011,507
d Grants or scholarships	897,549	874,375	844,412	810,928	925,456
e Other expenditures for facilities and programs	2,574,215	2,148,726	1,820,256	11,995,794	2,761,983
f Administrative expenses	1,188,838	1,150,105	1,075,441	1,102,180	1,124,689
g End of year balance	140,886,000	129,880,000	121,490,000	119,389,000	124,841,000

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ 100.000 %
- c Term endowment ▶ .....

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

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

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

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	42,937,333	129,693,143		172,630,476
b Buildings		2,019,994,062	869,995,049	1,149,999,013
c Leasehold improvements		102,817,914	83,367,067	19,450,847
d Equipment		1,802,914,772	1,238,128,905	564,785,867
e Other		301,928,869	1,870,498	300,058,371
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,206,924,574

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Multi-Strategy Funds	340,204,000	F
(B) Private Equity Funds	159,258,000	F
(C) Limited Partnership	48,000,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	547,462,000	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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)RIGHT OF USE - OPERATING	264,302,904
(2)PROVIDER FEE RECEIVABLE	89,426,290
(3)DEFERRED INVESTMENTS	10,575,864
(4)CONTRACT RECEIVABLES	4,354,090
(5)DEFERRED RENT RECEIVABLE	1,926,087
(6)Art Investments	742,881
(7)OTHER LONG TERM ASSETS	18,631,951
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	389,960,067

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	402,260,171

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

1. (a) Description of Liability	(b) Book Value
DEFERRED RETIREMENT	250,513,163
PROVIDER FEE LIABILITY	62,010,653
SELF-INSURED MALPRACTICE LIABILITY	31,667,224
Self-Insured Worker's Compensation Liability	29,539,000
ANNUITY AND UNITRUSTS	28,384,036
DEFERRED FICA - CARES ACT	18,986,786
Asset Retirement Obligation	17,005,636
Deposits and Contingencies	263,226
Intercompany Liabilities	-36,109,553

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENT The historical structure that is considered to be a conservative eas ement is reported in the Mercy Hospital entity of the consolidated financial statements.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	Scripps Health accepts and maintains gifts-in-kind contributions for art and sculptures (" Collections"). Collections donated with an appraised value greater than $10,000 are record ed in the general ledger and classified as Other Assets and Donor without Restriction Cont ributions. The Collections are maintained by Scripps Health and are publicly displayed. An annual inventory to assess condition of the Collections is performed. Scripps does not in tend to sell the collections for any financial benefit. Scripps Health's Collections provi des a clear contribution to make and offer opportunities in delivery of better health, wel lbeing and improved experience for patients, service users and staff across the system.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	CONTRIBUTIONS RECEIVED FOR CAPITAL PROJECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES: $636,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES: $16,826,514 CONTRIBUTIONS RECEIVED FOR USE IN THE SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS: $39,852,692 CONTRIBUTIONS RECEIVED TO COVER THE COST OF HEALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE: $12,785,414 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS: $13,520,450

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITION UNDER ASC 740 (AKA FIN 48) SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON AN Y NET INCOME THAT IS DERIVED FROM A TRADE OF BUSINESS, REGULARLY CARRIED ON, AND NOT IN TH E FURTHERANCE OF THE PURPOSED FOR WHICH IT WAS GRANTED EXEMPTION. UNDER FASB ASC 740, INCO ME TAXES, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MOR E 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. THE ORGANIZ ATION RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DI SCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS MET. THE ORGANIZATION RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIF FERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILI TIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT M EET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA. NO SIGNIFICANT TAX LIABILITY FOR TAXES, INTEREST OR PENALTIES AND NO SIGNIFICANT TAX ASSETS FOR TAX BENEFITS WAS ACCRUED AT SEPTE MBER 30, 2021 OR 2020. SCRIPPS HEALTH CURRENTLY FILES FORM 990 (INFORMATIONAL RETURN OF OR GANIZATIONS EXEMPT FROM INCOME TAXES) AND Form 990T (BUSINESS INCOME TAX RETURN FOR AN EXE MPT ORGANIZATION) IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. SCRIPPS HE ALTH IS NOT SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2016 IN MAJOR TAX JURISDICTIONS.

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

1. **(a)** Description of Liability	**(b)** Book Value
DEFERRED RETIREMENT	250,513,163
PROVIDER FEE LIABILITY	62,010,653
SELF-INSURED MALPRACTICE LIABILITY	31,667,224
Self-Insured Worker's Compensation Liability	29,539,000
ANNUITY AND UNITRUSTS	28,384,036
DEFERRED FICA - CARES ACT	18,986,786
Asset Retirement Obligation	17,005,636
Deposits and Contingencies	263,226
Intercompany Liabilities	-36,109,553

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	13			450,307,425
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	0	13			450,307,425

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Procedures for Monitoring Use of Grants	The accrual method of accounting was used to determine the amounts in Column F.

Additional Data

Software ID:

Software Version:

EIN: 95-1684089

Name: Scripps Health

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	13	Program Services	Reconstructive surgery	91,307
Central America and the Caribbean			Investments		344,513,032

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		105,703,086

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 Scripps Clinic (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	295,875			295,875
	2 Less: Contributions	226,845			226,845
	3 Gross income (line 1 minus line 2)	69,030			69,030
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	114,456			114,456
	7 Food and beverages	415			415
	8 Entertainment	2,000			2,000
	9 Other direct expenses	35,234			35,234
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				152,105
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-83,075

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,572,864		17,572,864	0.500 %
b Medicaid (from Worksheet 3, column a)			420,896,844	294,882,772	126,014,072	3.580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			438,469,708	294,882,772	143,586,936	4.080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			8,826,310	1,539,757	7,286,553	0.210 %
f Health professions education (from Worksheet 5)			40,211,103	8,752,036	31,459,067	0.890 %
g Subsidized health services (from Worksheet 6)			14,043,195	11,859,692	2,183,503	0.060 %
h Research (from Worksheet 7)			12,100,081	10,330,254	1,769,827	0.050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			763,819		763,819	0.020 %
j **Total.** Other Benefits			75,944,508	32,481,739	43,462,769	1.230 %
k **Total.** Add lines 7d and 7j			514,414,216	327,364,511	187,049,705	5.310 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			31,477		31,477	
3 Community support			6,750		6,750	
4 Environmental improvements						
5 Leadership development and training for community members			35,000		35,000	
6 Coalition building						
7 Community health improvement advocacy			14,197		14,197	
8 Workforce development			364,190	74,822	289,368	0.010 %
9 Other						
10 Total			451,614	74,822	376,792	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 60,943,680			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	412,591,964
6	Enter Medicare allowable costs of care relating to payments on line 5	6	513,009,301
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-100,417,337
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Scripps Encinitas	Ambulatory Surgery Center	55.38 %		25.25 %
2 SURGERY CENTER				
3 Scripps Memorial	Medical Office Building	15.3 %		77.2 %
4 XIMED MEDICAL				
5 Scripps Mercy ASC	Ambulatory Surgery Center	73.5 %		26.5 %
6 ScrippsUSP Surgery	Ambulatory Surgery Center	50 %		39 %
7 CENTERS				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

5

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section 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)

B

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): 5

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

B

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **52**

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	SCRIPPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE AND PROVIDES FULL OR PARTIAL FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS. SCRIPPS FINANCIAL ASSISTANCE POLICY (FAP) IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY COVERAGE, INCLUDING MEDICARE. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND EXPENSES. FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS WILL FULLY FORGIVE THE ENTIRE BILL OR THOSE PATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, Scripps WILL FORGIVE A PORTION OF THE BILL. IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS. SCRIPPS DOES NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS' DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS' AMOUNTS GENERALLY BILLED (AGB) AS CALCULATED WITH THE PROSPECTIVE METHOD. EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED. PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 40% DISCOUNT TAKEN AUTOMATICALLY AT BILLING. IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS. PATIENTS DETERMINED TO BE "HOMELESSNOT PARTICIPATING IN ANOTHER FINANCIAL ASSISTANCE PROGRAM WILL BE GRANTED 100% FINANCIAL ASSISTANCE. IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMATION AFTER ATTEMPTS TO ESTABLISH ABILITY TO PAY, THE PATIENT MAY BE GRANTED FINANCIAL ASSISTANCE ONLY AFTER BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE.

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	SCRIPPS HEALTH COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE AND C AN BE FOUND AT: HTTPS://WWW.SCRIPPS.ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY SCHEDULE H, PAR T I, LINE 7 FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD, ETC) ASSOCIATE D WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE. THE FIGURE DOES NOT INCLUDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS. IN SOME INSTANCES, AN ENTIRE COMMUNITY BEN EFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES. SCRIPPS EMPLOYEES T RACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA). THE CBISA WAS DEVELOPED IN COOPERATION WITH LYON SOFTW ARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINISTRATION. THE SOF TWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET: A PROCESS FOR PLANNING AND R EPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1989, AND HAS BEE N REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHODS HAVE EVOLVED AN D AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREMENT. THE CBISA DAT ABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS ALIGNED TO THE SCHE DULE H 990 CATEGORIES AND REPORTING CRITERIA. THE DATABASE IS USED TO RECORD INFORMATION F OR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT. THIS DATABASE IS U SED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURR ENCES OF AN "ACTIVITY". FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMBERS ACCORDING TO THE SCHEDULE H METHODOLOGY. FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COM MUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS. WHERE COST ACCOUNTING IS USED , SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES. SCRIPPS UNCOMPENS ATED CARE FY2021 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED. CALCULATIONS FOR CHARITY CARE ARE ES TIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND APPLYING THE HOSPIT AL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE. CALCULATIONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERIVED USING THE PA YOR-BASED COST ALLOCATION METHODOLOGY. HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2021, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $152,003,000. THIS AMOUNT WAS RECOG NIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS. SCRIPPS HEALTH R ECOGNIZED QUALITY ASSURANCE FEES OF $105,914,000. THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS. SCRIPPS HEALTH RECORDED $2,420,000 FOR CHARITABLE CONTRIBUTIONS TO CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) IN THE STATEME NT OF OPERATIONS. THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEALTH FROM PROVIDER FEE WAS $48,509,000 IN FISCAL YEAR 2021. A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTE M WAS USED TO DETERMINE THE COST OF ALL PATIENT SEGMENTS REPORTED AS CHARITY CARE AND OTHE R COMMUNITY BENEFITS AT COST. SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES ARE C LINICAL PROGRAMS THAT ARE PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE M ARGINS REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS . NEVERTHELESS, THE SERVICE IS PROVIDED BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED, WHI CH IF NO LONGER OFFERED WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR A NOTHER NOT-FOR-PROFIT ORGANIZATION. SUBSIDIZED SERVICES DO NOT INCLUDE ANCILLARY SERVICES THAT SUPPORT LINES, SUCH AS LAB AND RADIOLOGY (IF THESE SERVICES ARE PROVIDED TO LOW-INCOM E PERSONS, THEY ARE REPORTED AS CHARITY CARE/FINANCIAL ASSISTANCE). THE TOTAL EXPENSE FOR SUBSIDIZED HEALTH SERVICES FOR SCRIPPS MERCY FISCAL YEAR 2021 WAS $2,183,502. THIS INCLUDE S SCRIPPS INPATIENT BEHAVIORAL HEALTH. SCRIPPS OFFERS INPATIENT ADULT BEHAVIORAL HEALTH SE RVICES AT THE SCRIPPS MERCY HOSPITAL, SAN DIEGO CAMPUS. THE SCRIPPS MERCY BEHAVIORAL HEALT H PROGRAM ALSO ACTIVELY SUPPORTS COMMUNITY PROGRAMS TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY. SCRIPPS RESIDENT CLINIC AT THE HILLCREST FAMILY HEALTH CENTER IN JANUARY 2019, THE SCRIPPS MERCY HOSPITAL TRANSITIONE D THE INTERNAL MEDICINE AMBULATORY TEACHING PROGRAM FROM SCRIPPS MERCY HOSPITAL MERCY CLIN IC TO HILLCREST FAMILY HEALTH CENTER. THIS IS A FACILITY WITHIN THE NETWORK OF FAMILY HEAL TH CENTERS OF SAN DIEGO (FHCSD); THE SCRIPPS RESIDENT CLINIC WAS INCORPORATED INTO THE OPE RATION OF THE FHCSD HILLCREST FAMILY HEALTH CENTER. THIS MOVE EXPANDS THE EXISTING AFFILIA TION BETWEEN SCRIPPS MERCY HOSPITAL AND FAMILY HEALTH CENTERS OF SAN DIEGO TO INCLUDE THE GME OUTPATIENT CLINICAL ROTATION FOR INTERNAL MEDI

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	CINE. THE GME AFFILIATION WITH FHCSD IS A SIGNIFICANT OPPORTUNITY FOR OUR PATIENTS TO HAVE ACCESS TO MUCH MORE COMPREHENSIVE INTERDISCIPLINARY CARE. IT IS ALSO AN OPPORTUNITY FOR O UR RESIDENTS TO LEARN MORE ABOUT FUNCTIONING IN AN INTERDISCIPLINARY SETTING AND COLLABORA TING WITH OTHER HEALTHCARE PROVIDERS. THE AFFILIATION WITH FHCSD HAS IMPROVED THE PATIENT' S TRANSITION OF CARE FROM THE HOSPITAL'S INPATIENT SETTING TO OUTPATIENT / FOLLOW-UP CARE WITH THE SUPPORT OF FHCSD CARE COORDINATION PROCESSES. THE NEW SCRIPPS MD ANDERSON PREBYS CANCER CENTER ON THE MERCY HOSPITAL CAMPUS WILL EXPAND LEARNING OPPORTUNITIES FOR OUR RESI DENTS, AND FUTURE CAREERS IN HEMATOLOGY/ONCOLOGY. THE AGREEMENT TO CO-LOCATE THE GME PROGR AM WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) IS AN EXPANSION OF AN ONGOING, SUCCESSF UL RELATIONSHIP WITH THIS FEDERALLY QUALIFIED HEALTH CENTER. SCRIPPS AND FHCSD ALREADY WOR K TOGETHER IN A NUMBER OF AREAS THAT BENEFIT THE MEDICALLY UNDERSERVED, INCLUDING A PEDIAT RIC RESIDENCY TRAINING PROGRAM, A COLLABORATIVE PRENATAL CARE AND DELIVERY PROGRAM, A COOR DINATED BEHAVIORAL HEALTH PROGRAM, AND EMERGENCY ROOM REFERRALS FOR PATIENTS WITHOUT MEDIC AL HOMES. THIS PROGRAM HAS GIVEN ITS PATIENTS ACCESS TO INCREASED SERVICES, INCLUDING CASE MANAGEMENT, ONSITE PSYCHIATRIC SERVICES, DENTAL CARE, ONSITE PHLEBOTOMY, ADJACENT HIV/AID S/HEPATITIS C TREATMENT, PHYSICAL THERAPY, ACUPUNCTURE, SPORTS MEDICINE, AND OTHER SERVICE S. FROM A GME PERSPECTIVE, THIS IS AN OPPORTUNITY FOR OUR RESIDENTS TO PRACTICE WITHIN A B ROADER INTERDISCIPLINARY SETTING AND REGULARLY COLLABORATE WITH OTHER COMMUNITY HEALTH CAR E PROVIDERS. SUBSPECIALTY TEACHING IS PROVIDED TO THE FAMILY MEDICINE RESIDENTS BY SCRIPPS MERCY SUBSPECIALTY FACULTY. IN ADDITION, SINCE 2013, SCRIPPS MERCY MEDICAL EDUCATION HAS SUPPORTED THE TEACHING HEALTH CENTERS FAMILY MEDICINE RESIDENCY AT FAMILY HEALTH CENTERS, WITH ALL INPATIENT TEACHING EXCEPT FOR PEDIATRICS OCCURRING AT SCRIPPS MERCY HOSPITAL SAN DIEGO. BEHAVIORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SUFFERING FROM ACUTE PSYCHIATRIC D ISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVE S OR OTHERS. IN SUCH CASES, HOSPITALIZATION MAY BE THE MOST APPROPRIATE ALTERNATIVE. SCRIP PS MERCY HOSPITAL'S BEHAVIORAL HEALTH INPATIENT PROGRAM HELPS PATIENTS, AND THEIR LOVED ON ES WORK THROUGH SHORT-TERM CRISES MANAGE MENTAL ILLNESS AND RESUME THEIR DAILY LIVES. BEHA VIORAL HEALTH CHALLENGES . LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDIN G IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE WITH THE COST TO PROVIDE CARE. . IN FI SCAL YEAR 2021, THE SCRIPPS MERCY BEHAVIORAL HEALTH PROGRAM EXPERIENCED A $6.3 MILLION LOS S IN TOTAL OPERATIONS WITH $4.1 MILLION OF THIS LOSS BEING CAPTURED IN MEDI-CAL/CMS AND CH ARITY CARE. . IN FISCAL YEAR 2021, 1.9 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNIN SURED. BEHAVIORAL HEALTH OUTPATIENT SERVICES SCRIPPS BEHAVIORAL HEALTH ENTERED INTO AN AGR EEMENT IN MAY 2016 TO TRANSITION THE BEHAVIORAL HEALTH OUTPATIENT DAY PROGRAM TO THE FAMIL Y HEALTH CENTERS OF SAN DIEGO TO EXPAND OUTPATIENT BEHAVIORAL HEALTH OFFERINGS TO THE MEDI -CAL POPULATION. COLLABORATION WITH HOSPITAL PARTNERS SUCH AS NAMI (NATIONAL ALLIANCE OF M ENTAL ILLNESS), THE FAMILY HEALTH CENTERS OF SAN DIEGO, THE MCALISTER INSTITUTE AND HAZELD EN BETTY FORD HIGHLIGHT SCRIPPS COMMITMENT TO THE COMMUNITY WE SERVE. SCRIPPS HAS ALSO REC EIVED GRANT MONEY AS PART OF THE BEHAVIORAL HEALTH PILOT PROJECT TO EMBED SUBSTANCE USE CO UNSELORS IN THE EMERGENCY DEPARTMENT TO FACILITATE LINKAGE TO MEDICATION ASSISTED OUTPATIE NT PROGRAMS. FACILITATE LINKAGE TO MEDICATION ASSISTED OUTPATIENT PROGRAMS.

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES F2 - ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FO LLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP SPONSORE D BY THE OFFICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR PROFIT BOARDS REPRESENTING SCRIP PS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS: SAN DIEGO REGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE ASSIGNMENTS; SAN DIE GO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND HEALTH COMMITTEE WOR K ASSIGNMENTS); SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (EDC BOARD AND POLICY COMMITTEE ASSIGNMENTS); AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BOARD AND WORKING COM MITTEE ASSIGNMENTS). NORTH SAN DIEGO BUSINESS CHAMBER HEALTH COMMITTEE MEETING THE CHAMBER STRIVES TO DELIVER UP-TO-DATE, HEALTH-RELATED INFORMATION GO ENHANCE THE QUALITY OF LIFE TO THE BUSINESS COMMUNITY. THE HEALTH COMMITTEE SERVES AS A FRONT LINE TO EDUCATE SAN DIEG O NORTH BUSINESS ABOUT HEALTH CARE ISSUES SPECIFIC TO THE REGION THAT IMPACT BOTTOM LINES AND WORKFORCE PRODUCTIVITY. THE SCRIPPS DIRECTOR OF COMMUNITY BENEFIT ATTENDS THESE MEETIN GS. F3 - COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 3. SAN DIEGO COUNTY HEALTHCARE DISASTER COALITION SCRIPPS HE ALTH PARTICIPATED IN SAN DIEGO COUNTY HEALTHCARE DISASTER COALITION AND STATE OF CALIFORNI A ADVISORY GROUPS TO PLAN, IMPLEMENT AND EVALUATE KEY DISASTER PREPAREDNESS RESPONSE PLANS AND EXERCISES. SAN DIEGO HEALTHCARE COALITION ADVISORY COMMITTEE SCRIPPS HEALTH PARTICIPA TES IN THE SAN DIEGO HEALTHCARE COALITION ADVISORY COMMITTEE. THIS IS A FUNDING WORKGROUP WHICH PROVIDES LEADERSHIP AND FUNDING THROUGH GRANTS AND COOPERATIVE AGREEMENTS TO STATES, TERRITORIES, AND ELIGIBLE MUNICIPALITIES IN ORDER TO IMPROVE SURGE CAPACITY AND ENHANCE C OMMUNITY AND HOSPITAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES. SCRIPPS BIOMED TEAM - VO LUNTEER SAN DIEGO COUNTY VENTILATOR ASSEMBLY SCRIPPS BIOMED TEAM ASSISTED THE SAN DIEGO CO UNTY IN ASSEMBLING ITS WAREHOUSE INVENTORY OF SERVO-U VENTILATORS. THE BIOMED TEAM COMPLET ED ASSEMBLY OF 130 VENTILATORS. SAN DIEGO PUBLIC LIBRARY FOUNDATION THE LIBRARY FOUNDATION WILL USE THE SPONSORSHIP FROM SCRIPPS HEALTH AS PART OF ITS MULTI-FACETED APPROACH TO SUP PORTING THE LIBRARY IN MEETING CHANGING AND GROWING COMMUNITY NEEDS AND IN REDUCING DIGITA L INEQUITIES THAT HAVE BEEN SPOTLIGHTED IN RECENT MONTHS. IN A JUNE 2020 MCKINSEY & COMPAN Y REPORT, RESEARCHERS NOTED THAT THE EFFECTS OF COVID-19-RELATED LEARNING LOSSES WILL HAVE A LIFELONG IMPACT. THIS IMPACT WILL BE DISPROPORTIONATELY FELT BY UNDERSERVED FAMILIES AN D THOSE WITHOUT ACCESS TO THE INTERNET FROM HOME. AS THE REPORT NOTED, THESE LEARNING LOSS ES ARE NOT JUST AN ECONOMIC ISSUE, BUT ALSO CORRESPOND TO HEALTH AND WELLBEING, CRIME AND INCARCERATION LEVELS, AND PARTICIPATION IN CIVIC LIFE. THE LIBRARY HAS ALWAYS SERVED AS A SUPPORT SYSTEM FOR THE ENTIRE COMMUNITY, AND THE LIBRARY FOUNDATION IS ADOPTING A MULTI-FA CETED APPROACH TO HELP THE LIBRARY TO ADAPT AND TO ADDRESS THE COMMUNITY'S NEEDS FOR TECHN OLOGY, RESOURCES, AND SERVICES. ACTIVITIES INCLUDE: - EQUIPPING THE INNOVATION LAB AT THE CENTRAL LIBRARY @ JOAN ^ IRWIN JACOBS COMMON WITH HIGH-CAPACITY 3D PRINTERS AND REQUIRED M ATERIALS TO PRODUCE HUNDREDS OF FACE SHIELDS PER WEEK FOR SAN DIEGO'S FRONT-LINE HEALTHCAR E WORKERS. - GIVING LAPTOPS TO PROGRAM PARTICIPANTS WHO ARE NOT ABLE TO AFFORD ONE SO THEY CAN CONTINUE WITH THEIR LITERACY TRAINING, CONTINUE TO MAKE PROGRESS IN THE CAREER ONLINE HIGH SCHOOL PROGRAM, GET HIGH-LEVEL STEAM EDUCATION THROUGH LIBRARY NEXT, AND MORE. WE MA DE AN INITIAL COMMITMENT OF 240 COMPUTERS, WHICH WE ESTIMATE WILL BE EXHAUSTED AND NEED TO BE REPLENISHED BY DECEMBER. - PROVIDING LAPTOPS FOR PATRON USE IN OUTDOOR LIBRARY SPACES. WE HAVE PROVIDED 110 LAPTOPS FOR THIS PROJECT SO FAR AND EXPECT TO EXPAND SOON. - EXPANDI NG THE DIGITAL LIBRARY (PARTS OF WHICH HAVE SEEN A 300% INCREASE IN USE) WITH ADDITIONAL D ATABASES, EBOOKS, AND RESOURCES. - SUCCESSFULLY ADVOCATING AGAINST AN UNPRECEDENTED $9MM I N PROPOSED CUTS TO THE CITY'S LIBRARY BUDGET WHICH WOULD HAVE GREATLY REDUCED LIBRARY OPER ATING HOURS, ELIMINATING 240+ LIBRARY POSITIONS, AND THE PERMANENT CLOSURE OF A BRANCH IN A HIGH-NEEDS NEIGHBORHOOD. - PROVIDING EQUIPMENT FOR EACH BRANCH LIBRARY TO FACILITATE THE TRANSITION OF LIBRARY PROGRAMS TO AN ONLINE FORMAT. F5 - LEADERSHIP DEVELOPMENT AND TRAIN ING FOR COMMUNITY MEMBERS - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 5. ENLISTED LEADERSHIP FOUNDATION - THE FOUNDRY OK ENLISTED L EADERSHIP FOUNDATION IS A SAN DIEGO BASED NON-PROFIT GROUP 501(C)3 DEDICATED TO LEADERSHIP DEVELOPMENT OF NAVY SECOND CLASS, FIRST CLASS, AND CHIEF PETTY OFFICERS. THIS ORGANIZATIO N WAS FORMED BY A TEAM OF ACTIVE DUTY AND RETIRED COMMAND / MASTER CHIEF PETTY OFFICERS TO DEVELOP CURRENT AND FUTURE LEADERS THROUGH A PHIL

Form and Line Reference	Explanation
SCHEDULE H, PART II	OSOPHY OF SHARING AND MENTORING BASED ON COMBINED GENERATIONS OF GROWTH AND GROOMING. LEAD ERSHIP LECTURE GIVEN BY CHRIS VAN GORDER, PRESIDENT AND CEO. SAN DIEGO SHERRIFF'S SEARCH & RESCUE ACADEMY - EMERGENCY REPONSE MODULE THE AMERICAN RED CROSS EMERGENCY MEDICAL RESPON SE COURSE PROVIDES THE PARTICIPANT WITH THE KNOWLEDGE AND SKILLS NECESSARY TO WORK AS AN E MERGENCY MEDICAL RESPONDER (EMR). THE CLASS INSTRUCTED BY CHRIS VAN GORDER, SCRIPPS PRESID ENT AND CEO. F7 - COMMUNITY HEALTH IMPROVEMENT ADVOCACY - THE COSTS ASSOCIATED WITH THE FO LLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 7. HEALTH CARE PUBLIC AND GOVER NMENT ADVOCACY SCRIPPS PUBLIC AND GOVERNMENT AFFAIRS SUPPORTS RELATIONSHIP BUILDING AMONG INTERESTED AND AFFECTED PARTIES RELATIVE TO THE NATION'S HEALTH CARE REFORM DEBATE AND DEC ISION MAKING. THE GOAL IS TO EDUCATE AND INFORM RELATIVE TO ALL ASPECTS OF REFORM DISCUSSI ON, FROM HEALTH INFORMATION TECHNOLOGY TO THE ENACTMENT AND IMPLEMENTATION OF THE PATIENT PROTECTION AND ACCOUNTABLE CARE ACT. THE SAN DIEGO LGBT COMMUNITY CENTER SCRIPPS SPONSORED THE SAN DIEGO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITY CENTER INC., (D.B.A., THE CENTER). THE CENTER IS ONE OF THE LARGEST AND MOST VIBRANT LGBT COMMUNITY CENTERS IN THE NATION. FUNCTIONING AS THE SAN DIEGO LGBT COMMUNITY'S ANCHOR ORGANIZATION, THE CENTER IS L ED BY A 10-MEMBER BOARD OF DIRECTORS, EMPLOYS MORE THAN 70 PAID STAFF AND UTILIZES MORE TH AN 1,200 COMMUNITY VOLUNTEERS TO ACHIEVE ITS TWIN GOALS OF PROMOTING LGBT HEALTH/WELLNESS AND HUMAN RIGHTS. THE CENTER PROVIDES TARGETED PROGRAMS AND SERVICES TO THE FULL DIVERSITY OF THE SAN DIEGO LGBT COMMUNITY, INCLUDING MEN, WOMEN, YOUTH, SENIORS, TRANSGENDER AND NO N-BINARY INDIVIDUALS, FAMILIES, LGBT LATINO COMMUNITY MEMBERS AND THEIR FAMILIES, AND THOS E LIVING WITH HIV. LAST YEAR, THE CENTER PROVIDED MORE THAN 82,000 DIRECT SERVICE VISITS T O SAN DIEGO COMMUNITY MEMBERS, AND THROUGH ITS EVENTS, ACTIVITIES AND ADVOCACY, TOUCHED TH E LIVES OF THOUSANDS MORE. F8-WORKFORCE DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOW ING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 8. SAN DIEGO ORGANIZATION OF HEALTH CARE LEADERS (SOHL) SCRIPPS SPONSORED THE SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS ANN UAL CONFERENCE WHICH FOCUSED ON OPIOID USAGE. FOUNDED IN 2001, THE SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL) IS AN OFFICIAL COMBINED CHAPTER OF THE AMERICAN COLLEGE OF HE ALTHCARE EXECUTIVES (ACHE), AN INTERNATIONAL PROFESSIONAL SOCIETY OF MORE THAN 30,000 HEAL THCARE EXECUTIVES. SOHL OFFERS AN ENVIRONMENT FOR CONTINUAL GROWTH AND PROFESSIONAL DEVELO PMENT, AND BUILDING RELATIONSHIPS AMONG PEERS AND INDUSTRY LEADERS AT THE LOCAL LEVEL. MEM BERS REPRESENT HEALTHCARE LEADERS IN ALL SECTORS OF THE HEALTHCARE INDUSTRY. YOUTH EDUCATI ONAL PROGRAMS SCRIPPS IS DEDICATED TO BUILDING THE FUTURE PIPELINE OF HEALTH PROFESSIONALS . SCRIPPS IMPLEMENTS A WIDE VARIETY OF YOUTH IN HEALTH CAREER ACTIVITIES. THROUGH SEVERAL INTERNSHIPS AND OTHER EDUCATIONAL PROGRAMS, SCRIPPS COLLABORATES WITH HIGH SCHOOLS TO OFFE R STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRST-HAND EXPERIENCE W ORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS. NURSES AND OTHER CLINICAL AND NON-CLINICAL EMPLOYEES PLAY IMPORTANT ROLES IN THESE EDUCATIONAL EXPERIENCES, AS THE STUDENTS ARE INTER ACTING WITH THEM DAILY THROUGH THE PROGRAMS. A TOTAL OF 2,028 YOUTH PARTICIPATED IN THESE PROGRAMS AND MORE THAN 75% OF YOUTH ARE ON A TRACK FOR A HEALTH CAREER. DUE TO COVID-19 AN D IN-PERSON RESTRICTIONS ALL YOUTH ACTIVITIES (MENTORING, CLASSROOM PRESENTATIONS, HOSPITA L TOURS, SURGERY VIEWINGS) WERE TRANSITIONED TO VIRTUAL PLATFORMS FOR DISTANCE LEARNING FO R FISCAL YEAR 2021. TOPICS AND ACTIVITIES CONTINUED TO BE REQUESTED BY THE SWEETWATER SCHO OL DISTRICT TO ENHANCE AND SUPPORT CLASSROOM CURRICULUM. SCRIPPS MERCY'S SCHOOL TO HEATH C AREERS FAMILY PRACTICE MEDICAL RESIDENTS PROVIDE INTERACTIVE CLASSROOM PRESENTATIONS ON A VARIETY OF PUBLIC HEALTH CONCERNS, MEDIC

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG HOSPITALS, H EALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON PAST CH NAS. WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY. INFORMATI ON IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT, DEVELOPIN G STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS, AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS. AS PART OF THE FEDERAL REPORT ING REQUIREMENT FOR PRIVATE, NOT-FOR-PROFIT (TAX EXEMPT) HOSPITALS, SCRIPPS CONDUCTS A CON SOLIDATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND CORRESPONDING JOINT IMPLEMENTATIONS STRATEGY FOR ITS LICENSED HOSPITAL FACILITIES EVERY THREE YEARS. THIS COMPREHENSIVE ACCOU NT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BENE FIT PROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY-BASED ORGANIZAT IONS AND CONSUMER GROUPS. THE 2019 SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN D IEGO COUNTY. THE REPORT HELPS US UNDERSTAND OUR COMMUNITY'S HEALTH NEEDS AND INFORM COMMUN ITY BENEFIT PLANNING AND THE IMPLEMENTATION STRATEGY FOR SCRIPPS HEALTH. IN ADDITION, THE ASSESSMENT ALLOWS INTERESTED PARTIES AND MEMBERS OF THE COMMUNITY A MECHANISM TO ACCESS TH E FULL SPECTRUM OF INFORMATION RELATIVE TO THE DEVELOPMENT OF THE SCRIPPS HEALTH 2019 COMM UNITY HEALTH NEEDS ASSESSMENT REPORT. WHILE THIS IS A FEDERALLY MANDATED EXERCISE, SCRIPPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THE REPORT TO BENEFIT THE COMMUNIT Y AT-LARGE IN OTHER FUTURE PLANNING INITIATIVES. THIS REPORT COMPLIES WITH FEDERAL TAX LAW REQUIREMENTS SET FORTH IN INTERNAL REVENUE CODE SECTION 501(R) REQUIRING HOSPITAL FACILIT IES OWNED AND OPERATED BY AN ORGANIZATION DESCRIBED IN CODE SECTION 501(C)(3) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST ONCE EVERY THREE YEARS. FOR MORE DETAILED INFO RMATION ON THE CHNA REGULATORY REQUIREMENTS AND IMPLEMENTATION STRATEGY SEE: HTTPS://WWW.S CRIPPS.ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS: OVERVIEW AND BACKGROUND AS STATED EALIER, EVERY THREE YEARS, THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) CONDUCTS A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO MEET IRS REGULATORY REQUIREMENTS AND TO IDENT IFY AND PRIORITIZE THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS, PARTICULARLY THOSE WHO EXPERIENCE HEALTH INEQUITIES. THE CHNA IS IMPLEMENTED AND MANAGED BY A STANDING CHNA COMMI TTEE COMPRISED OF REPRESENTATIVES FROM SEVEN HOSPITALS AND HEALTH SYSTEMS. THIS COMMITTEE REPORTS TO THE HASD&IC BOARD OF DIRECTORS WHO PROVIDE POLICY DIRECTION AND ENSURE THAT THE INTERESTS OF ALL MEMBER HOSPITALS AND HEALTH SYSTEMS ARE MET. HASD&IC CONTRACTS WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PERFORM THE NEED S ASSESSMENT. SCRIPPS HEALTH ACTIVELY PARTICIPATES IN THE COLLABORATIVE CHNA PROCESS LED B Y THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES AND DEVELOPS A SCRIPPS CONSO LIDATED CHNA REPORT. THE 2019 CHNA BUILT ON THE RESULTS OF THE 2016 CHNA AND INCLUDED THRE E TYPES OF COMMUNITY ENGAGEMENT EFFORTS: FOCUS GROUPS WITH RESIDENTS, COMMUNITY-BASED ORGA NIZATIONS, SERVICE PROVIDERS, AND HEALTH CARE LEADERS; KEY INFORMANT INTERVIEWS WITH HEALT H CARE EXPERTS; AND AN ONLINE SURVEY FOR RESIDENTS AND STAKEHOLDERS. IN ADDITION, THE CHNA INCLUDED EXTENSIVE QUANTITATIVE ANALYSIS OF NATIONAL AND STATE-WIDE DATA SETS, SAN DIEGO COUNTY EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL DISCHARGE DATA, COMMUNITY CLINIC USAGE DATA, COUNTY MORTALITY AND MORBIDITY DATA, AND DATA RELATED TO SOCIAL DETERMINANTS OF HEAL TH. THESE TWO DIFFERENT APPROACHES ALLOWED THE CHNA COMMITTEE TO VIEW COMMUNITY HEALTH NEE DS FROM MULTIPLE PERSPECTIVES. IN ADDITION TO THIS COLLABORATIVE CHNA PROCESS, KAISER FOUN DATION HOSPITAL (KFH)-SAN DIEGO AND ZION CONDUCTED A SEPARATE CHNA PROCESS; DATA WERE SHAR ED BETWEEN THE TWO GROUPS. THESE SIMULTANEOUS PROCESSES ALLOWED FOR A MORE ROBUST, COMPREH ENSIVE CHNA FOR ALL SAN DIEGO COUNTY HOSPITALS AND HEALTH CARE SYSTEMS. METHODOLOGY FOR TH E 2019 CHNA QUANTITATIVE ANALYSES OF PUBLICLY AVAILABLE DATA PROVIDED AN OVERVIEW OF CRITI CAL HEALTH ISSUES ACROSS SAN DIEGO COUNTY, WHILE QUALITATIVE ANALYSES OF FEEDBACK FROM THE COMMUNITY PROVIDED AN APPRECIATION FOR THE EXPERIENCES AND NEEDS OF SAN DIEGANS. THE CHNA COMMITTEE REVIEWED THESE ANALYSES AND APPLIED A PRE-DETERMINED SET OF CRITERIA TO THEM TO PRIORITIZE THE TOP HEALTH NEEDS IN SAN DIEGO COUNTY. QUANTITATIVE DATA COLLECTION AND ANA LYSIS THE PURPOSE OF THE 2019 CHNA WAS TO IDENTIFY, UNDERSTAND, AND PRIORITIZE THE HEALTH- RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS FACING

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	INEQUITIES. THIS WAS ACCOMPLISHED THROUGH TWO TYPES OF DATA COLLECTION: (1) QUALITATIVE D ATA WAS COLLECTED THROUGH A COMMUNITY ENGAGEMENT PROCESS DESIGNED TO SOLICIT IN-DEPTH FEED BACK FROM RESIDENTS IN HIGH-NEED NEIGHBORHOODS AND FROM LOCAL HEALTH EXPERTS AND LEADERS; AND (2) QUANTITATIVE DATA WAS OBTAINED BY EXTRACTING AND ANALYZING DATA FROM SECONDARY DAT A SOURCES. SPECIAL EFFORTS WERE MADE TO INCLUDE COMMUNITY RESIDENTS FROM GROUPS THAT EXPER IENCE HEALTH DISPARITIES AND SERVICE PROVIDERS WHO WORK WITH THOSE GROUPS. QUANTITATIVE DA TA WERE DRAWN FROM SEVERAL PUBLIC SOURCES. DATA FROM DIGNITY HEALTH/TRUVEN HEALTH COMMUNIT Y NEEDS INDEX (CNI) AND THE PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA'S HEALTHY PLACES INDEX (HPI) WERE USED TO IDENTIFY GEOGRAPHIC COMMUNITIES IN SAN DIEGO COUNTY THAT WERE MO RE LIKELY TO BE EXPERIENCING HEALTH INEQUITIES, WHICH GUIDED THE SELECTION OF COMMUNITIES FOR THE ENGAGEMENT AND THE DEVELOPMENT OF ENGAGEMENT QUESTIONS. HOSPITAL DISCHARGE DATA EX PORTED FROM SPEEDTRACK'S CALIFORNIA UNIVERSAL PATIENT INFORMATION DISCOVERY, OR CUPID APPL ICATION WERE USED TO IDENTIFY CURRENT AND THREE-YEAR TRENDS IN PRIMARY DIAGNOSIS DISCHARGE CATEGORIES AND WERE STRATIFIED BY AGE AND RACE. THIS ALLOWED FOR THE IDENTIFICATION OF HE ALTH DISPARITIES AND THE CONDITIONS HAVING THE GREATEST IMPACT ON HOSPITALS AND HEALTH SYS TEMS IN SAN DIEGO COUNTY. DATA FROM NATIONAL AND STATE-WIDE DATA SETS WERE ANALYZED INCLUD ING SAN DIEGO COUNTY MORTALITY AND MORBIDITY DATA, AND DATA RELATED TO SOCIAL DETERMINANTS OF HEALTH. IN ADDITION, KAISER PERMANENTE CONSOLIDATED DATA FROM SEVERAL NATIONAL AND STA TE-WIDE DATA SETS RELATED TO A VARIETY OF HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEA LTH IN SAN DIEGO COUNTY AND CONDUCTED A COMPREHENSIVE STATISTICAL ANALYSIS TO IDENTIFY WHI CH SOCIAL DETERMINANTS OF HEALTH WERE MOST PREDICTIVE OF NEGATIVE HEALTH OUTCOMES. KAISER PERMANENTE THEN CREATED A, WEB-BASED DATA PLATFORM (CHNA.ORG/KP) TO POST THESE ANALYSES FO R USE IN THE CHNA. THESE ANALYSES GUIDED THE DESIGN OF THE ONLINE SURVEY, INTERVIEW, AND F OCUS GROUP QUESTIONS. 2019 CHNA PRIORITIZATION OF THE TOP HEALTH NEEDS THE CHNA COMMITTEE COLLECTIVELY REVIEWED THE QUANTITATIVE AND QUALITATIVE DATA AND FINDINGS. SEVERAL CRITERIA WERE APPLIED TO THE DATA TO DETERMINE WHICH HEALTH CONDITIONS WERE OF THE HIGHEST PRIORIT Y IN SAN DIEGO COUNTY. THESE CRITERIA INCLUDED: THE SEVERITY OF THE NEED, THE MAGNITUDE/SC ALE OF THE NEED; DISPARITIES OR INEQUITIES AND CHANGE OVER TIME. THOSE HEALTH CONDITIONS A ND SOCIAL DETERMINANTS OF HEALTH (SDOH) THAT MET THE LARGEST NUMBER OF CRITERIA WERE THEN SELECTED AS TOP PRIORITY COMMUNITY HEALTH NEEDS. OVER THE COURSE OF SEVERAL MEETINGS, THE CHNA COMMITTEE COLLECTIVELY REVIEWED THE QUANTITATIVE AND QUALITATIVE DATA AND FINDINGS. E ACH HEALTH CONDITION AND SOCIAL DETERMINANT OF HEALTH FOR WHICH THE COMMITTEE HAD DATA WAS CONSIDERED AND DISCUSSED IN TERMS OF THESE CRITERIA. THOSE HEALTH CONDITIONS AND SOCIAL D ETERMINANTS OF HEALTH THAT MET THE LARGEST NUMBER OF CRITERIA WERE CHOSEN AS TOP PRIORITIE S. THE 2019 CHNA IDENTIFIED TEN COMMUNITY HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEA LTH (SDOH) AS THE MOST CRITICAL HEALTH AND SOCIAL NEEDS WITHIN SAN DIEGO COUNTY (LISTED IN ALPHABETICAL ORDER BY SDOH AND HEALTH CONDITION). 1. ACCESS TO HEALTH CARE 2. AGING CONCE RNS 3. BEHAVIORAL HEALTH 4. CANCER 5. CHRONIC CONDITIONS 6. COMMUNITY AND SOCIAL SUPPORT 7 . ECONOMIC SECURITY 8. EDUCATION 9. HOMELESSNESS AND HOUSING INSTABILITY 10. UNINTENTIONAL INJURY AND VIOLENCE IN ADDITION, AN UNDERLYING THEME OF STIGMA AND THE BARRIERS IT CREATE S AROSE ACROSS COMMUNITY ENGAGEMENT. IN TERMS OF SDOH, STIGMA IMPACTS THE WAY IN WHICH PEO PLE ACCESS NEEDED SERVICES AND CAN IMPACT THE COMMUNITY'S ABILITY TO MAINTAIN AND MANAGE T HEIR HEALTH AND HEALTH CONDITIONS. ACCESS TO HEALTH CARE. ACCESS TO HEALTH CARE EMERGED AS A HIGH PRIORITY HEALTH NEED IN BOTH THE SECONDARY DATA ANALYSES AND THE COMMUNITY ENGAGEM ENT EVENTS. OVERCOMING BARRIERS TO HEALT

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	TE THE PATIENT'S UNDERSTANDING AND PARTICIPATION IN OPTIONS FOR FINANCIAL ASSISTANCE. - PA TIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORED AND IDENTIFIED AS SOON AS POSSIBLE. PATIENTS ARE SCREENED FOR THE ABILITY TO PAY AND/OR T O DETERMINE ELIGIBILITY FORPAYMENT PROGRAMS INCLUDING THOSE OFFERED DIRECTLY THROUGH SCRIP PS HEALTH. OUR PERSONNEL WILL MAKE ALL REASONABLE EFFORTS TO OBTAIN INFORMATION FROM PATIE NTS ABOUT WHETHER PRIVATE OR PUBLIC HEALTH INSURANCE MAY FULLY OR PARTIALLY COVER THE CHAR GES FOR CARE. SCRIPPS WILL PROVIDE ASSISTANCE IN ASSESSING THE PATIENT'S ELIGIBILITY FOR M EDI-CAL, COUNTY MEDICAL SERVICES (CMS) OR ANY OTHER-THIRD PARTY COVERAGE AS PART OF THE AP PLICATION PROCESS FOR FINANCIAL ASSISTANCE. EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBILIT Y IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT. - SCRIPPS HEALTH WILL WORK TO ASSIST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATIVE LY PROVIDES INFORMATION ABOUT HIS/HER ABILITY TO PAY. FAILURE BY THE PATIENT TO COOPERATE MAY RESULT IN THE INABILITY OF THE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATION. - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES OR BELOW. DETERMINATION IS MADE ON AN ALL-OR PARTIAL BASIS USING THE APPROVED DISCOUNT SCHEDULE. IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORM ATION AFTER DILIGENT EFFORTS REGARDING ABILITY TO PAY FOR ANY PATIENT TREATED IN THE EMERG ENCY DEPARTMENT, THE PATIENT MAY BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE ONLY AFTER AP PROPRIATE BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION HOSPITALS AND HEALTH CARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THO SE INDIVIDUALS RESIDING WITHIN ITS SERVICE AREA. A HOSPITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AREA SURROUNDING THE HOSPITAL AND DOES NOT EXCLUDE LOW INCOME OR UNDERSERVED POPULATIONS. FOR THE PURPOSES OF THE 2019 CHNA, THE SERVICE AREA IS DEFINED AS THE ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION O F HOSPITALS IN THE AREA. BECAUSE OF ITS GEOGRAPHIC SIZE AND LARGE POPULATION, THE SAN DIEG O COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) ORGANIZES THEIR SERVICE AREAS INTO SIX GE OGRAPHIC REGIONS: CENTRAL, EAST, NORTH CENTRAL, NORTH COASTAL, NORTH INLAND, AND SOUTH. EA CH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLE CT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE BY ZIP CODE LEVEL. SCRIPPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NO RTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO. COMMUNITY OUTREACH EFFORTS ARE FOCU SED IN THOSE AREAS WITH PROXIMITY TO A SCRIPPS FACILITY. SCRIPPS HOSTS, SPONSORS AND PARTI CIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR. SCRIPPS MERCY HOSPITAL (INC LUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 64 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM. SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POP ULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INSURED ADULTS IN TH E COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HISPANIC AND ASIAN. SCRIPPS MERCY HOSPITAL SAN DIEGO AND SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUSES ARE DESIG NATED BY THE GOVERNMENT AS A DISPROPORTIONATE SHARE HOSPITAL, IN REFLECTION OF THE DIVERSI TY OF THE POPULATION THEY SERVE. BOTH HOSPITAL CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER). MORE THAN HALF OF SCRIPPS MERCY SAN DIEGO AND CHULA VIS TA PATIENTS ARE GOVERNMENT INSURED MEDICARE AND MEDI-CAL. MEETING THE CHALLENGES OF A DIVE RSE BORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3. 3 MILLION PEOPLE. GEOGRAPHICALLY DISPERSED OVER 4,206 SQUARE MILES, THE POPULATION REPRESE NTS MULTIPLE ETHNIC GROUPS. THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWTH PROJECTS THE REGION'S POPULATION WILL GROW BY NEARLY ONE MILLION PEOPLE BY 2050. TH IS FORECAST IS CONSISTENT WITH PREVIOUS EXPECTATIONS ALTHOUGH FUTURE GROWTH RATES HAVE BEE N REDUCED DUE TO INCREASED DOMESTIC MIGRATION OUT OF THE REGION. THE HEALTH CARE SAFETY NE T IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO C ARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES. FINDING MORE EFFECTIVE WAYS TO CO ORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE. WHILE PUBLIC SUBSIDIES (E.G., COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED PO PULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE. COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS INTO THEIR OPERATING BUDGETS. THE FINANCIAL BUR DEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIFICANT. SAN D IEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST IN CALIFORNIA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE. DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY (SDC) CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A D EFINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES. POPULATION SIZE CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE DISTRIBUTION OF A POPULATION ARE AL L IMPORTANT FACTORS IN UNDERSTANDING COMMUNITIES AND THEIR RESIDENTS. SAN DIEGO IS THE SEC OND MOST POPULOUS COUNTY IN CALIFORNIA AND FIFTH MOST POPULOUS IN THE UNITED STATES. SAN D IEGO HAS: - OVER 3.3 MILLION RESIDENTS - MAJORITY MINORITY POPULATION o 45.9% (~1.5 MILLIO N) NON-HISPANIC WHITE o 34.2% (~1.1 MILLION) HISPANIC o 11% (369,059) ASIAN/PACIFIC ISLAND ERS o 4.8% (159,320) BLACKS o 0.5% (15,000) AMERICAN INDIAN/ALASKA NATIVE o 3.6% (120,674) OTHER RACE/ETHNICITY, INCLUDING TWO OR MORE RACES COMPRISED. - BUSIEST LAND BORDER CROSSI NG IN THE WORLD - 1 OF EVERY 13 PEOPLE WHO ENTER THE US COME THROUGH SAN YSIDRO - 70 MILES OF COASTLINE - 16 NAVAL AND MILITARY INSTALLATIONS - 18 FEDERALLY QUALIFIED RECOGNIZED IN DIAN RESERVATIONS - A TOTAL OF 4,526 SQUARE MILES, LARGER THAN RHODE ISLAND AND DELAWARE C OMBINED FOLLOWING THE ACA, THE NUMBER OF UNINSURED NONELDERLY AMERICANS DECLINED BY 20 MIL LION, DROPPING TO AN HISTORIC LOW IN 2016. HOWEVER, BEGINNING IN 2017, THE NUMBER OF UNINS URED NONELDERLY AMERICANS INCREASED FOR THREE STRAIGHT YEARS, GROWING BY 2.2 MILLION FROM 26.7 MILLION IN 2016 TO 28.9 MILLION IN 2019, AND

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	THE UNINSURED RATE INCREASED FROM 10.3% IN 2016 TO 10.9% IN 2019 FOR CALIFORNIA AND FROM 1 0.4% IN 2016 TO 11.3% IN 2019 IN SAN DIEGO COUNTY. COVERAGE DURING THE COVID-19 PANDEMIC T HE ECONOMIC DOWNTURN CAUSED BY THE CORONAVIRUS PANDEMIC HAS RENEWED ATTENTION ON HEALTH IN SURANCE COVERAGE AS MILLIONS HAVE LOST THEIR JOBS AND POTENTIALLY THEIR HEALTH COVERAGE. T HE AFFORDABLE CARE ACT (ACA) SOUGHT TO ADDRESS THE GAPS IN OUR HEALTH CARE SYSTEM THAT LEA VE MILLIONS OF PEOPLE WITHOUT HEALTH INSURANCE BY EXTENDING MEDICAID COVERAGE TO MANY LOW- INCOME INDIVIDUALS AND PROVIDING SUBSIDIES FOR MARKETPLACE COVERAGE FOR INDIVIDUALS BELOW 400% OF POVERTY. KEY FINDINGS NATIONAL DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVE NTION (CDC) SHOWED THAT THE UNINSURED RATE HELD STEADY DURING 2020 DESPITE THE COVID-19 PA NDEMIC. THIS DATA COMES FROM THE NATIONAL HEALTH INTERVIEW SURVEY, CONSIDERED ONE OF THE M OST COMPREHENSIVE SOURCES OF INFORMATION ABOUT HEALTH INSURANCE COVERAGE DUE TO THE LARGE SAMPLE SIZE AND THE FACT THAT DATA IS COLLECTED YEAR-ROUND. THE OVERALL UNINSURED RATE IN 2020 WAS 9.7 PERCENT (ABOUT 31.6 MILLION PEOPLE) COMPARED TO 10.3 PERCENT (ABOUT 33.2 MILL ION PEOPLE) IN 2019. INFORMATION ON SOCIOECONOMIC FACTORS, ACCESS TO CARE, HEALTH BEHAVIOR S, AND THE PHYSICAL ENVIRONMENT CAN BE FOUND IN THE SCRIPPS 2019 CHNA REPORT AT SCRIPPS HE ALTH 2019 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT. IDENTIFYING HIGH-NEED AREAS A CRITICAL COMPONENT OF UNDERSTANDING COMMUNITY HEALTH IS TO IDENTIFY GEOGRAPHIC AREAS OF INEQUITIES . THE CHNA COMMITTEE UTILIZED TWO METRICS TO DETERMINE WHICH AREAS OF SAN DIEGO COUNTY LIK ELY EXPERIENCE THE GREATEST HEALTH DISPARITIES: (1) THE HEALTHY PEOPLE INDEX (HPI) WHICH A NALYZES HEALTH OPPORTUNITIES BY CENSUS TRACT; AND (2) THE DIGNITY HEALTH/TRUVEN HEALTH COM MUNITY NEED INDEX (CNI), WHICH MEASURES BARRIERS TO SOCIO-ECONOMIC SECURITY BY ZIP CODE. D ATA FROM THESE TWO SOURCES PROVIDED KEY INFORMATION ABOUT RESOURCES AND DISPARITIES IN DIF FERENT REGIONS OF SAN DIEGO COUNTY AND GUIDED THE SELECTION PROCESS FOR THE COMMUNITY ENGA GEMENT.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBU LATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS. IN ADDITION, SCRIPPS PARTICIP ATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGI ON TO IMPROVE OUR COMMUNITY'S HEALTH AND OUR PARTNERSHIPS DO NOT STOP AT OUR LOCAL BORDERS . OUR PARTICIPATION AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS INCLUDE WORK WITH GOVE RNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMER GENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AS WELL AS INTERNATIONAL P ARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING, AND DIRECT PATIENT CARE. IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY , CARING FOR THOSE WHO NEED US TODAY AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE. ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSIC IANS. THE BOARD OF TRUSTEES HAS AUTHORITY TO APPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTER OR SIMILAR FACILITY, AND TO APPOINT, SUSPE ND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL STAFF. ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES P ARTICIPATE IN MEDI-CAL AND MEDICARE CONTRACTS. SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK I NTO THE SAN DIEGO COMMUNITY. SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEI SMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS. EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS. DURING FY21 (OCTOBER 20 20 TO SEPTEMBER 2021), SCRIPPS INVESTED $33,228,894 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY. QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS. WIT HOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS OR TO OFFE R CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE W OULD BE GREATLY DIMINISHED. MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELOPMENT OF NEW AND INNOVATIVE TREATMENT OPTION S. PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFE SSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES INCLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PROFESSIONAL EDUCATION. RESEARCH TAKES PLACE PR IMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES AND SCRIPPS WHITTIER DIABETES INSTITUTE. CAL CULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT-OFFSETTING REVENUE, W HICH INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBUR SEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. ACCORDING TO THE SCHEDULE H 990 IRS GUID ELINES; "DIRECT OFFSETTING REVENUE" ALSO INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUNITY BENEFIT. A LACK OF HEALTH INSURANCE IS A PRED ICTOR OF MANY HEALTH CONDITIONS, INCLUDING MORE POOR MENTAL HEALTH DAYS, MORE VISITS TO TH E ED FOR HEART ATTACKS, A HIGHER PREVALENCE OF ASTHMA, AND OBESITY, MORE LOW BIRTH WEIGHT BABIES, AND HIGHER PREVALENCE OF SMOKING. REDUCED ACCESS TO BASIC HEALTH CARE SERVICES INC REASES ILLNESS, INJURY AND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEALTH PROVIDE RS, WHO MUST PROVIDE UNCOMPENSATED CARE FOR THE UNINSURED. ACCESS TO HEALTH CARE EMERGED A S A HIGH PRIORITY HEALTH NEED IN BOTH THE SECONDARY DATA ANALYSES AND COMMUNITY ENGAGEMENT EVENTS IN THE 2019 SCRIPPS COMMUNITY HEALTH NEEDS ASSESSMENT. THROUGH THE COMMUNITY ENGAG EMENT CONDUCTED WE HEARD FROM THE COMMUNITY THAT EVEN WHEN INSURANCE IS SECURED, INCLUDED LACK OF TRANSPORTATION - ESPECIALLY FOR SENIORS - AND LACK OF CULTURALLY AND LINGUISTICALL Y COMPETENT CARE ARE MAIN BARRIERS. IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SP ONSORED A NUMBER OF PROGRAMS AND ACTIVITIES IN FY21. BELOW ARE A FEW EXAMPLES OF ACCESS TO CARE PROGRAMS. MORE INFORMATION CAN BE FOUND IN THE SCRIPPS COMMUNITY BENEFIT PLANS AND R EPORT, HTTP://WWW.SCRIPPS.ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY. MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHILDREN IN MEXICO FOR THREE DECADES, THE MERCY OUTREA CH SURGICAL TEAM (MOST) HAS BEEN CROSSING BORDERS AND CHANGING LIVES. MOST IS AN INDEPENDE NT, NONPROFIT ORGANIZATION FOUNDED IN 1987 AT SCRIPPS MERCY HOSPITAL WHOSE MISSION IS TO P ROVIDE FREE SURGERIES AND VISION CARE TO UNDERSERVED CHILDREN IN MEXICO. AFTER THE 9/11 TE RRORIST ATTACK, MOST'S MISSIONS HAD TO BE SHIFTED EXCLUSIVELY TO TRIPS IN MEXICO, DUE TO D IFFICULTY GETTING CHILDREN ACROSS THE BORDER FROM MEXICO INTO THE U.S. WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM PROVIDES RECONSTRUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS. IN SPECIAL CIRCUM

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	STANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS. IN MEXICO, MOST VOLUNTEERS TYPICALLY PERF ORM HUNDREDS OF SURGERIES PER MISSION - AND MORE THAN 14,000 OVERALL SINCE ITS FOUNDING -- FOR ISSUES LIKE CLEFT PALATES, CROSSED EYES, BURN SCARS, HERNIA REPAIRS AND MORE. MOST AL SO ADDED A VISION PROGRAM IN 2004 THAT PROVIDES MORE THAN 100 PAIRS OF EYEGLASSES PER TRIP TO CHILDREN IN NEED. MOST HAS BEEN WORKING WITH AN ORGANIZATION IN MEXICO TO SPONSOR CLEF T PALATE AND LIP SURGERIES AND ALSO PROVIDED MUCH NEEDED PPE AND OTHER MEDICAL SUPPLIES TO TEHUACN, A CITY MOST HAS VISITED FOR MISSION TRIPS SEVERAL TIMES, TO HELP CARE FOR PATIEN TS. SINCE MOST HAD TO PAUSE ITS TRAVEL INTO MEXICO DUE TO COVID-19 RESTRICTIONS AND IT HAD BEEN LOOKING FOR WAYS TO SERVE THOSE IN NEED ONCE PUBLIC HEALTH CONDITIONS ALLOWED. MOST SAW AN OPPORTUNITY TO CONTINUE ITS MISSION IN SAN DIEGO WHEN THE EMERGENCY SHELTER WAS OPE NED AT THE SAN DIEGO CONVENTION CENTER. DURING FISCAL YEAR 2021, A TEAM OF 35 VOLUNTEERS F ROM MOST HOSTED A FREE, FULL DAY VISION CLINIC INSIDE THE SAN DIEGO CONVENTION CENTER EMER GENCY SHELTER, WHERE THEY SERVED 615 CHILDREN, MOSTLY 13-17 WITH A FEW YOUNGER ONES AND PE RFORMED VISION SCREENINGS AND PROVIDED PRESCRIPTION EYEGLASSES TO THOSE WHO NEEDED THEM. F OR THOSE WHO REQUIRED GLASSES, THEY WERE ABLE TO TRY ON A VARIETY OF FRAMES AND PICK THE O NES THAT THEY LIKED THE BEST. LENS FITTERS WORKED WITH EACH CHILD TO ENSURE THAT THEY WOUL D BE PLEASED WITH THE WAY THEY WOULD LOOK IN THEIR NEW GLASSES - ENSURING THAT THEY WOULD ACTUALLY WEAR THEM. THE JUNE 12 CLINIC WAS THE MOST'S FIRST MISSION IN WELL OVER A YEAR, S INCE COVID-19 RESTRICTIONS BLOCKED ITS TRADITIONAL TRAVEL INTO MEXICO. VOLUNTEERS AT THE J UNE 12 VISION CLINIC INCLUDED OPTOMETRISTS, OPHTHALMIC VOLUNTEERS, NURSES, AND OTHER SUPPO RT STAFF WHO PROVIDED INTERPRETATION, TRAFFIC CONTROL ADMINISTRATIVE TASKS. MOVING FORWARD , MOST HOPES TO RESUME ITS MEDICAL MISSIONS INTO MEXICO IN EARLY 2022. SCRIPPS RECUPERATIV E CARE PROGRAM (RCU) SCRIPPS HEALTH HAS AN AGREEMENT WITH THE SAN DIEGO CITY REFUGE OF REC UPERATIVE CARE SHELTER (RCS) WHICH PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATI ENTS WITH ONGOING MEDICAL NEEDS. ALL PATIENTS ARE UNFUNDED OR UNDERFUNDED. MOST HAVE SUBST ANCE ABUSE AND/OR MENTAL HEALTH ISSUES. LACK OF FUNDING, MENTAL ILLNESS, AS WELL AS ALCOHO L AND/OR SUBSTANCE ABUSE, MAKES POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT. DURING THE PANDEMIC ALL SAN DIEGO HOMELESS SHELTERS EXPERIENCED COVID-19 OUTBREAKS, MAKIN G RCS A TRUE PLACE OF REFUGE FOR 44 OF OUR CHRONICALLY HOMELESS PATIENTS. THE CASE MANAGEM ENT AND SOCIAL WORK DEPARTMENTS ASSIST WITH A NEEDED SUPPLY OF MEDICATION, APPOINTMENTS, D URABLE MEDICAL EQUIPMENT (DME), SETTING UP HOME HEALTH SERVICES IF NEEDED, AND CONNECTS PA TIENTS TO PSYCH AS PART OF THE HOSPITAL DISCHARGE PLAN TO CITY OF REFUGE. CITY OF REFUGE F URTHER SUPPORTS CLIENTS IN MEETING THESE GOALS USING COMMUNITY RESOURCES TO MEET INDIVIDUA L SOCIAL SERVICE NEEDS. SCRIPPS PAYS THE CITY OF REFUGE A DAILY RATE FOR HOUSING AND SERVI CES THEY PROVIDE TO THE PATIENTS. THE CITY OF REFUGE PROVIDES A SAFE, SECURE ENVIRONMENT, WITH 24-HOUR SUPERVISION, MEDICATION OVERSIGHT, MEALS, CLOTHING, CASE MANAGEMENT, ASSISTAN CE WITH MEDI-CAL, WITH TRANSITION TO MANAGED MEDI-CAL AND DISABILITY APPLICATIONS, REFERRA LS TO REHAB AND OTHER PROGRAMS, AND HELP FINDING PERMANENT OR TRANSITIONAL HOUSING USING C OUNTY RESOURCES. DME AND OTHER NEEDED SERVICES ARE PROVIDED BY SCRIPPS WHEN FUNDING IS NOT AVAILABLE. ALL PATIENTS ARE CONNECTED TO A MEDICAL HOME, AND PRIMARY CARE IN THE COMMUNIT Y. PATIENTS WITH PSYCH DISORDERS ARE ESTABLISHED WITH A PSYCHIATRIST IN THE COMMUNITY IF T HEY ARE WILLING. PATIENT TRANSPORTATION NEEDS ARE COORDINATED BY CITY OF REFUGE, BUT MAY I NCLUDE INSURANCE FUNDED TRANSPORT SERVICES, AND OCCASIONALLY SCRIPPS SHUTTLE, OR USE OF TA XI VOUCHER. THE CITY OF REFUGE BEGAN TAKING PATIENTS ROUTINELY IN OCTOBER OF 2019. THIS YE AR 44 PATIENTS SO FAR HAVE MET THE NEED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3.8 BILLION NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM BASED IN SAN DIEGO, CALIFORNIA. SCRIPPS TREATS MORE THAN 600,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF MORE THAN 3,000 AFFILIATED PHYSICIANS AND MORE THAN 16,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES AND AN AMBULATORY CARE NETWORK OF PHYSICIAN OFFICES AND 31 OUTPATIENT CLINICS, AND 15 SCRIPPS HEALTH EXPRESS SITES. SCRIPPS ALSO OFFERS PAYER PRODUCTS AND POPULATION HEALTH SERVICES THROUGH SCRIPPS ACCOUNTABLE CARE ORGANIZATION, SCRIPPS HEALTH PLAN AND CUSTOMIZED NARROW NETWORK PLANS IN COLLABORATION WITH THIRD-PARTY PAYERS. AS A TAX-EXEMPT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN ITS SERVICE TO THE COMMUNITY. THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMBER VOLUNTEER BOARD OF TRUSTEES. THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED APPROACH TO SERVING PATIENTS ACROSS THE REGION. THE BOARD IS RESPONSIBLE FOR PROMOTING CORPORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUGH OVERSIGHT THE EFFECTIVE FUNCTIONING OF THE CORPORATION. ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EARNINGS WILL BENEFIT ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL. THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIPATION IN VARIOUS BOARD COMMITTEES AND GENERAL STEWARDSHIP. SCRIPPS HEALTH IS A LEADING PROVIDER OF MEDICAL CARE, IMPROVING COMMUNITY HEALTH AND ADVANCING MEDICINE IN SAN DIEGO COUNTY. THE SYSTEM OPERATES FOUR ACUTE-CARE HOSPITALS ON FIVE CAMPUSES AND NUMEROUS AMBULATORY CLINICS GEOGRAPHICALLY LOCATED ACROSS THE ENTIRE COUNTY, FROM CHULA VISTA TO OCEANSIDE. THE SYSTEM IS RECOGNIZED FOR OUR EXPERTISE IN WOMEN'S HEALTH, CANCER CARE, CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT, AND NEUROCOGNITIVE CARE INCLUDING DEMENTIA AND THERAPY-INDUCED COGNITIVE SEQUELA. SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, AND DIGITAL HEALTH CARE. WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONGSTANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES. OUR HOSPITALS ARE CONSISTENTLY RANKED BY U.S. NEWS & WORLD REPORT AMONG THE NATION'S BEST AND SCRIPPS IS REGULARLY RECOGNIZED BY FORTUNE MAGAZINE, WORKING MOTHER MAGAZINE, AND THE ADVISORY BOARD AS ONE OF THE BEST PLACES IN THE NATION TO WORK. IMPORTANTLY, SCRIPPS CULTURE IS ONE OF CARING; THE SPIRIT AND CULTURE ESTABLISHED BY TWO PIONEERING FOUNDERS, MOTHER MARY MICHAEL CUMMINGS AND ELLEN BROWNING SCRIPPS STILL DEFINE WHO WE ARE TODAY. MORE INFORMATION CAN BE FOUND AT WWW.SCRIPPS.ORG.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	CALIFORNIA. SCRIPPS HEALTH COMMUNITY BENEFIT PLAN AND REPORT CAN BE FOUND AT: HTTP://WWW.SCRIPPS.ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **5** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SCRIPPS MERCY HOSPITAL 4077 5TH AVENUE SAN DIEGO, CA 92103 WWW.SCRIPPS.ORG 090000074	X	X		X		X	X			A
2	SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE La Jolla, CA 92037 WWW.SCRIPPS.ORG 080000050	X	X		X		X	X			A
3	SCRIPPS GREEN HOSPITAL 10666 NORTH TORREY PINES RD San Diego, CA 92024 WWW.SCRIPPS.ORG 080000139	X	X		X		X				A
4	SCRIPPS MEMORIAL HOSPITAL ENCINITAS 354 SANTA FE DRIVE San Diego, CA 92103 WWW.SCRIPPS.ORG 080000148	X	X		X		X	X			A
5	SELECT SPECIALTY HOSPITAL - SAN DIEGO 555 WASHINGTON ST SAN DIEGO, CA 92103 www.selectspecialtyhospitals.com 090000404	X									B

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 2	REPORTING GROUP B SCRIPPS HEALTH ENTERED INTO A JOINT VENTURE RELATIONSHIP WITH UCSD AND S ELECT MEDICAL. SCRIPPS AND UCSD WOULD EACH OWN 24.5% OF THE VENTURE AND SELECT WOULD OWN 5 1%. SECTION 1.5 OF THE AGREEMENT NOTES THAT THE PURPOSE OF THE COMPANY IS TO OWN, OPERATE, AND MANAGE A LONG TERM ACUTE CARE HOSPITAL AND THAT THE COMPANY AND BUSINESS SHALL AT ALL TIMES BE OPERATED AND MANAGED IN A MANNER THAT FURTHERS THE CHARITABLE AND COMMUNITY-BASE D HEALTHCARE PURPOSES, MISSION, VISION AND VALUES OF THE TAX EXEMPT MEMBERS INCLUDING: - P ROVIDING ACCESS TO PATIENT CARE SERVICES BASED ON MEDICAL NECESSITY. - PROVIDING CARE TO T HOSE COVERED BY MEDICARE, MEDICAID/MEDI-CAL AND OTHER FEDERAL AND STATE GOVERNMENTAL PROGR AMS. - ESTABLISHING A FINANCIAL ASSISTANCE POLICY AND CHARITY CARE POLICY. - COOPERATING W ITH THE LLC MEMBERS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRA TEGY. SCHEDULE H, PART V, LINE 3E REPORTING GROUP A THE SIGNIFICANT HEALTH NEEDS ARE A PRI ORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROU GH THE CHNA. WITH THE HEALTH AND SOCIAL PRIORITY AREAS IDENTIFIED, SCRIPPS HAS DEVELOPED V ARIOUS INITIATIVES, STRATEGIES AND METRICS TO MEASURE AND EVALUATE THE EFFECTIVNESS OF THE NEEDS IDENTIFIED IN THE CHNA. SCHEDULE H, PART V, LINE 5 REPORTING GROUP A HEALTH EXPERTS , COMMUNITY LEADERS AND RESIDENTS FEEDBACK COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTED IN THE 2019 CHNA WITH A BROAD RANGE OF PEOPLE INCLUDING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE COMPLETE UNDERSTANDING OF THE TOP ID ENTIFIED HEALTH NEEDS IN THE SAN DIEGO COMMUNITY. INDIVIDUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOCAL, TRIBAL, OR OTHER REGIONAL GOVERNMENTAL PUBLIC HEALTH DE PARTMENTS (OR EQUIVALENT DEPARTMENT OR AGENCY) AS WELL AS LEADERS, REPRESENTATIVES, OR MEM BERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. THE OVERALL PURPOSE O F COLLECTING COMMUNITY INPUT WAS TO GATHER INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL D ETERMINANTS SPECIFIC TO SAN DIEGO COUNTY. SPECIFIC OBJECTIVES INCLUDED: - GATHER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIGNIFICANT HEALTH NEEDS IMPACTING SAN DI EGO COUNTY. - CONNECT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DETERMINANTS OF H EALTH. - AID IN THE PROCESS OF PRIORITIZING HEALTH AND SOCIAL NEEDS WITHIN SAN DIEGO COUNT Y. - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WITHIN SAN DIEGO COUNTY THAT COU LD POTENTIALLY IMPACT THE HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH. COMMUNITY ENGAGE MENT ACTIVITIES INCLUDED FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND AN ONLINE SURVEY WHIC H TARGETED STAKEHOLDERS FROM EVERY REGION OF SAN DIEGO COUNTY, ALL AGE GROUPS, AND NUMEROU S RACIAL AND ETHNIC GROUPS. COLLABORATION WITH THE COUNTY OF SAN DIEGO HEALTH & HUMAN SERV ICES AGENCY, PUBLIC HEALTH SERVICES WAS VITAL TO THIS PROCESS. A TOTAL OF 579 INDIVIDUALS PARTICIPATED IN THE 2019 COMMU

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 2	NITY HEALTH NEEDS ASSESSMENT: 138 COMMUNITY RESIDENTS AND 441 LEADERS AND EXPERTS. KEY INF ORMANT INTERVIEWS AND FOCUS GROUPS WERE UTILIZED TO IDENTIFY AND EXPLORE PRIORITY HEALTH N EEDS, SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO CARE, AND COMMUNITY ASSETS AND RESOURCES. FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED IN A SEMI-STRUCTURED MANNER. EXPERT INTERVIEWE RS AND FACILITATORS FROM THE IPH EMPLOYED THE QUESTIONS DEVELOPED AND APPROVED BY THE CHNA COMMITTEE TO GENERATE DISCUSSION ABOUT SPECIFIC COMMUNITY HEALTH NEEDS AS WELL AS OPEN EN DED QUESTIONS FOR BROADER DISCUSSIONS. BROAD QUESTIONS ABOUT HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH WERE ASKED AT THE BEGINNING OF EACH DISCUSSION AND WERE FOLLOWED BY MORE SPECIFIC QUESTIONS TARGETED FOR THE PARTICIPANTS. QUESTIONS VARIED DEPENDING FOR EAC H INTERVIEW AND FOCUS GROUP, DEPENDING ON THE EXPERTISE AND/OR SPECIFIC INTERESTS OF THE P ERSON OR GROUP PARTICIPATING. IN ADDITION, WHEN APPROPRIATE GIVEN THE COMPOSITION OF THE F OCUS GROUP, DISCUSSIONS WERE ALLOWED TO FLOW IN A CONVERSATIONAL MANNER TO ENSURE THAT COM MUNITY RESIDENTS HAD THE OPPORTUNITY TO DISCUSS ISSUES OF IMPORTANCE TO THEM. ONE FOCUS GR OUP WAS CONDUCTED VIA A VIDEO CONFERENCE CALL; ALL OTHERS WERE CONDUCTED IN-PERSON. FOR IN -PERSON GROUP EVENTS, FOOD WAS PROVIDED FOR THE PARTICIPANTS. INCENTIVES, IN THE FORM OF G IFT CARDS, WERE ALSO PROVIDED WHEN THE GROUPS WERE COMPRISED OF COMMUNITY RESIDENTS. THE C ONTACT PERSON FOR THAT COMMUNITY RESIDENT FOCUS GROUPS PROVIDED SUGGESTIONS ON THE TYPE OF INCENTIVES TO PROVIDE. EACH INTERVIEW AND FOCUS GROUP BEGAN WITH A DISCUSSION ABOUT THE P URPOSE AND PROCESS OF THE CHNA. THE IPH FACILITATOR THEN RECEIVED CONSENT TO PROCEED AND R EASSURED PARTICIPANTS THAT THEIR PARTICIPATION WAS VOLUNTARY, AND THEIR FEEDBACK WOULD BE ANONYMOUS. INTERPRETATIVE AND TRANSLATION SERVICES WERE ARRANGED FOR ANY GROUP THAT REQUES TED THEM. TWO FOCUS GROUPS WERE CONDUCTED IN SPANISH, AND ONE HAD SIMULTANEOUS ENGLISH AND SPANISH INTERPRETATIONS VIA HEADSETS FOR ALL PARTICIPANTS. FOR EACH FOCUS GROUP AND KEY I NFORMANT INTERVIEW, IPH STAFF IN ADDITION TO THE FACILITATOR OR INTERVIEWER TOOK DETAILED NOTES AND THEN SHARED SUMMARIES WITH FULL IPH RESEARCH TEAM. THESE SUMMARIES WERE THEN ENT ERED INTO THE QUALITATIVE RESEARCH SOFTWARE (NVIVO) AS STAND-ALONE SETS OF DATA. AFTER ALL THE FOCUS GROUPS AND INTERVIEW SUMMARIES WERE COMPLETED, THE TEAM USED SOFTWARE TOOLS TO ANALYZE THE QUALITATIVE DATA. ALL HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH THAT WERE MENTIONED WERE TABULATED. THE IPH THEN MADE A COMPLETE LIST OF ALL THE CONDITIONS MENTION ED IN FOCUS GROUPS OR INTERVIEWS, COUNTED HOW MANY GROUPS OR INFORMANTS LISTED THOSE CONDI TIONS, AND NOTED HOW MANY TIMES THEY HAD BEEN PRIORITIZED BY A FOCUS GROUP. THIS QUALITATI VE DATA ANALYSIS WAS DESIGNED TO IDENTIFY EMERGENT THEMES. ONLINE SURVEY THE CHNA ONLINE S URVEY WAS USED TO RANK HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH IN ORDER OF IMP ORTANCE WITHIN THE COMMUNITY.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 2	THE SURVEY WAS DISTRIBUTED VIA EMAIL TO TARGETED COMMUNITY- BASED ORGANIZATIONS, SOCIAL SE RVICE PROVIDERS, RESIDENT LED ORGANIZATIONS, FEDERALLY QUALIFIED HEALTH CENTERS, GOVERNMEN TAL AGENCIES, AND HOSPITALS AND HEALTH SYSTEMS WHO SERVE A DIVERSE ARRAY OF PEOPLE IN SAN DIEGO COUNTY. WHEN POSSIBLE, THESE ORGANIZATIONS SHARED THE LINK TO THE SURVEY WITH THEIR CLIENTELE. EMAIL RECIPIENTS WERE ALSO ENCOURAGED TO SHARE THE SURVEY WITH THEIR COLLEAGUES . THROUGH THE LEADERSHIP OF THE COUNTY PUBLIC HEALTH OFFICER, DR. WILMA WOOTEN, THERE WAS A COORDINATED EFFORT TO DISTRIBUTE THE SURVEY TO THE COUNTY OF SAN DIEGO PUBLIC HEALTH STA FF (CALIFORNIA CHILDREN SERVICES, EPIDEMIOLOGY AND IMMUNIZATION SERVICES, HIV, STD, & HEPA TITIS, MATERNAL, CHILD & FAMILY HEALTH SERVICES, PUBLIC HEALTH PREPAREDNESS & RESPONSE, PU BLIC HEALTH SERVICES ADMINISTRATION, TUBERCULOSIS CONTROL AND REFUGEE HEALTH). RESOURCES T HE 2019 CHNA IDENTIFIED MANY HEALTH RESOURCES IN SAN DIEGO COUNTY, INCLUDING THOSE PROVIDE D BY COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT DEPARTMENTS AND AGENCIES, HOSPITAL AND CLIN IC PARTNERS, AND OTHER COMMUNITY MEMBERS AND ORGANIZATIONS ENGAGED IN ADDRESSING MANY OF T HE HEALTH NEEDS IDENTIFIED BY THIS ASSESSMENT. IN ADDITION, 2-1-1 SAN DIEGO IS AN IMPORTAN T COMMUNITY RESOURCE AND INFORMATION HUB THAT FACILITATES ACCESS TO SERVICES. THROUGH ITS 24/7 PHONE SERVICE AND ONLINE DATABASE, 2-1-1 SAN DIEGO HELPS CONNECT INDIVIDUALS WITH COM MUNITY, HEALTH, AND DISASTER SERVICES. IN ADDITION TO COMMUNITY INPUT ON HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH, A WEALTH OF IDEAS EMERGED FROM COMMUNITY ENGAGEMENT PA RTICIPANTS ABOUT HOW HOSPITALS AND HEALTH SYSTEMS COULD SUPPORT, EXPAND, OR CREATE ADDITIO NAL RESOURCES AND PARTNER WITH ORGANIZATIONS TO BETTER MEET SAN DIEGO'S COMMUNITY HEALTH N EEDS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 6A	REPORTING GROUP A THE CHNA INCLUDED THE FOLLOWING OTHER HOSPITALS: - KAISER FOUNDATION HOSPITAL - SAN DIEGO AND ZION - PALOMAR HEALTH - RADY CHILDREN'S HOSPITAL - SAN DIEGO - SHARP HEALTHCARE - TRI-CITY MEDICAL CENTER - UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SYSTEM

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 6B	REPORTING GROUP A THE HOSPITAL ASSOCIATION FOR SAN DIEGO AND IMPERIAL COUNTIES CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH AT SAN DIEGO STATE UNIVERSITY TO PROVIDE ASSISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC SAN DIEGO 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. SCRIPPS HEALTH ACTIVELY PARTICIPATED IN THE COLLABORATIVE CHNA PROCESS LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES AND DEVELOPED A SCRIPPS CONSOLIDATED CHNA REPORT FOR THE SYSTEM. SCHEDULE H, PART V, LINE 7A REPORTING GROUP A THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL: HTTPS://WWW.SCRIPPS.ORG/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ADDRESSING-COMMU NITY-NEEDS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 10A	REPORTING GROUP A THE IMPLEMENTATION STARTEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL: HTTPS://WWW.SCRIPPS.ORG/ABOUT-US/SCRIPPS-IN-THE-COMMUNITY/ADDRESSING-COMMU NITY-NEEDS

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	REPORTING GROUP A WITH THE 2019 CHNA COMPLETE AND HEALTH AND SOCIAL PRIORITY AREAS IDENTIF IED, SCRIPPS HEALTH HAS DEVELOPED A CORRESPONDING IMPLEMENTATION STRATEGY - A MULTI-FACETE D, MULTI-STAKEHOLDER PLAN THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA . THE IMPLEMENTATION PLAN TRANSLATES THE RESEARCH AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIVES THAT CAN BE CARRIED OUT TO IMPROVE COMM UNITY HEALTH OUTCOMES. PLANS TO MONITOR THE IMPLEMENTATION PLAN ARE ALSO TAILORED TO EACH STRATEGY AND INCLUDE THE COLLECTION AND DOCUMENTATION OF TRACKING MEASURES. SCRIPPS DESCRI BES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIONS AS NEEDED. IN ADDITION, SCRIPPS HEALTH IMPLEMENTATION PLAN IS FILED WITH THE INTERNAL REVENUE SERVICE USING FORM 990 SCHEDULE H ON AN ANNUAL BASIS. HEALTH AND SOCIAL NEEDS SCRIPPS IS ADDRESSI NG THE HEALTH FOCUS AREAS IDENTIFIED ABOVE WERE DETERMINED THROUGH DATA COLLECTION, ANALYS IS AND A PRIORITIZATION PROCESS THAT INCORPORATED COMMUNITY INPUT. SCRIPPS IS ADDRESSING A GING CONCERNS, BEHAVIORAL HEALTH, CANCER, AND CHRONIC DISEASES WHICH INCLUDES CARDIOVASCUL AR DISEASE, DIABETES AND OBESITY IN THIS IMPLEMENTATION PLAN. SCRIPPS ADDRESSES MANY OF TH E SOCIAL DETERMINANTS OF HEALTH WITHIN THE HEALTH CONDITIONS IDENTIFIED IN THIS REPORT SUC H AS ACCESS TO CARE, COMMUNITY AND SOCIAL SUPPORT, ECONOMIC SECURITY, EDUCATION, UNINTENTI ONAL INJURY AND VIOLENCE AND HOMELESSNESS AND HOUSING INSTABILITY. IN ADDITION, SCRIPPS ID ENTIFIES SPECIFIC PROGRAMS IN ITS IMPLEMENTATION PLAN THAT ADDRESS COMMUNITY AND SOCIAL SU PPORT, ECONOMIC SECURITY, EDUCATION AND UNINTENTIONAL INJURY AND VIOLENCE. HEALTH AND SOCI AL NEEDS SCRIPPS IS NOT DIRECTLY ADDRESSING HOMELESSNESS AND HOUSING INSTABILITY ARE IDENT IFIED AS IMPORTANT FACTORS WITHIN A FEW OF OUR PROGRAMS BUT ARE NOT ADDRESSED IN DETAIL IN THE SCRIPPS IMPLEMENTATION PLAN, WITH SCRIPPS FOCUSING OUR RESOURCES ON MORE DIRECT HEALT H ISSUES AND CONDITIONS, IN ACCORDANCE WITH OUR EXPERTISE AND MISSION. ALTHOUGH SCRIPPS IS NOT A PROVIDER OF HOUSING, OUR SOCIAL WORK AND CASE MANAGEMENT DEPARTMENTS PARTNER WITH S OCIAL SERVICE ORGANIZATIONS AND HOUSING PROVIDERS TO ADDRESS THIS UNMET NEED BY CONNECTING PATIENTS TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES. S CRIPPS HEALTH REMAINS COMMITTED TO THE CARE AND IMPROVEMENT OF HEALTH FOR ALL SAN DIEGANS AND WILL LOOK TO CONTINUE THE EXPLORATIONS OF NEW OPPORTUNITIES AND NEW PARTNERSHIPS TO AD DRESS THESE NEEDS AND FUTURE NEEDS IDENTIFIED. SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY ANNUALLY BECAUSE A FLEXIBLE APPROACH IS WELL SUITED TO DEVELOPING A RESPONSE TO THE SCRIPPS CHNA. THE ANNUAL EVALUATION OF THE IMPLEMENTATION PLAN ASSESSES AVAILABLE RESO URCES AND INTERVENTIONS AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE THE IMPLEMENTATION STRA TEGY'S STATED GOALS AND OUTCOME MEASURES. SCRIPPS HEALTH HAS A CONSISTENT FOCUS ON THE STR ATEGIES AND INITIATIVES, THEIR

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	MEASURES OF IMPLEMENTATION AND THE METRICS USED TO EVALUATE THEIR EFFECTIVENESS. THE COMM UNITY HEALTH NEEDS ASSESSMENT AND ITS CORRESPONDING IMPLEMENTATION PLAN IS AVAILABLE TO TH E PUBLIC USING THE FOLLOWING URL: HTTPS://WWW.SCRIPPS.ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNI TY__ASSESSING-COMM UNITY-NEEDS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 13H	REPORTING GROUP A & B OTHER CRITERIA TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS WE WILL NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS' DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS AGB AS CALCULATED WITH THE PROSPECTIVE METHOD. EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED. PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 40% DISCOUNT TAKEN AUTOMATICALLY AT BILLING. IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINES 16A, 16B, & 16C	REPORTING GROUP A & B THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY IS WIDELY AVAILABLE ON THE SCRIPPS HEALTH WEBSITE AT: HTTPS://WWW.SCRIPPS.ORG/PATIENTS-AND-VISITORS__FINANCIAL-ASSISTANCE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 16J	REPORTING GROUP A & B THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY THE FINANCIAL AS SISTANCE POLICY IS AVAILABLE UPON REQUEST. PAPER COPIES OF OUR FINANCIAL ASSISTANCE POLICY , FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY IS MADE AV AILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGISTRATION AREAS AND BY M AIL. IN ADDITION, THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED AT ALL POINTS OF REGI STRATION AREAS (I.E. EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILL ARY SERVICE LOCATIONS). PLAIN LANGUAGE SUMMARIES ARE STOCKED AS A PATIENT HANDOUT IN BOTH ENGLISH AND SPANISH. FOR INPATIENTS, THE INFORMATION IS INCLUDED IN THE ESSENTIAL HANDBOOK , A COMPREHENSIVE BROCHURE COVERING MANY ASPECTS OF HOSPITALIZATION. UNFUNDED PATIENTS ARE NOT ALWAYS REFERRED TO FINANCIAL COUNSELORS. SOME SITES DO NOT USE FINANCIAL COUNSELORS, BUT THE STAFF MEMBER WHO REGISTERS THE PATIENT CAN DISCUSS FINANCIAL ASSISTANCE AND THE PL AIN LANGUAGE SUMMARY PROVIDES PATIENTS WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS. SCRIPPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGA TION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPI TAL CARE. SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED F INANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD-PARTY COVERAGE INCLUDI NG MEDICARE. - PATIENT COMMUNICATION AND COMMUNITY OUTREACH AND COMMUNICATION REGARDING SC RIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO INCLUDE BUT NOT LIMITED TO; - POSTERS IN CONSPICUOUS REGISTRATION AREAS I.E. EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS. - PAPER COPIES OF SCRIPPS F INANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMAR Y OF THE POLICY ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS HOSPITAL EMER GENCY DEPARTMENTS AND ADMISSION AREAS. PATIENTS MAY ALTERNATIVELY REQUEST COPIES OF THESE DOCUMENTS BE SENT TO THEM ELECTRONICALLY. - THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGU AGE SUMMARY, AND FINANCIAL ASSISTANCE APPLICATIONS ARE CONSPICUOUSLY POSTED ON SCRIPPS WEB SITE TO VIEW, DOWNLOAD AND PRINT FREE OF CHARGE. THE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CONTAINS THE WEB SITE ADDRESS WHERE THESE DOCUMENTS ARE POSTED IN ADDITION TO THE P HYSICAL LOCATION IN THE HOSPITAL WHERE PAPER COPIES MAY BE OBTAINED. - THE FINANCIAL ASSIS TANCE SUMMARY IS OFFERED TO ALL PATIENTS AT REGISTRATION OR PRIOR TO DISCHARGE AS PART OF THE AGREEMENT OF SERVICES AT A SCRIPPS FACILITY. - ALL BILLING STATEMENTS INCLUDE A STATEM ENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING A TELEPHONE NUMBER FOR SCRIPPS H OSPITAL STAFF THAT PROVIDES ASSISTANCE WITH THE APPLICATION PROCESS AND THE WEBSITE ADDRES S WHERE THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND. - THE FAP, FAP SUMMARY AND FINANCIAL ASS

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 16J	ISTANCE APPLICATION ARE AVAILABLE IN THE PRIMARY LANGUAGES OF SIGNIFICANT PATIENT POPULATI ONS WITH LIMITED ENGLISH PROFICIENCY (LEP). - A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE AT COMMUNITY EVENTS AND IS PROVIDED TO LOCAL AGENCIES THAT PROVIDE CONSUMER ASSISTANCE. SCRIPPS HEALTH WORKED WITH THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TO INFORM AND NOTIFY MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL ABOUT THE FAP AND TO REACH THO SE MEMBERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE. - SCRIPPS PROVIDES A COPY OF ITS POLICY AND RELATED INFORMATION TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNIN G AND DEVELOPMENT AS REQUIRED BY LAW. IN ADDITION, SCRIPPS POLICY IS AVAILABLE TO THE PUBL IC FOR REVIEW UPON REQUEST MADE THROUGH PATIENT FINANCIAL SERVICES CUSTOMER SERVICE. REVIE W IS FACILITATED THROUGH THE USE OF INTERPRETERS (LANGUAGE, VISION, AND HEARING) OR WRITTE N MATERIALS AS REQUESTED BY THE INDIVIDUAL.

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

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

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

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

	Name and address	Type of Facility (describe)
1	Scripps Clinic - Torrey Pines 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	Primary and specialty care services in an ambulatory environment
1	Scripps Clinic - Rancho Bernardo 15004 INNOVATION DRIVE SAN DIEGO, CA 92128	Primary and specialty care services in an ambulatory environment
2	Scripps Clinic - Carmel Valley 3811 VALLEY CENTER DR SAN DIEGO, CA 92130	Primary and specialty care services in an ambulatory environment
3	Scripps Medical Lab 9235 WAPLES ST 150 SAN DIEGO, CA 92121	Laboratory services
4	SCRIPPS CLINIC ANDERSON MEDICAL PAVILION 9898 GENESEE AVE LA JOLLA, CA 92037	Primary and specialty care services in an ambulatory environment
5	Imaging Healthcare Specialists LLC 150 WEST WASHINGTON ST SAN DIEGO, CA 92103	Medical imaging services
6	Scripps Clinic - Encinitas 310 SANTA FE DR ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
7	Scripps Clinic - Jefferson 2205 VISTA WAY OCEANSIDE, CA 92054	Primary and specialty care services in an ambulatory environment
8	SCMC - Encinitas 477 N EL CAMINO REAL A205 B305 ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
9	Scripps Clinic - Rancho San Diego 10862 CALLE VERDE LA MESA, CA 91941	Primary and specialty care services in ambulatory environment
10	Scripps Clinic - Mission Valley 7565 MISSION VALLEY RD SAN DIEGO, CA 92108	Primary and specialty care services in an ambulatory environment
11	Scripps Clinic-La Jolla Memorial Campus 9850 GENESEE AVE XIMED BLDG 600 SAN DIEGO, CA 92121	Primary and specialty care services in an ambulatory environment
12	Scripps Hospital Medical Services 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	Primary and specialty care services in an ambulatory environment
13	SCMC - Carlsbad 2176 SALK AVE CARLSBAD, CA 92008	Primary and specialty care services in an ambulatory environment
14	SCMC - Cedar 130 CEDAR RD VISTA, CA 92083	Primary and specialty care services in an ambulatory environment

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

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

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

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

	Name and address	Type of Facility (describe)
16	SCMC - Oceanside 4318 MISSION AVE OCEANSIDE, CA 92057	Primary and specialty care services in an ambulatory environment
1	SCMC Hillcrest 501 WASHINGTON ST 525 600 SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
2	SCMC - Jefferson 2205 VISTA WAY OCEANSIDE, CA 92054	Primary and specialty care services in an ambulatory environment
3	SCMC - Encinitas OBGYN 332 SANTA FE DR 115 ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
4	Mercy ASC 550 WASHINGTON ST 1ST FL SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
5	Scripps Clinic - Del Mar 12395 EL CAMINO REAL 317 112 1 DEL MAR, CA 92130	Primary and specialty care services in an ambulatory environment
6	La Jolla Radiology - La Jolla 9888 GENESEE AVE LA JOLLA, CA 92037	Primary and specialty care services in an ambulatory environment
7	Encinitas Surgery Center LLC 320 SANTA FE DR LL1-2 ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
8	SC Radiation Therapy Ctr - Vista 916 SYCAMORE AVE 100 VISTA, CA 92082	Primary and specialty care services in an ambulatory environment
9	SCMC - Eastlake 971 LANE AVENUE CHULA VISTA, CA 91914	Primary and specialty care services in an ambulatory environment
10	La Jolla Radiology - Encinitas 354 SANTA FE DR ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
11	Scripps Pharmacy - Green 10666 N TORREY PINES RD LA JOLLA, CA 92037	Medical pharmacy
12	Scripps Cardio & Thor Surg Ctr La Jolla 9850 GENESEE AVE 560 LA JOLLA, CA 92037	Primary and specialty care services in an ambulatory environment
13	Scripps Clinic - San Diego OBGYN 2918 FIFTH AVE 100 SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
14	Scripps Clinic - Mercy Campus 4020 FIFTH AVE 401 SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment

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

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

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

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

	Name and address	Type of Facility (describe)
31	Scripps Clinic - Santee 278 TOWN CENTER PKWY 105 SANTEE, CA 92071	Primary and specialty care services in an ambulatory environment
1	SCMC - Solana Beach 380 STEVEN AVE 100 SOLANA BEACH, CA 92075	Primary and specialty care services in an ambulatory environment
2	La Jolla Radiology - Mercy 4077 FIFTH AVE SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
3	Scripps Clinic - Liberty Station 2445 TRUXTUN RD SAN DIEGO, CA 92106	Primary and specialty care services in an ambulatory environment
4	Scripps Pharmacy - Encinitas 354 SANTA FE DR ENCINITAS, CA 92024	Medical pharmacy
5	SCMC - Escondido 488 E VALLEY PKWY 411 ESCONDIDO, CA 92025	Primary and specialty care services in an ambulatory environment
6	SC Radiation Therapy Ctr - Encinitas 477 N EL CAMINO REAL D100 ENCINITAS, CA 92024	Primary and specialty care services in an ambulatory environment
7	Scripps Clinic - La Jolla OBGYN 9850 GENESEE AVE 170 SAN DIEGO, CA 92121	Primary and specialty care services in an ambulatory environment
8	Scripps Clinic - Hillcrest Surgery 4060 FOURTH AVE 330 SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
9	SCMC - San Marcos 111 CAMPUS WAY STE 301 SAN MARCOS, CA 92078	Primary and specialty care services in an ambulatory environment
10	Scripps Clinic - Encinitas OP Rehab 1092 EL CAMINO REAL ENCINITAS, CA 92024	Rehabilitation services
11	SCRIPPS CARDIO & THOR SURG CTR-HILLCREST 501 WASHINGTON ST 525 SAN DIEGO, CA 92103	Primary and specialty care services in an ambulatory environment
12	Scripps Clinic - Eastlake Specialty 971 LANE AVE CHULA VISTA, CA 91914	Primary and specialty care services in an ambulatory environment
13	Scripps Clinic - Coronado 1317 A YNES PL CORONADO, CA 92118	Primary and specialty care services in an ambulatory environment
14	Scripps Clinic - MD Anderson Cancer Ctr 10670 JOHN JAY HOPKINS DR LA JOLLA, CA 92121	Primary and specialty care services in an ambulatory environment

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

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

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

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

	Name and address	Type of Facility (describe)
46	Scripps Clinic - Chula Vista 450 FOURTH AVE CHULA VISTA, CA 91910	Primary and specialty care services in an ambulatory environment
1	Scripps Clinic - Cedar Specialty 130 CEDAR RD VISTA, CA 92083	Primary and specialty care services in an ambulatory environment
2	Scripps Clinic - UTC 9333 GENESEE AVE 170 SAN DIEGO, CA 92121	Primary and specialty care services in an ambulatory environment
3	Scripps Clinic - Mental Health 15004 INNOVATION DR SAN DIEGO, CA 92128	Primary and specialty care services in an ambulatory environment
4	Scripps Pharmacy 10140 CAMPUS POINT DR SAN DIEGO, CA 92121	Medical pharmacy
5	Scripps Home Health Services 9619 CHEASPEAKE DR 300 SAN DIEGO, CA 92123	Home Health services
6	Scripps USP Surgery Centers LLC 15305 DALLAS PKWY STE 1600 LC 28 ADDISON, TX 75001	Primary and specialty care services in an ambulatory environment

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants Grantee shall submit to Scripps Health, attention Director of Community Benefit Services at 10140 Campus Point Court, CPA 320, San Diego, CA 92121, the following: A. A semi-annual summary progress report and a line item financial accounting of the grant disbursement is required. Reports shall include, but not be limited to, progress made toward meeting objectives outlined in the grant application. B. Within thirty (30) days following the expiration date of the grant a final progress report shall be submitted to Scripps Health. In addition to the progress made toward meeting the objectives outlined in the grant application, the Final Report should include quantitative and qualitative results of the program against its stated goals and objectives. A line item financial accounting of the grant disbursement against the budget must be included as part of this final report. C. The Grantee shall provide Scripps Health with any additional information or progress updates, relative to grant project, as reasonably requested. D. Scripps Health reserves the right to audit expenditures and supporting documentation.

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association - Heart Walk 9404 Genesee Ave 240 La Jolla, CA 92037	13-5613797	501(c)(3)	10,000	0			Program support
Consumer Center of Legal Aid Society 1764 San Diego Ave 200 San Diego, CA 92110	95-1869806	501(c)(3)	120,000	0			Program Support

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
Enlisted Leadership Foundation-The Foundry 2307 Fenton Pkwy San Diego, CA 92108	46-5029314	501(c)(3)	35,000	0			PROGRAM SUPPORT
Eric Paredes Save a Life Foundation 2514 Jamcha Rd Ste 502 El Cajon, CA 92019	80-0636157	501(c)(3)	8,500	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Family Health Centers of San Diego 823 Gateway Center Way San Diego, CA 92102	95-2833205	501(c)(3)	300,000	0			PROGRAM SUPPORT
La Maestra Health Center 4305 University Ave San Diego, CA 92105	33-0473171	501(c)(3)	40,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FHCSD - Spirit of the Barrio 823 Gateway Center Way San Diego, CA 92102	95-2833205	501(c)(3)	7,500	0			PROGRAM SUPPORT
FHCSD - Int Med OutPaitent Teaching Clinic 823 Gateway Center Way San Diego, CA 92102	95-2833205	501(c)(3)	309,000	0			PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
San Diego LGBT Community Center 3909 Centre St San Diego, CA 92013	23-7332048	501(c)(3)	10,000	0			PROGRAM SUPPORT

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER. THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION. THE MEMBERSHIP FEE COST APPROXIMATELY $2,039 DURING FY21. CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S.
SCHEDULE J, PART I, LINE 4A	RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY IN CALENDAR YEAR 2020: SHIRAZ FAGAN - $740,379 JAMES LA BELLE, MD - $653,013 RICHARD SHERIDAN - $606,735
SCHEDULE J, PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES. IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001. THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE, AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS. EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR THE PARTICIPANTS. EFFECTIVE DECEMBER 31, 2017, SCRIPPS HEALTH TERMINATED THIS 409(A) PLAN AND DISTRIBUTED TO EACH PARTICIPANT AN AMOUNT EQUAL TO THE INCOME TAX WITHHOLDING AND FICA TAXES DUE ON THE VESTED BENEFITS. NO PAYMENTS WERE MADE DURING CY20. EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME. SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES. ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2020: CHRISTOPHER VAN GORDER - $161,632 SHIRAZ FAGAN - $333,557 RICHARD ROTHBERGER - $160,810 JAMES LA BELLE, MD - $575,773 RICHARD SHERIDAN - $358,359 CARL ETTER - $120,365 RICHARD NEALE - $76,233 THOMAS GAMMIERE - $105,612 BARBARA PRICE - $116,639 JUNE KOMAR - $10,990 JOHN ENGLE - $59,294 GHAZALA SHARIEFF - $34,067 ERIC COLE - $41,789 BRAD ELLIS - $37,713 CHRISTEE THOMAS - $51,239 GERALD L. SODERSTROM - $52,983 MARY ELLEN DOYLE - $61,706 SHAWN FORRESTER - $77,308

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	(i)	1,519,571	690,014	232,612	328,393	12,631	2,783,221	161,632
	(ii)	0	0	0	0	0	0	0
1SHIRAZ FAGAN CHIEF EXEC, SR VP (PART-YEAR)	(i)	133,535	333,044	1,238,044	0	5,603	1,710,226	333,557
	(ii)	0	0	0	0	0	0	0
2RICHARD ROTHBERGER TREASURER / EXEC VP, CFO	(i)	870,552	307,924	425,943	69,944	2,503	1,676,866	348,292
	(ii)	0	0	0	0	0	0	0
3JAMES LA BELLE MD CORP SR VP, CMO (PART-YEAR)	(i)	39,365	226,089	1,254,980	0	2,857	1,523,291	575,773
	(ii)	0	0	0	0	0	0	0
4RICHARD SHERIDAN FORMER OFFICER	(i)	0	238,270	965,094	275,162	0	1,478,526	358,359
	(ii)	0	0	0	0	0	0	0
5THOMAS BUCHHOLZ CORP SR. VP, MD ANDERSON	(i)	749,753	225,112	239,053	200,556	25,183	1,439,657	226,154
	(ii)	0	0	0	0	0	0	0
6CARL ETTER CHIEF EXECUTIVE, SR VP	(i)	693,754	198,144	173,866	161,809	17,399	1,244,972	120,365
	(ii)	0	0	0	0	0	0	0
7RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	(i)	554,164	205,541	316,503	102,251	50,279	1,228,738	278,387
	(ii)	0	0	0	0	0	0	0
8THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	(i)	632,419	203,580	183,527	168,556	33,485	1,221,567	156,535
	(ii)	0	0	0	0	0	0	0
9BARBARA PRICE CORP SR VP, BUS&SERV LINE DEV	(i)	606,715	189,553	205,242	165,699	25,371	1,192,580	192,947
	(ii)	0	0	0	0	0	0	0
10JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	(i)	655,054	236,370	52,378	47,813	13,018	1,004,633	10,990
	(ii)	0	0	0	0	0	0	0
11JOHN ENGLE CORP SR. VP, CHIEF DEVELOPMENT	(i)	472,381	148,444	171,674	118,496	30,503	941,498	123,140
	(ii)	0	0	0	0	0	0	0
12GHAZALA SHARIEFF CORP SR. VP, ACUTE CARE/CLIN E	(i)	567,883	82,105	48,449	56,142	31,997	786,576	34,067
	(ii)	0	0	0	0	0	0	0
13ERIC COLE CORP SVP, HUMAN RESOURCES	(i)	453,479	109,023	183,341	0	35,655	781,498	157,635
	(ii)	0	0	0	0	0	0	0
14JOHN POOLE CORP VP, SYSTEM IMPROVEMENT	(i)	438,520	118,223	92,284	102,594	19,814	771,435	80,698
	(ii)	0	0	0	0	0	0	0
15LISA RISSER-THAKUR CORP SR. VP, ANCILLARY OPS	(i)	438,648	134,417	57,696	106,705	22,808	760,274	45,538
	(ii)	0	0	0	0	0	0	0
16BRAD ELLIS CORP VP, ASST GEN COUNSEL, SEC	(i)	448,395	97,877	98,835	72,473	33,809	751,389	86,774
	(ii)	0	0	0	0	0	0	0
17SHAWN FORRESTER CORP VP, PAYER RELATIONS	(i)	445,071	82,933	87,946	97,626	23,618	737,194	77,308
	(ii)	0	0	0	0	0	0	0
18CHRISTEE THOMAS CORP VP, REV CYCLE/CNT BUS OFC	(i)	372,150	96,242	151,638	86,934	13,023	719,987	119,310
	(ii)	0	0	0	0	0	0	0
19SHANE THIELMAN CORP SR. VP, CIO	(i)	448,644	58,482	64,992	102,335	35,818	710,271	52,769
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21GERALD L SODERSTROM CORP VP, AUDIT / COMPLIANCE	(i)	369,024	97,605	117,194	66,470	37,412	687,705	102,177
	(ii)	0	0	0	0	0	0	0
1TRACY CHU CORP VP, POP HLTH CHF EXEC/ACO	(i)	386,280	74,902	92,523	82,354	12,870	648,929	68,640
	(ii)	0	0	0	0	0	0	0
2MARY ELLEN DOYLE CORP VP, NURSING OPS	(i)	404,134	106,031	79,937	25,957	26,169	642,228	61,706
	(ii)	0	0	0	0	0	0	0
3LAURANCE CRACROFT VP, PHYSICIAN NETWORK DEVT	(i)	413,534	101,740	14,121	14,250	35,318	578,963	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTH	68-0164610	1309116Y1	03-02-2007	49,995,000	SEE PART IV		X		X	X	
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LFL6	02-04-2010	100,000,000	SEE PART VI		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LVZ7	02-01-2012	288,143,095	SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	000000000	02-29-2016	150,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	73,965,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	100,002,530	288,160,329	150,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	49,848,390	100,002,530	288,160,329	150,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2011	2013	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0 %		0 %		0 %
6	Total of lines 4 and 5				0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority	52-1643828	000000000	01-31-2017	160,000,000	SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	000000000	11-15-2019	99,360,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	3,360,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	160,000,000	99,360,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	160,000,000	99,360,000		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2017	2019		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E) - ISSUE PRICE	BOND ISSUE 1-A (2007A): The stated par of $49,995,000 differs from the $149,875,000 reported on Form 8038 as the $49,995,000 amount represents the Scripps Health's portion on in a pool bond loan program. SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE BOND ISSUE 1-A (2007A): POOL BOND. PROCEEDS WERE USED TO REFUND COMMERCIAL PAPER REVENUE NOTES, SERIES 2005A, WHICH WERE USED TO PURCHASE EQUIPMENT. BOND ISSUE 1-B (2010B & C): PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT. BOND ISSUE 1-C (2012A-C): PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT. BOND ISSUE 1-D (2016A/B): PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT. BOND ISSUE 2-A (2017A): THE $160,000,000 (2017A) REFUNDED THE 2008B-F BONDS. THE ISSUE DATE FOR THE 2008B-F BONDS WAS 8/14/2008. BOND ISSUE 2-B (2019A): THE 2019A ISSUE REFUNDED THE 2010A ISSUE. SCHEDULE K, PART II, LINE 3 BOND ISSUE 1-B (2010B/C) THE AMOUNT SHOWN IN PART II, LINE 3 CONSISTS OF THE ISSUE PRICE OF THE BONDS $100,000,000 PLUS PROJECT FUND INVESTMENT EARNINGS OF $2,530. BOND ISSUE 1-C (2012A-C): THE AMOUNT SHOWN IN PART II, LINE 3 CONSISTS OF THE ISSUE PRICE OF THE BONDS $288,143,095 PLUS INVESTMENT EARNINGS OF $17,234. SCHEDULE K, PART III, LINE 3B THE OBLIGOR'S LEGAL DEPARTMENT REVIEWS CONTRACTS AND AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECCESARY. SCHEDULE K, PART IV, LINE 2C BOND ISSUE 1-B (2010B/C): THE 2010B/C REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 4, 2015. NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD. BOND ISSUE 1-C (2012A-C): THE 2012A-C REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 1, 2015. NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD. BOND ISSUE 1-D (2016A/B): THE 2016A/B REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 28, 2018. NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD. SCHEDULE K, PART IV, LINE 3 BOND ISSUE 1-C (2012A-C): THE 2012A ISSUE TOTALING $188,143,094 IS A FIXED RATE ISSUE WHEREAS THE 2010B&C TOTALING $100,000,000 IS A VARIABLE RATE ISSUE. SCHEDULE K, PART IV, LINE 6 BOND ISSUE 1-A (2007A): AN AMOUNT IN THE COST OF ISSUANCE FUND NOT EXCEEDING $100,000 WAS NOT DISBURSED UNTIL MAY 2008. SCHEDULE K, PART V PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE ORGANIZATION HAS ADOPTED TAX-EXEMPT BOND COMPLIANCE PROCEDURES, INCLUDING PROCEDURES TO MONITOR PRIVATE BUSINESS USE OF FINANCED PROPERTY AND TAKING REMEDIAL ACTIONS, IF NECESSARY. THE ORGANIZATION IS AWARE OF THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS, AND HAS DISCUSSED THAT PROGRAM WITH COUNSEL. THE ORGANIZATION HAS REVISED ITS WRITTEN PROCEDURES TO SPECIFICALLY MAKE REFERENCE TO THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Chris Van Gorder	OFFICER	Def Comp		X	10,023,866	12,805,710		No	Yes		Yes	
(2) June Komar	EXECUTIVE	Def Comp		X	2,769,010	3,537,472		No	Yes		Yes	
(3) Richard Sheridan	OFFICER	Def Comp		X	4,063,606	5,191,347		No	Yes		Yes	
Total . . . . . ▶ $						21,534,529						

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	139,233,969	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,960,608	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,789,100	LEGAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,738,592	CONSTRUCTION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,984,045	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,470,828	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	870,917	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	721,698	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	533,750	COMPENSATION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	216,322	COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	160,715	COMPENSATION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	158,075	COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	140,484	FINANCIAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	136,214	COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	134,945	COMPENSATION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	129,157	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	121,390	EMPLOYEE SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	115,120	COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	114,612	COMPENSATION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	113,599	COMPENSATION		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	107,844	MEDICAL SERVICES		No
(1) KATIE WOODHEAD	SEE PART V	46,992	SEE PART V		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(23) LINDSEY VAN GORDER	SEE PART V	83,820	SEE PART V		No
(1) DAVID VAN GORDER	SEE PART V	71,595	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	35	34,831,361	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous	X	1	48,000,000	FMV
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	375,000	FMV
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 ▶ (Equipment)	X	3	493,451	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	CONTRIBUTIONS REPORTED THE NUMBER OF TRANSACTION, WHICH MOST CLOSELY APPROXIMATES THE NUMBER OF ITEMS CONTIRBUTED, IS BEING REPORTED IN COLUMN B.
SCHEDULE M, PART I, LINE 12	Assignment of interest (ownership) in Dr. Seuss Enterprises, L.P, of which the shares/interest are not publicly available as it's a private Limited Partnership.
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES ENGAGED TO SOLICIT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS GIFTS Gifts of securities are liquidated through licensed securities brokers. Gifts of real estate are liquidated through licensed real estate brokers.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3.8 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA. SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 AFFILIATED PHYSICIANS AND 18,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION. RECOGNIZED AS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GENOMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION. WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES. MORE INFORMATION CAN BE FOUND AT WWW.SCRIPPS.ORG. TODAY, THE HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS. A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS WAS NAMED BY TRUVEN IN 2013 AS ONE OF THE TOP 15 LARGE HEALTH SYSTEMS IN THE NATION FOR PROVIDING HIGH-QUALITY, SAFE AND EFFICIENT PATIENT CARE. ON THE FOREFRONT OF GENOMIC MEDICINE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY HEALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION. SCRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZINE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008. SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS: SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE. WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES. WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION. WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	FULFILLING THE SCRIPPS MISSION DURING FISCAL YEAR 2021, SCRIPPS DEVOTED $538,036,955 TO CO MMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH. UNCOMPENSATED CARE INCLUDES CHARITY CARE, BAD DEBT, AND MEDI-CAL AND MEDICARE SHORTFALLS. OUR PROGRAMS EMPHASIZE COMMUNITY-BA SED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREATEST RISK F OR HEALTH PROBLEMS. SCRIPPS MAKES COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS AND OU R SAN DIEGO DIVERSE COMMUNITIES. AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASS ISTANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THE MSELVES VULNERABLE AND WITHOUT SUPPORT. THIS RESPONSIBILITY IS AN INTRINSIC PART OF OUR MI SSION. THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRIVE TO RAISE THE QU ALITY OF LIFE IN THE COMMUNITY AS A WHOLE. SAN DIEGO COUNTY COMMUNITY DEFINED SAN DIEGO CO UNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) ORGANIZES THEIR SERVICE AREAS INTO SIX GEOGRA PHIC REGIONS DUE TO ITS LARGE GEOGRAPHIC SIZE AND POPULATION. CENTRAL, EAST, NORTH CENTRAL , NORTH COASTAL, NORTH INLAND AND SOUTH. THE DEMOGRAPHICS OF SAN DIEGO REFLECT A DIVERSE P OPULATION, WITH CONSIDERABLE VARIATION BETWEEN THE DIFFERENT REGIONS. DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DEFINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMU NITIES. POPULATION SIZE CHANGE IN RACE, ETHNICITY, AND AGE DISTRIBUTION ARE ALL IMPORTANT FACTORS IN UNDERSTANDING COMMUNITIES AND THEIR HEALTH NEEDS. SAN DIEGO IS THE SECOND MOST POPULOUS COUNTY IN CALIFORNIA AND FIFTH MOST POPULOUS IN THE UNITED STATES. SAN DIEGO HAS: - OVER 3.3 MILLION RESIDENTS - MAJORITY MINORITY POPULATION - BUSIEST LAND BORDER CROSSIN G IN THE WORLD - 1 OF EVERY 13 PEOPLE WHO ENTER THE US COME THROUGH SAN YSIDRO - 70 MILES OF COASTLINE - 16 NAVAL AND MILITARY INSTALLATIONS - 18 FEDERALLY QUALIFIED RECOGNIZED IND IAN RESERVATIONS - A TOTAL OF 4,526 SQUARE MILES, LARGER THAN RHODE ISLAND AND DELAWARE CO MBINED SAN DIEGO'S UNINSURED LOW-INCOME AND UNINSURED INDIVIDUALS HAVE BEEN FOUND TO BE MO ST AT RISK FOR POOR HEALTH STATUS AND HEALTH OUTCOMES. DATA FROM THE AMERICAN COMMUNITY SU RVEY (ACS) SHOW HOW THESE INDICATORS IMPACT THE SAN DIEGO COMMUNITY. EVALUATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFYING COMMUNITIES WITH THE MOST SIGNIFICANT HEALTH NEEDS A ND HEALTH DISPARITIES. SAN DIEGO RESIDENTS HAVE MORE EDUCATION, HIGHER INCOMES, LOWER POVE RTY, AND LOWER UNEMPLOYMENT RATES THAN THE STATEWIDE POPULATION. NONETHELESS, MORE THAN ON E IN FOUR RESIDENTS IN THE REGION LIVES IN A HOUSEHOLD EARNING LESS THAN 200% OF THE FEDER AL POVERTY LEVEL, OR $53,000 FOR A FAMILY OF FOUR IN 2021. UNDER THE PATIENT PROTECTION AN D AFFORDABLE CARE ACT (ACA), M

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ILLIONS OF CALIFORNIANS HAVE GAINED HEALTH COVERAGE. THESE GAINS HAVE COME EITHER THROUGH THE EXPANSION OF MEDICAID (CALLED MEDI-CAL IN CALIFORNIA) TO LOW INCOME ADULTS EARNING UP TO 138% OF THE FEDERAL POVERTY GUIDELINE (FPG), OR THROUGH COVERED CALIFORNIA, THE STATE'S ACA HEALTH INSURANCE MARKETPLACE, WHERE PEOPLE EARNING UP TO 400% FPL CAN PURCHASE SUBSID IZED INSURANCE COVERAGE. THE MAJOR COVERAGE EXPANSIONS OF THE ACA WERE IMPLEMENTED STARTIN G IN 2014 AND BETWEEN 2013 AND 2018, THE UNINSURED RATE FOR CALIFORNIANS UNDER AGE 65 WAS NEARLY HALVED, DROPPING FROM 15.5% TO 8.1% (THIS PERCENTAGE INCLUDES CHILDREN). FOLLOWING THE ACA, THE NUMBER OF UNINSURED NONELDERLY AMERICANS DECLINED BY 20 MILLION, DROPPING TO AN HISTORIC LOW IN 2016. HOWEVER, BEGINNING IN 2017, THE NUMBER OF UNINSURED NONELDERLY AM ERICANS INCREASED FOR THREE STRAIGHT YEARS, GROWING BY 2.2 MILLION FROM 26.7 MILLION IN 20 16 TO 28.9 MILLION IN 2019. THE UNINSURED RATE FOR CALIFORNIA INCREASED FROM 10.3% IN 2016 TO 10.9% IN 2019 AND FOR SAN DIEGO COUNTY INCREASED FROM 10.4% IN 2016 TO 11.3% IN 2019. COVERAGE DURING THE COVID-19 PANDEMIC THE ECONOMIC DOWNTURN CAUSED BY THE CORONAVIRUS PAND EMIC HAS RENEWED ATTENTION ON HEALTH INSURANCE COVERAGE AS MILLIONS HAVE LOST THEIR JOBS A ND POTENTIALLY THEIR HEALTH COVERAGE. THE AFFORDABLE CARE ACT (ACA) SOUGHT TO ADDRESS THE GAPS IN OUR HEALTH CARE SYSTEM THAT LEAVE MILLIONS OF PEOPLE WITHOUT HEALTH INSURANCE BY E XTENDING MEDICAID COVERAGE TO MANY LOW-INCOME INDIVIDUALS AND PROVIDING SUBSIDIES FOR MARK ETPLACE COVERAGE FOR INDIVIDUALS BELOW 400% OF POVERTY. KEY FINDINGS NATIONAL DATA FROM TH E CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) SHOWED THAT THE UNINSURED RATE HELD STE ADY DURING 2020 DESPITE THE COVID-19 PANDEMIC. THIS DATA COMES FROM THE NATIONAL HEALTH IN TERVIEW SURVEY, CONSIDERED ONE OF THE MOST COMPREHENSIVE SOURCES OF INFORMATION ABOUT HEAL TH INSURANCE COVERAGE DUE TO THE LARGE SAMPLE SIZE AND THE FACT THAT DATA IS COLLECTED YEA R-ROUND. THE OVERALL UNINSURED RATE IN 2020 WAS 9.7 PERCENT (ABOUT 31.6 MILLION PEOPLE) CO MPARED TO 10.3 PERCENT (ABOUT 33.2 MILLION PEOPLE) IN 2019. SCRIPPS HEALTH COMMUNITY SERVE D HOSPITALS AND HEALTH CARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THOSE INDIVIDUALS RESID ING WITHIN ITS SERVICE AREA. A HOSPITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RE SIDENTS IN A DEFINED GEOGRAPHIC AREA SURROUNDING THE HOSPITAL. SCRIPPS SERVES THE ENTIRE S AN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO. SCRIPPS PROVIDES SIGNIFICANT AND GROWING VOLUMES OF EME RGENCY, OUTPATIENT, AND PRIMARY CARE. IN FISCAL YEAR 2021, SCRIPPS PROVIDED 2,610,833 OUTP ATIENT VISITS. COMMUNITY OUTREACH EFFORTS ARE FOCUSED IN THOSE AREAS WITH PROXIMITY TO A S CRIPPS FACILITY. SCRIPPS HOSTS, SPONSORS, AND PARTICIPATES IN MANY COMMUNITY-BUILDING EVEN TS THROUGHOUT THE YEAR. ASSESSING COMMUNITY NEED SCRIPPS HEALTH HAS A LONG HISTORY OF RESP ONDING TO THE HEALTH NEEDS OF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRADITIONAL HOSPITAL CARE TO ADDRESS THE HEALT H CARE NEEDS OF THE REGION'S MOST VULNERABLE POPULATIONS. COMMUNITY HEALTH NEEDS ASSESSMEN T (CHNA) ORIGINATED FROM CALIFORNIA STATEWIDE LEGISLATION IN THE EARLY 1990S. SB 697 TOOK EFFECT IN 1995, WHICH REQUIRED PRIVATE NOT-FOR-PROFIT HOSPITALS TO SUBMIT DETAILED INFORMA TION TO THE DEPARTMENT OF HEALTHCARE ACCESS AND INFORMATION (HCAI) ON THEIR COMMUNITY BENE FIT CONTRIBUTIONS. FORMERLY NAMED THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD). ANNUAL HOSPITAL COMMUNITY BENEFIT REPORTS ARE SUMMARIZED BY HCAI IN A REPORT TO T HE LEGISLATURE, WHICH PROVIDES VALUABLE INFORMATION FOR GOVERNMENT OFFICIALS TO ASSESS THE CARE AND SERVICES PROVIDED TO THEIR CONSTITUENTS. THE SB 697 REQUIREMENT WAS SUPPLEMENTED IN 2010 BY REQUIREMENTS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OR ACA THAT NOT -FOR-PROFIT HOSPITALS CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS WITH COMMUNITY STAKE HOLD ERS TO DETERMINE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY THEY SERVE AND IMPLEMENTATION S TRATEGIES TO HELP MEET THOSE NEEDS. ADDITIONAL INFORMATION ON THE ACA REQUIREMENTS FOR NOT -FOR-PROFIT HOSPITALS CAN BE FOUND AT HTTP://WWW.IRS.GOV, KEYWORD: "CHARITABLE ORGANIZATIO NS." AS PART OF THE FEDERAL REPORTING REQUIREMENT FOR PRIVATE, NOT-FOR-PROFIT (TAX EXEMPT) HOSPITALS, SCRIPPS CONDUCTS A CONSOLIDATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND C ORRESPONDING JOINT IMPLEMENTATIONS STRATEGY FOR ITS LICENSED HOSPITAL FACILITIES EVERY THR EE YEARS. THIS COMPREHENSIVE ACCOUNT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSP ITALS TO PLAN THEIR COMMUNITY BENEFIT PROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTI TUTIONS, COMMUNITY-BASED ORGANIZATIONS AND CONSUMER GROUPS. THE 2019 SCRIPPS HEALTH COMMUN ITY HEALTH NEEDS ASSESSMENT (CHNA) WAS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRI ERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY. THE REPORT HELPS US UNDERSTAND OUR COMMUNIT Y'S HEALTH NEEDS AND INFORM COMMUNITY BENEFIT PLANNING AND THE IMPLEMENTATION STRATEGY FOR SCRIPPS HEALTH. IN ADDITION, THE ASSESSMENT ALLOWS INTERESTED PARTIES AND MEMBERS OF THE COMMUNITY A MECHANISM TO ACCESS THE FULL SPECTRUM OF INFORMATION RELATIVE TO THE DEVELOPME NT OF THE SCRIPPS HEALTH 2019 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	CHNA EXECUTIVE SUMMARY THE EXECUTIVE SUMMARY PROVIDES A HIGH-LEVEL SUMMARY OF THE 2019 CHN A METHODOLOGY AND FINDINGS. THE FULL CHNA REPORT CONTAINS IN-DEPTH INFORMATION AND EXPLANA TIONS OF THE DATA THAT PARTICIPATING HOSPITALS AND HEALTHCARE SYSTEMS WILL USE TO EVALUATE THE HEALTH NEEDS OF THEIR PATIENTS AND DETERMINE, ADAPT, OR CREATE PROGRAMS AT THEIR FACI LITIES. SEVEN HOSPITALS AND HEALTH CARE SYSTEMS, INCLUDING SCRIPPS HEALTH CAME TOGETHER UN DER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT THE CURRENT TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS. THE COMPLETE HASD&IC 2019 CHNA IS AVAILABLE FOR PUBLIC VIEWING AND DOWNLOAD AT HTTPS://HASDIC. ORG/2019-CHNA/. PARTICIPATING HOSPITALS USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND MEET IRS REGULATORY REQUIREMENTS. PER LEGISLATION HOSPITALS CONDUCT A HEALTH NEEDS AS SESSMENT IN THE COMMUNITY ONCE EVERY THREE YEARS. THE 2019 CHNA WAS COMPLETED IN SEPTEMBER 2019 AND THE COMPLETE REPORT IS AVAILABLE ONLINE AT SCRIPPS HEALTH 2019 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT. THE 2019 SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIE GO COUNTY AND BUILD ON THE RESULTS OF THE 2016 CHNA. IT INCLUDES THREE TYPES OF COMMUNITY ENGAGEMENT EFFORTS: FOCUS GROUPS WITH RESIDENTS, COMMUNITY-BASED ORGANIZATIONS, SERVICE PR OVIDERS, AND HEALTH CARE LEADERS; KEY INFORMANT INTERVIEWS WITH HEALTH CARE EXPERTS; AND A N ONLINE SURVEY FOR RESIDENTS AND STAKEHOLDERS. IN ADDITION, THE CHNA INCLUDES EXTENSIVE Q UANTITATIVE ANALYSIS OF NATIONAL AND STATE-WIDE DATA SETS, SAN DIEGO COUNTY EMERGENCY DEPA RTMENT AND INPATIENT HOSPITAL DISCHARGE DATA, COUNTY MORTALITY AND MORBIDITY DATA, AND DAT A RELATED TO SOCIAL DETERMINANTS OF HEALTH. THESE TWO DIFFERENT APPROACHES ALLOWED THE CHN A COMMITTEE TO VIEW COMMUNITY HEALTH NEEDS FROM MULTIPLE PERSPECTIVES. PARTICIPATING HOSPI TALS WILL USE THIS INFORMATION TO INFORM AND GUIDE HOSPITAL PROGRAMS AND STRATEGIES. THIS REPORT INCLUDES AN ANALYSIS OF HEALTH OUTCOMES AND ASSOCIATED SOCIAL DETERMINANTS OF HEALT H WHICH CREATE HEALTH INEQUITIES-'THE UNFAIR AND AVOIDABLE DIFFERENCES IN HEALTH STATUS SE EN WITHIN AND BETWEEN COUNTRIES AND COMMUNITIES WITH THE UNDERSTANDING THAT THE BURDEN OF ILLNESS, PREMATURE DEATH, AND DISABILITY DISPROPORTIONALLY AFFECTS RACIAL AND MINORITY POP ULATION GROUPS AND OTHER UNDERSERVED POPULATIONS. UNDERSTANDING REGIONAL AND POPULATION-SP ECIFIC DIFFERENCES IS AN IMPORTANT STEP TO UNDERSTANDING AND ULTIMATELY STRATEGIZING WAYS TO MAKE COLLECTIVE IMPACT. THESE NEW INSIGHTS WILL ALLOW PARTICIPATING HOSPITALS TO IDENTI FY EFFECTIVE STRATEGIES TO ADDRESS THE MOST PREVALENT AND CHALLENGING HEALTH NEEDS IN THE COMMUNITY. 2019 CHNA OBJECTIVES THE OBJECTIVES OF THE 2019 CHNA WERE TO ACCOMPLISH THE FOL LOWING GOALS: - IDENTIFY AND P

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RIORITIZE THE MOST CRITICAL HEALTH-RELATED NEEDS IN SAN DIEGO COUNTY BASED ON FEEDBACK FRO M COMMUNITY RESIDENTS IN HIGH NEED NEIGHBORHOODS WHO FACE INEQUITIES. - PROVIDE A DEEPER U NDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO COUNTY, AS WELL AS INFORM AND GUIDE LOCAL HOSPITALS IN THE DEVELOPMENT OF THEIR PROGRAMS AND STRATEGIES THAT ADDRESS IDE NTIFIED COMMUNITY HEALTH NEEDS. - BUILD ON AND STRENGTHEN COMMUNITY PARTNERSHIPS ESTABLISH ED THROUGH THE PREVIOUS CHNA PROCESS. OVERVIEW AND BACKGROUND HASD&IC CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE ASSISTAN CE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC 2 019 COMMUNITY HEALTH NEEDS ASSESSMENT (2019 CHNA). THE 2019 CHNA WAS IMPLEMENTED AND MANAG ED BY A STANDING CHNA COMMITTEE COMPRISED OF REPRESENTATIVES FROM SEVEN HOSPITALS AND HEAL TH SYSTEMS: . KAISER FOUNDATION HOSPITAL - SAN DIEGO . PALOMAR HEALTH . RADY CHILDREN'S HO SPITAL - SAN DIEGO . SCRIPPS HEALTH . SHARP HEALTHCARE . TR-CITY MEDICAL CENTER . UC SAN D IEGO HEALTH THE 2019 CHNA INVOLVED A MIXED METHODS APPROACH USING THE MOST CURRENT QUANTIT ATIVE DATA AVAILABLE AND MORE EXTENSIVE QUALITATIVE OUTREACH. THROUGHOUT THE PROCESS, THE IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITTEE TO ANALYZE, REFINE, AND INTERPRET RESULT S AS THEY WERE BEING COLLECTED. COMMUNITY PRIORITY PROCESS (CHNA METHODOLOGY) FOR THE 2019 CHNA QUANTITATIVE ANALYSES OF PUBLICLY AVAILABLE DATA PROVIDED AN OVERVIEW OF CRITICAL HE ALTH ISSUES ACROSS SAN DIEGO COUNTY, WHILE QUALITATIVE ANALYSES OF FEEDBACK FROM THE COMMU NITY PROVIDED AN APPRECIATION FOR THE EXPERIENCES AND NEEDS OF SAN DIEGANS. THE CHNA COMMI TTEE REVIEWED THESE ANALYSES AND APPLIED A PRE-DETERMINED SET OF CRITERIA TO THEM TO PRIOR ITIZE THE TOP HEALTH NEEDS IN SAN DIEGO COUNTY. FOR A COMPLETE DESCRIPTION OF THE HASD&IC 2019 PROCESS AND FINDINGS, SEE FULL REPORT AVAILABLE AT HTTPS://WWW.HASDIC.ORG/2019-CHNA. QUANTITATIVE QUANTITATIVE DATA WERE DRAWN FROM SEVERAL PUBLIC SOURCES. DATA FROM DIGNITY H EALTH/TRUVEN HEALTH COMMUNITY NEEDS INDEX (CNI) AND THE PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA'S HEALTHY PLACES INDEX (HPI) WERE USED TO IDENTIFY GEOGRAPHIC COMMUNITIES IN S AN DIEGO COUNTY THAT WERE MORE LIKELY TO BE EXPERIENCING HEALTH INEQUITIES, WHICH GUIDED T HE SELECTION OF COMMUNITIES FOR THE ENGAGEMENT AND THE DEVELOPMENT OF ENGAGEMENT QUESTIONS . HOSPITAL DISCHARGE DATA EXPORTED FROM SPEEDTRACK'S CALIFORNIA UNIVERSAL PATIENT INFORMAT ION DISCOVERY, OR CUPID APPLICATION WERE USED TO IDENTIFY CURRENT AND THREE-YEAR TRENDS IN PRIMARY DIAGNOSIS DISCHARGE CATEGORIES AND WERE STRATIFIED BY AGE AND RACE. THIS ALLOWED FOR THE IDENTIFICATION OF HEALTH DISPARITIES AND THE CONDITIONS HAVING THE GREATEST IMPACT ON HOSPITALS AND HEALTH SYSTEMS IN SAN DIEGO COUNTY. DATA FROM NATIONAL AND STATE-WIDE DA TA SETS WERE ANALYZED INCLUDING SAN DIEGO COUNTY MORTALITY AND MORBIDITY DATA, AND DATA RE LATED TO SOCIAL DETERMINANTS O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	F HEALTH. IN ADDITION, KAISER PERMANENTE CONSOLIDATED DATA FROM SEVERAL NATIONAL AND STATE -WIDE DATA SETS RELATED TO A VARIETY OF HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALT H IN SAN DIEGO COUNTY AND CONDUCTED A COMPREHENSIVE STATISTICAL ANALYSIS TO IDENTIFY WHICH SOCIAL DETERMINANTS OF HEALTH WERE MOST PREDICTIVE OF NEGATIVE HEALTH OUTCOMES. KAISER PE RMANENTE THEN CREATED A WEB-BASED DATA PLATFORM (CHNA.ORG/KP) TO POST THESE ANALYSES FOR U SE IN THE CHNA. THESE ANALYSES GUIDED THE DESIGN OF THE ONLINE SURVEY, INTERVIEW, AND FOCU S GROUP QUESTIONS. QUALITATIVE - COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT ACTIVITIES INCL UDED FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND AN ONLINE SURVEY WHICH TARGETED STAKEHOLD ERS FROM EVERY REGION OF SAN DIEGO COUNTY, ALL AGE GROUPS, AND NUMEROUS RACIAL AND ETHNIC GROUPS. COLLABORATION WITH THE COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY, PUBLIC HEALTH SERVICES WAS VITAL TO THIS PROCESS. A TOTAL OF 579 INDIVIDUALS PARTICIPATED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 138 COMMUNITY RESIDENTS AND 441 LEADERS AND EXPERT S. 2019 CHNA PRIORITIZATION OF THE TOP HEALTH NEEDS THE CHNA COMMITTEE COLLECTIVELY REVIEW ED THE QUANTITATIVE AND QUALITATIVE DATA AND FINDINGS. SEVERAL CRITERIA WERE APPLIED TO TH E DATA TO DETERMINE WHICH HEALTH CONDITIONS WERE OF THE HIGHEST PRIORITY IN SAN DIEGO COUN TY. THESE CRITERIA INCLUDED: THE SEVERITY OF THE NEED, THE MAGNITUDE/SCALE OF THE NEED; DI SPARITIES OR INEQUITIES AND CHANGE OVER TIME. THOSE HEALTH CONDITIONS AND SOCIAL DETERMINA NTS OF HEALTH (SDOH) THAT MET THE LARGEST NUMBER OF CRITERIA WERE THEN SELECTED AS TOP PRI ORITY COMMUNITY HEALTH NEEDS. 2019 FINDINGS: TOP 10 COMMUNITY HEALTH NEEDS THE CHNA COMMIT TEE IDENTIFIED THE FOLLOWING AS THE HIGHEST PRIORITY COMMUNITY HEALTH NEEDS IN SAN DIEGO C OUNTY (IN ALPHABETICAL ORDER BY SDOH OR HEALTH CONDITION). ACCESS TO HEALTH CARE. OVERCOMI NG BARRIERS TO HEALTH CARE, SUCH AS LACK OF HEALTH INSURANCE AND INSURANCE ISSUES, ECONOMI C INSECURITY, TRANSPORTATION, THE SHORTAGE OF CULTURALLY COMPETENT CARE, FEARS ABOUT IMMIG RATION STATUS, AND THE SHORTAGE OF HEALTH CARE PROVIDERS EMERGED AS A HIGH PRIORITY COMMUN ITY NEED. IN ADDITION, SPECIFIC SERVICES WERE IDENTIFIED AS CHALLENGING TO OBTAIN, INCLUDI NG BEHAVIORAL HEALTH CARE, DENTAL CARE, PRIMARY CARE, AND SPECIALTY CARE. AGING CONCERNS. CONDITIONS THAT PREDOMINANTLY AFFECT PEOPLE WHO ARE 65 AND OLDER SUCH AS ALZHEIMER'S DISEA SE, PARKINSON'S, DEMENTIA, FALLS, AND LIMITED MOBILITY WERE IDENTIFIED AS A HIGH PRIORITY HEALTH NEED. COMMUNITY ENGAGEMENT PARTICIPANTS MOST OFTEN DESCRIBED AGING CONCERNS IN RELA TION TO THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING: TRANSPORTATION, ACCESS TO FRESH FOOD , SOCIAL ISOLATION AND INADEQUATE FAMILY SUPPORT, AND ECONOMIC INSECURITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	BEHAVIORAL HEALTH. GREATER ACCESS TO BEHAVIORAL HEALTH CARE WAS CITED AS A PRIORITY HEALTH NEED. THREE TYPES OF BEHAVIORAL HEALTH CARE WERE IDENTIFIED AS CHALLENGING TO ACCESS: URG ENT CARE SERVICES FOR CRISIS SITUATIONS; INPATIENT PSYCHIATRIC BEDS AND SUBSTANCE ABUSE FA CILITIES; AND TRANSITIONAL PROGRAMS AND SERVICES FOR POST-ACUTE CARE. IN ADDITION, SEVERAL BARRIERS TO BEHAVIORAL HEALTH CARE WERE NAMED AS PRIORITIES TO ADDRESS, INCLUDING A LACK OF AVAILABILITY OF NEEDED SERVICES AND APPOINTMENTS, INSURANCE ISSUES, LOGISTICAL ISSUES, SUCH AS TRANSPORTATION AND TIME OFF WORK, AND THE INABILITY TO PAY CO-PAYS AND DEDUCTIBLES . CANCER. HEALTH NEEDS RELATED TO CANCER WERE DESCRIBED IN RELATION TO THE EFFECTS ON WELL -BEING BEYOND PHYSICAL HEALTH. THESE INCLUDE FINANCIAL, PRACTICAL, AND EMOTIONAL IMPACTS O N INDIVIDUALS AND FAMILIES; THESE EFFECTS ARE EXACERBATED BY BARRIERS TO CANCER CARE. CHRO NIC CONDITIONS. THREE CHRONIC CONDITIONS WERE IDENTIFIED AS PRIORITIES: CARDIOVASCULAR DIS EASE, DIABETES, AND OBESITY. KEY FACTORS THAT INDIVIDUALS STRUGGLE WITH TO PREVENT CHRONIC DISEASES INCLUDE ACCESS TO FRESH, HEALTH FOODS AND SAFE PLACES TO EXERCISE AND PLAY. IN A DDITION, ECONOMIC ISSUES, TRANSPORTATION TO MEDICAL CARE, FEARS ABOUT IMMIGRATION STATUS, AND A LACK OF KNOWLEDGE ABOUT CHRONIC CONDITIONS WERE NAMED AS PARTICULAR CHALLENGES RELAT ED TO THE MANAGEMENT OF CHRONIC CONDITIONS. COMMUNITY AND SOCIAL SUPPORT. A HIGH PRIORITY FOR THE WELL-BEING OF SAN DIEGO RESIDENTS IS ENSURING THAT INDIVIDUALS HAVE ADEQUATE RESOU RCES AND SUBSTANTIAL SUPPORT WITHIN THEIR NEIGHBORHOOD. VALUABLE NEIGHBORHOOD RESOURCES IN CLUDE FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND THOSE THAT ARE CULTURALLY AND LINGUIS TICALLY COMPETENT. WITHOUT ADEQUATE SUPPORT FROM OTHERS, COMMUNITY ENGAGEMENT AND COMMUNIT Y SPIRIT ARE AFFECTED. ECONOMIC SECURITY. ECONOMIC SECURITY WAS NAMED AS VITALLY IMPORTANT TO THE WELL-BEING OF SAN DIEGO RESIDENTS AND WAS DESCRIBED AS IMPACTING EVERY ASPECT OF R ESIDENTS' DAILY LIFE. THE HEALTH OF THOSE WHO ARE ECONOMICALLY INSECURE IS NEGATIVELY AFFE CTED BY FOOD INSECURITY, CHRONIC STRESS AND ANXIETY, AND THE LACK OF TIME AND MONEY TO TAK E CARE OF HEALTH NEEDS. IN SAN DIEGO COUNTY, 13.3% OF RESIDENTS HAVE INCOMES BELOW THE FED ERAL POVERTY LEVEL AND 15% EXPERIENCE FOOD INSECURITY. THOSE WHO ARE ECONOMICALLY INSECURE ARE AT GREATER RISK OF POOR MENTAL HEALTH DAYS, AS WELL AS, ASTHMA, OBESITY, DIABETES, ST ROKE, CANCER, SMOKING, PEDESTRIAN INJURY AND VISITS TO THE EMERGENCY DEPARTMENT FOR HEART ATTACKS. FACTORS IDENTIFIED AS CONTRIBUTING TO ECONOMIC INSECURITY INCLUDE HOUSING AND CHI LD CARE COSTS AS WELL AS LOW WAGES. EDUCATION. RECEIVING A HIGH SCHOOL DIPLOMA, HAVING THE OPPORTUNITY TO PURSUE HIGHER OR VOCATIONAL EDUCATION, BEING HEALTH LITERATE, AND HAVING O PPORTUNITIES FOR NON-ACADEMIC CONTINUING EDUCATION WERE IDENTIFIED AS IMPORTANT PRIORITIES FOR THE HEALTH AND WELL-BEING OF SAN DIEGO RESIDENTS. FAMILY STRESS AND A LACK OF SCHOOL AND COMMUNITY RESOURCES WERE I

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	DENTIFIED AS FACTORS UNDERLYING LOW LEVELS OF EDUCATIONAL ATTAINMENT. HOMELESSNESS AND HOU SING INSTABILITY. HOMELESSNESS AND HOUSING INSTABILITY WERE NAMED AS IMPORTANT FACTORS AFF ECTING THE HEALTH OF SAN DIEGO COUNTY RESIDENTS. THEY WERE DESCRIBED AS HAVING SERIOUS HEA LTH IMPACTS, SUCH AS INCREASING EXPOSURE TO INFECTIOUS DISEASE, CREATING SUBSTANTIAL CHALL ENGES IN THE MANAGEMENT OF CHRONIC DISEASES AND WOUND CARE, AND INCREASING STRESS AND ANXI ETY. POOR HOUSING CONDITIONS WERE ALSO CITED AS IMPACTFUL OF PHYSICAL AND MENTAL HEALTH; C ROWDED HOUSING LEADS TO THE SPREAD OF ILLNESS, AND ENVIRONMENTAL HAZARDS CAN EXACERBATE CO NDITIONS LIKE ASTHMA. UNINTENTIONAL INJURY AND VIOLENCE. EXPOSURE TO VIOLENCE AND NEIGHBOR HOOD SAFETY WERE CITED AS PRIORITY HEALTH NEEDS FOR SAN DIEGANS. NEIGHBORHOOD SAFETY WAS D ISCUSSED AS INFLUENCING RESIDENTS' ABILITY TO MAINTAIN GOOD HEALTH, WHILE EXPOSURE TO VIOL ENCE WAS DESCRIBED AS TRAUMATIC AND IMPACTFUL ON MENTAL HEALTH. COMMUNITY RESOURCES THE 20 19 CHNA IDENTIFIED MANY HEALTH RESOURCES IN SAN DIEGO COUNTY, INCLUDING THOSE PROVIDED BY COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT DEPARTMENTS AND AGENCIES, HOSPITAL AND CLINIC PA RTNERS, AND OTHER COMMUNITY MEMBERS AND ORGANIZATIONS ENGAGED IN ADDRESSING MANY OF THE HE ALTH NEEDS IDENTIFIED BY THIS ASSESSMENT. IN ADDITION, 2-1-1 SAN DIEGO IS AN IMPORTANT COM MUNITY RESOURCE AND INFORMATION HUB THAT FACILITATES ACCESS TO SERVICES. THROUGH ITS 24/7 PHONE SERVICE AND ONLINE DATABASE, 2-1-1 SAN DIEGO HELPS CONNECT INDIVIDUALS WITH COMMUNIT Y, HEALTH, AND DISASTER SERVICES. IN ADDITION TO COMMUNITY INPUT ON HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH, A WEALTH OF IDEAS EMERGED FROM COMMUNITY ENGAGEMENT PARTICI PANTS ABOUT HOW HOSPITALS AND HEALTH SYSTEMS COULD SUPPORT, EXPAND, OR CREATE ADDITIONAL R ESOURCES AND PARTNER WITH ORGANIZATIONS TO BETTER MEET SAN DIEGO'S COMMUNITY HEALTH NEEDS. NEXT STEPS THE 2019 CHNA IS UTILIZED BY SCRIPPS HEALTH AND PARTICIPATING HOSPITALS AND HE ALTH SYSTEMS TO EVALUATE OPPORTUNITIES FOR NEXT STEPS TO ADDRESS THE TOP IDENTIFIED HEALTH AND SOCIAL NEEDS IN THEIR RESPECTIVE PATIENT COMMUNITIES. IN ADDITION, THE CHNA REPORT IS MADE AVAILABLE TO THE BROADER COMMUNITY AND IS INTENDED TO BE A USEFUL RESOURCE TO BOTH R ESIDENTS AND HEALTH CARE PROVIDERS TO FURTHER COMMUNITYWIDE HEALTH ACCESS AND HEALTH IMPRO VEMENT EFFORTS. SCRIPPS IS CURRENTLY WORKING WITH THE HOSPITAL ASSOCIATION OF SAN DIEGO AN D IMPERIAL COUNTIES (HASD&IC) AND THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE ON THE 2 022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). BEGINNING IN 2021, EVERY PRIVATE HOSPITAL, H EALTH SYSTEM, HEALTH DISTRICT AND BEHAVIORAL HEALTH HOSPITAL IN SAN DIEGO IS NOW PART OF O UR COLLECTIVE CHNA EFFORT TO BETTER UNDERSTAND THE HEALTH AND SOCIAL NEEDS OF SAN DIEGO CO MMUNITIES. THE COLLABORATIVE CHNA PROVIDES INFORMATION THAT HELPS HOSPITALS AND HEALTH SYS TEMS ADJUST THEIR PROGRAMS AND SERVICES TO BETTER MEET THE SPECIFIC HEALTH NEEDS OF THE CO MMUNITIES THEY SERVE. IN ADDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ION, THE CHNA COMMITTEE IS RE-ENVISIONING HOW BEST TO WORK COLLABORATIVELY IN A VIRTUAL EN VIRONMENT AND CONTINUING TO LOOK AT HEALTH AND SOCIAL NEEDS FROM A HEALTH EQUITY FRAMEWORK . THE 2022 CHNA IS EXPECTED TO BE FINALIZED IN THE FALL OF 2022. HOSPITAL ASSOCIATION OF S AN DIEGO AND IMPERIAL COUNTIES; 2019 COMMUNITY HEALTH NEEDS ASSESSENT PHASE TWO IN JULY 20 19, THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) COMPLETED THE TR IENNIAL COLLABORATE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY AND PRIORITIZE TH E HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS, PARTICULARLY THOSE WHO EXPERIENCE HEALTH INE QUITIES. THE CHNA IS MANAGED BY A STANDING CHNA COMMITTEE COMPRISED OF REPRESENTATIVES FRO M HOSPITALS, AND HEALTH SYSTEMS AND HEALTH DISTRICTS. HASD&IC CONTRACTED WITH THE INSTITUT E OF PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO CONDUCT THE NEEDS ASSESSM ENT. THE CHNA COMMITTEE WORKED WITH IPH TO DISTRIBUTE A FOLLOW-UP SURVEY TO GATHER FEEDBAC K ON THE 2019 CHNA FINDINGS THROUGH A PHASE 2 SURVEY. THE SURVEY SOUGHT TO FURTHER EXPLORE FREQUENTLY RECURRING THEMES THAT EMERGED DURING COMMUNITY DISCUSSIONS IN THE 2019 CHNA, I NCLUDING: ACCESS TO CARE, STIGMA, IMMIGRATION, AND PUBLIC CHARGE. NOTE: THE PHASE 2 SURVEY WAS DEVELOPED AND DISSEMINATED PRIOR TO THE COVID-19 PANDEMIC TAKING HOLD IN THE SAN DIEG O REGION. THE CHNA COMMITTEE RECOGNIZES THAT COMMUNITIES FACING INEQUITIES ARE DEALING WIT H UNPRECEDENTED CHALLENGES AND THE DEVASTATING INCREASE IN NEEDS IS NOT CAPTURED IN THESE FINDINGS. NEARLY 92% OF RESPONDENTS (114 OUT OF 124 RESPONDENTS) AGREED OR STRONGLY AGREED THAT THE HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA REPRESENT THE TOP HEALTH NEEDS OF COMMU NITIES FACING INEQUITIES WITHIN SAN DIEGO COUNTY. MOST SURVEY RESPONDENTS WERE FROM COMMUN ITY-BASED ORGANIZATIONS (39.5%), FOLLOWED BY HOSPITALS/HEALTH SYSTEMS (16.1%) AND COMMUNIT Y RESIDENTS (11.3%). A TOTAL OF 105 SURVEY PARTICIPANTS RESPONDED TO THE QUESTION ABOUT WH ERE THEY LIVE OR WORK. OVERALL, 37.4% OF SURVEY RESPONDENTS SERVED ALL REGIONS OF SAN DIEG O COUNTY AND 26.8% LIVED IN OR WORK AT NORTH INLAND. FOR ADDITIONAL DETAILS, INCLUDING COM MUNITY SUGGESTIONS AND RECOMMENDATIONS TO ADDRESS IDENTIFIED NEEDS, PLEASE SEE THE FULL RE PORT ON THE HASD&IC WEBSITE, HTTPS://HASDIC.ORG/2019-CHNA/.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH IMPLEMENTATION PLAN WITH THE 2019 CHNA COMPLETE AND HEALTH PRIORITY AREAS I DENTIFIED, SCRIPPS HEALTH HAS DEVELOPED A CORRESPONDING IMPLEMENTATION STRATEGY - A MULTIF ACETED, MULTI-STAKEHOLDER, PLAN THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN TH E CHNA. THE IMPLEMENTATION PLAN TRANSLATES THE RESEARCH AND ANALYSIS PRESENTED IN THE ASSE SSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIVES THAT CAN BE CARRIED OUT TO IMPROV E COMMUNITY HEALTH OUTCOMES. SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY ANNUALLY BECAUSE A FLEXIBLE APPROACH IS WELL SUITED TO DEVELOPING A RESPONSE TO THE SCRIPPS CHNA. THE ANNUAL EVALUATION OF THE IMPLEMENTATION PLAN ASSESSES AVAILABLE RESOURCES AND INTERVEN TIONS AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE THE IMPLEMENTATION STRATEGY'S STATED GOAL S AND OUTCOME MEASURES. PLANS TO MONITOR THE IMPLEMENTATION PLAN ARE ALSO TAILORED TO EACH STRATEGY AND INCLUDE THE COLLECTION AND DOCUMENTATION OF TRACKING MEASURES. SCRIPPS DESCR IBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIONS AS NEEDED. IN ADDITION, SCRIPPS HEALTH IMPLEMENTATION PLAN IS FILED WITH THE INTERNAL REVENUE SERVIC E USING FORM 990 SCHEDULE H ON AN ANNUAL BASIS. SCRIPPS HEALTH HAS A CONSISTENT FOCUS ON T HE STRATEGIES AND INITIATIVES, THEIR MEASURES OF IMPLEMENTATION AND THE METRICS USED TO EV ALUATE THEIR EFFECTIVENESS. THE COMPLETE FY20-FY22 IMPLEMENTATION PLAN REPORT IS AVAILABLE ONLINE AT SCRIPPS.ORG. UNCOMPENSATED HEALTH CARE SCRIPPS CONTRIBUTES SIGNIFICANT RESOURCE S PROVIDING LOW AND NO-COST HEALTH CARE FOR OUR PATIENTS IN NEED. DURING FISCAL YEAR 2021, SCRIPPS CONTRIBUTED $494,197,396 IN UNCOMPENSATED HEALTH CARE, INCLUDING $17,572,864 IN C HARITY CARE, $469,353,119 IN MEDI-CAL AND MEDICARE SHORTFALL, AND $7,271,413 BAD DEBT. THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNI TY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES. FINDING MOR E EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE. WHILE PUBLIC SUBSIDIES HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNDERINSURED POPULATIO NS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE. COMBINED WITH MEDI-CAL AND MEDICAR E FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ABSORB THE COST OF CARING FOR UNIN SURED/UNDERINSURED PATIENTS IN THEIR OPERATING BUDGETS. THIS PLACES A SIGNIFICANT FINANCIA L BURDEN ON HOSPITALS AND PHYSICIANS. SCRIPPS MERCY HOSPITAL (INCLUDING SAN DIEGO AND CHUL A VISTA CAMPUSES) PROVIDES 64 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM. SCRIP PS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POPULATION COMPARED TO THE C OUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INSURED ADULTS IN THE COUNTY AND A MUCH HIGHE R PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HISPANIC AND ASIAN. SCRIPPS MERCY HOSPITAL SA N DIEGO AND SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUSES ARE DESIGNATED BY THE GOVERNMENT A S A DISPROPORTIONATE SHARE HOS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PITAL, IN REFLECTION OF THE DIVERSITY OF THE POPULATION THEY SERVE. BOTH HOSPITAL CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER). MORE THAN HALF OF SC RIPPS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED MEDICARE AND MEDI-CA L. FINANCIAL ASSISTANCE - ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL A SSISTANCE POLICY IS CONSISTENT WITH THE LANGUAGE OF BOTH STATE (AB774) CALIFORNIA HOSPITAL FAIR PRICING LEGISLATION AND THE INTERNAL REVENUE CODE (IRC) 501(R) REGULATIONS. THESE PR ACTICES REFLECT OUR COMMITMENT TO ASSISTING LOW-INCOME AND UNINSURED PATIENTS WITH DISCOUN TED HOSPITAL CHARGES, CHARITY CARE AND FLEXIBLE BILLING AND DEBT COLLECTION PRACTICES. THE SE PROGRAMS ARE AVAILABLE TO EVERYONE IN NEED, REGARDLESS OF THEIR RACE, ETHNICITY, GENDER , RELIGION, OR NATIONAL ORIGIN. SCRIPPS MAKES EVERY EFFORT TO IDENTIFY PATIENTS WHO MAY BE NEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE IN TERPRETATION. ADDITIONALLY, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RE SIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANC E IS BASED ON FAMILY INCOME AND EXPENSES. FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS FORGIVES THE ENTIRE BILL. FOR THOSE P ATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, A PORTION OF THE BILL IS FORGIVEN. PA TIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT CHARGED MORE THAN SCRIPPS DISCOUNTED F INANCIAL ASSISTANCE AMOUNT. FOR 2022, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES DEFINED A FAMILY OF FOUR AT 200 PERCENT FEDERAL POVERTY LEVEL AS $55,500. PUBLIC RESOURCE SPECIALI ST TEAM THE PUBLIC RESOURCE SPECIALISTS (PRS) ARE EXPERIENCED STAFF WITH STRONG KNOWLEDGE OF COUNTY PROGRAMS. PRS SCREENS ALL UNINSURED AND UNDERINSURED PATIENTS WHO HAVE RECEIVED SERVICES AT ANY OF THE FIVE SCRIPPS HOSPITAL FACILITIES. THEY OFFER SUPPORT TO PATIENTS AN D PROVIDE GUIDANCE ON AVAILABLE FUNDING OPTIONS FOR COUNTY, STATE, AND FEDERAL PROGRAMS. T HE PRS TEAM IS RESPONSIBLE FOR SUBMITTING AND MONITORING ALL APPLICATIONS AND FOLLOWING UP WITH APPEALS. IN ADDITION, THEY SERVE AS A TECHNICAL RESOURCE TO CASE MANAGEMENT, SOCIAL WORK, AND OTHER HOSPITAL STAFF WHEN PATIENT FUNDING IMPACTS DISCHARGE PLANNING AND LEVEL O F CARE TRANSFERS. THE PRS TEAM SERVES HOSPITAL PATIENTS BY OFFERING IMMEDIATE TEMPORARY CO VERAGE THROUGH THE PRESUMPTIVE ELIGIBILITY PROGRAMS (PE), COVID-19 UNINSURED GROUP AND SUB MITTING INSURANCE AFFORDABILITY APPLICATIONS TO THE COUNTY FOR PROCESSING OF ONGOING BENEF ITS. OTHER SERVICES OFFERED ARE ASSISTANCE WITH INITIATING APPLICATIONS WITH DMV, VA, EDD, SOCIAL SECURITY AND MEDI-CAL FOR CAL-FRESH ENROLLMENT. IN FISCAL YEAR 2021, THE PRS TEAM SUCCESSFULLY SCREENED 4,551 FOOD INSECURE PATIENTS. OUT OF THOSE SCREENINGS, PRS SUBMITTED 3,418 MEDI-CAL APPLICATIONS T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	O THE COUNTY AND 31% OF THE APPLICATIONS SUBMITTED WERE FOR BOTH MEDI-CAL AND CALFRESH. CO MMUNITY HEALTH SERVICES COMMUNITY HEALTH SERVICES INCLUDE PREVENTION AND WELLNESS PROGRAMS , SCREENINGS, HEALTH EDUCATION, SUPPORT GROUPS AND HEALTH FAIRS, SUPPORTED BY OPERATIONAL FUNDS, GRANTS, IN-KIND-DONATIONS AND PHILANTHROPY. ACCESS TO CARE ACCESS TO HIGH QUALITY, COMPREHENSIVE CARE IS VITAL FOR PRESERVING GOOD HEALTH, PREVENTING AND MANAGING DISEASE, D ECREASING DISABILITY, AVERTING PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY FOR ALL. TO AC CESS CARE, PEOPLE NEED HEALTH INSURANCE COVERAGE AND A CONSISTENT SOURCE OF CARE THAT PROV IDES EVIDENCE-BASED, CULTURALLY COMPETENT PREVENTIVE AND EMERGENCY MEDICAL SERVICES IN A T IMELY MANNER. A LACK OF HEALTH INSURANCE COVERAGE REPRESENTS A MAJOR BARRIER TO HEALTH CAR E SERVICES. IN SAN DIEGO COUNTY, 12% OF PEOPLE ARE UNINSURED. CERTAIN GROUPS, INCLUDING TH OSE WHO IDENTIFY AS "OTHER", NATIVE AMERICAN/ALASKA NATIVES, HISPANICS, PACIFIC ISLANDERS, AND BLACKS, HAVE HIGHER RATES OF BEING UNINSURED THAN OTHERS. ACCESS TO CARE INCLUDES TWO COMPONENTS-THE SPECIFIC SERVICES THAT INDIVIDUALS ARE UNABLE TO OBTAIN AND THE BARRIERS A ND SDOH THAT PREVENT INDIVIDUALS FROM OBTAINING THESE SERVICES. 1. TYPES OF CARE THAT ARE DIFFICULT TO ACCESS - BEHAVIORAL HEALTH CARE - DENTAL CARE - PRIMARY CARE - SPECIALTY CARE 2. BARRIERS TO ACCESSING CARE & ASSOCIATED SDOH - CULTURALLY COMPETENT CARE - ECONOMIC SE CURITY - FEAR RELATED TO IMMIGRATION STATUS - LACK OF HEALTH INSURANCE & INSURANCE ISSUES - SHORTAGE OF HEALTH CARE PROVIDERS - TRANSPORTATION A LACK OF HEALTH INSURANCE IS A PREDI CTOR OF MANY HEALTH CONDITIONS, INCLUDING MORE POOR MENTAL HEALTH DAYS, MORE VISITS TO THE ED FOR HEART ATTACKS, A HIGHER PREVALENCE OF ASTHMA, AND OBESITY, MORE LOW BIRTH WEIGHT B ABIES, AND HIGHER PREVALENCE OF SMOKING. REDUCED ACCESS TO BASIC HEALTH CARE SERVICES INCR EASES ILLNESS, INJURY AND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEALTH PROVIDER S, WHO MUST PROVIDE UNCOMPENSATED CARE FOR THE UNINSURED. ACCESS TO HEALTH CARE EMERGED AS A HIGH PRIORITY HEALTH NEED IN BOTH THE SECONDARY DATA ANALYSES AND COMMUNITY ENGAGEMENT EVENTS IN THE 2019 SCRIPPS COMMUNITY HEALTH NEEDS ASSESSMENT. THROUGH THE COMMUNITY ENGAGE MENT CONDUCTED WE HEARD FROM THE COMMUNITY THAT EVEN WHEN INSURANCE IS SECURED, INCLUDED L ACK OF TRANSPORTATION - ESPECIALLY FOR SENIORS - AND LACK OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE ARE MAIN BARRIERS. TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED SEVERA L PROGRAMS AND ACTIVITIES IN FISCAL YEAR 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS RECUPERATIVE CARE PROGRAMS (RCU) SCRIPPS HEALTH HAS AN AGREEMENT WITH THE SAN DIEG O CITY REFUGE OF RECUPERATIVE CARE SHELTER (RCS) WHICH PROVIDES A SAFE DISCHARGE FOR CHRON ICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS. ALL PATIENTS ARE UNFUNDED OR UNDERFUN DED. MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES. LACK OF FUNDING, MENTAL ILLNES S, AS WELL AS ALCOHOL AND/OR SUBSTANCE ABUSE, MAKES POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT. DURING THE PANDEMIC ALL SAN DIEGO HOMELESS SHELTERS EXPERIENCED COVID -19 OUTBREAKS, MAKING RCS A TRUE PLACE OF REFUGE FOR 44 OF OUR CHRONICALLY HOMELESS PATIEN TS. THE CASE MANAGEMENT AND SOCIAL WORK DEPARTMENTS ASSIST WITH A NEEDED SUPPLY OF MEDICAT ION, APPOINTMENTS, DURABLE MEDICAL EQUIPMENT (DME), SETTING UP HOME HEALTH SERVICES IF NEE DED, AND CONNECTS PATIENTS TO PSYCH AS PART OF THE HOSPITAL DISCHARGE PLAN TO CITY OF REFU GE. CITY OF REFUGE FURTHER SUPPORTS CLIENTS IN MEETING THESE GOALS USING COMMUNITY RESOURC ES TO MEET INDIVIDUAL SOCIAL SERVICE NEEDS. SCRIPPS PAYS THE CITY OF REFUGE A DAILY RATE F OR HOUSING AND SERVICES THEY PROVIDE TO THE PATIENTS. THE CITY OF REFUGE PROVIDES A SAFE, SECURE ENVIRONMENT, WITH 24-HOUR SUPERVISION, MEDICATION OVERSIGHT, MEALS, CLOTHING, CASE MANAGEMENT, ASSISTANCE WITH MEDI-CAL, WITH TRANSITION TO MANAGED MEDI-CAL AND DISABILITY A PPLICATIONS, REFERRALS TO REHAB AND OTHER PROGRAMS, AND HELP FINDING PERMANENT OR TRANSITI ONAL HOUSING USING COUNTY RESOURCES. DME AND OTHER NEEDED SERVICES ARE PROVIDED BY SCRIPPS WHEN FUNDING IS NOT AVAILABLE. ALL PATIENTS ARE CONNECTED TO A MEDICAL HOME, AND PRIMARY CARE IN THE COMMUNITY. PATIENTS WITH PSYCH DISORDERS ARE ESTABLISHED WITH A PSYCHIATRIST I N THE COMMUNITY IF THEY ARE WILLING. PATIENT TRANSPORTATION NEEDS ARE COORDINATED BY CITY OF REFUGE, BUT MAY INCLUDE INSURANCE FUNDED TRANSPORT SERVICES, AND OCCASIONALLY SCRIPPS S HUTTLE, OR USE OF TAXI VOUCHER. THE CITY OF REFUGE BEGAN TAKING PATIENTS ROUTINELY IN OCTO BER OF 2019. THIS YEAR 44 PATIENTS SO FAR HAVE MET THE NEED FOR RCS ADMISSION, BUT MANY DI D NOT QUALIFY DUE TO BEHAVIOR, UNSTABLE MENTAL ILLNESS, OR UNWILLINGNESS TO ABSTAIN FROM S UBSTANCE ABUSE. AS A GROUP, THE RCS PATIENTS HAD A CUMULATIVE OF 480 HOSPITAL DAYS OF STAY , AN AVERAGE OF 10.9 HOSPITAL DAYS OF STAY, BEFORE GOING TO RCS OCTOBER 2020 TO DATE. THE RCS HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH: IV ANTIBIOTICS, WOUND VACS , SKIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, DOG BITES, DKA, GI BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIABETES, MILD ENCEPHALOPATHY, O STOMIES, MVA, PEDESTRIAN VERSUS AUTO, PLEURAL EFFUSION, CVA, CANCER (LYMPHOMA, PANCREATIC CANCER), HIV/AIDS, SEPSIS, RESPIRATORY FAILURE, PNEUMONIA, CHF. PATIENTS WERE ASSAULT VICT IMS WITH GUNSHOT AND STAB WOUNDS, FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS AND MANY AR E DIABETIC. PSYCH PROBLEMS ARE COMMON AND OCCASIONALLY THE MAIN ISSUE FOR RCS CLIENTS. OVE R 80% OF THIS GROUP WERE EITHE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	R POSITIVE FOR ALCOHOL, DRUGS OR DRUG SCREEN OR HAD A DRUG HISTORY ADDRESSED BY THE PHYSIC IAN IN THE H & P. MORE SPECIFICALLY, 30% OF RCS CLIENTS HAD USED OPIATES, HEROIN, OR METH. THE FOLLOWING ARE OUTCOME METRICS TRACKED BY SCRIPPS FOR THE CITY OF REFUGE PROGRAM. - FO R FY21 TOTAL COST SAVINGS FOR SCRIPPS WERE $735,150. - OF RECUPERATIVE CARE SHELTER PATIEN TS, 22% HAD STANDARD MEDI-CAL INSURANCE, 11% HPE (HEALTH PRESUMPTIVE ELIGIBILITY) MEDI-CAL , AND 45% MEDI-CAL HMO'S. - APPROXIMATELY 20% OF PATIENTS SOUGHT TO SECURE INCOME FROM GOV ERNMENT PROGRAMS, SOCIAL SECURITY, AND CA SHORT TERM DISABILITY; SIX TOTAL CLIENTS APPLIED OR RECEIVED INCOME BENEFITS. FOUR HAVE APPLIED AND RECEIVED MEDI-CAL HMO'S WHILE AT THE R CS WITH THE ASSISTANCE OF THEIR CASE MANAGEMENT DEPARTMENT. - THE PROGRAM ASSISTED SCRIPPS MD ANDERSON CANCER CENTER PATIENTS. - RCS ASSISTED TWO PATIENTS IN MAINTAINING THEIR HEAL TH AND TRANSITIONED THEM INTO INDEPENDENT LIVING HOMES FOR ADDITIONAL CARE. THIS YEAR WE H AD SEVERAL SUCCESSES, WITH THE RCS MANAGER ASSISTING WITH THREE FAMILY REUNIFICATIONS OUT OF STATE. THREE PATIENTS TRANSITIONED TO DRUG REHAB CENTERS, AND SEVERAL INTO PATH, INTERF AITH, AND MENTAL HEALTH TREATMENT PROGRAMS. - THE COMPLEX CARE MANAGER ENSURED 90 PERCENT OF RCS PATIENTS WERE SCHEDULED AND CONNECTED TO A PRIMARY CARE PROVIDER OR HAD ESTABLISHED CARE AT ONE OF THE COMMUNITY CLINICS. - ONE OF THE PATIENTS ADMITTED TO RCS WAS ESTABLISH ED WITH ONGOING ONCOLOGY CARE AND TREATMENT WITH ASSISTANCE FROM MEDI-CAL AND SCRIPPS MD A NDERSON CANCER CENTER. - FOLLOWING THEIR STAY AT CITY OF REFUGE: 18% OF THE RCS PATIENTS C OMPLETED THEIR RECUPERATIVE CARE AND RETURNED TO PREVIOUS LIVING AND 5% WENT BACK TO THE H OSPITAL AS THEY NEEDED FURTHER TREATMENT. GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST. LE O'S CLINIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRI PPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, RESIDENTS AND FELLOWS. GME RESIDENTS AND MANY ATTENDING PHYSICIANS MAINTAIN AN EVENING CLINIC AT ST. LEO'S MISSION C OMMUNITY CLINIC IN NORTH COUNTY (DUE TO THE PANDEMIC, THIS INITIATIVE WAS PUT ON HOLD IN M ARCH OF 2020 BUT RESUMED IN APRIL 2021). TWO RESIDENTS VOLUNTEER EVERY WEDNESDAY TO PROVID E MEDICAL CARE TO UNINSURED PATIENTS WITH A VARIETY OF CONDITIONS, INCLUDING DIABETES, HIG H BLOOD PRESSURE AND HIGH CHOLESTEROL. THEY ALSO IDENTIFY MANY ACUTE CONDITIONS, INCLUDING VIRAL INFECTIONS, SKIN INFECTIONS, EYE PROBLEMS AND MUSCULOSKELETAL ISSUES, AND EDUCATE P ATIENTS ABOUT THEIR HEALTH. PATIENTS MAY GET FLU VACCINATIONS AND SOME BASIC LAB TESTS. IF NEEDED, ST. LEO'S PATIENTS ARE REFERRED TO PROVIDERS WHO PROVIDE CARE AT A REDUCED COST. FIJI SOLOMON ISLANDS MEDICAL MISSION THE MEDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENERA L MEDICAL SPECIALISTS AND RESIDENTS SETTING UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NEEDED MEDICAL CARE, MEDICAL SUPPLIES AND SURGICAL SCREENING FOR AN UNDERS ERVED POPULATION THAT HAVE NO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ACCESS TO BASIC MEDICAL CARE. THE INTERNATIONAL MEDICAL MISSIONS PROVIDE AN EXCEPTIONAL CL INICAL EDUCATION EXPERIENCE TO OUR SENIOR INTERNAL MEDICINE RESIDENTS AT SCRIPPS CLINIC AN D SCRIPPS GREEN HOSPITAL. THESE RESIDENT MISSIONS TAKE PLACE IN THE SOLOMON ISLANDS IN THE SOUTH PACIFIC, WHERE THE RATIO OF DOCTORS TO POPULATION IS 1:20,000. THE LOLOMA FOUNDATIO N PROVIDES MEDICAL CARE TO THESE ISLANDERS IN ASSOCIATION WITH SCRIPPS HEALTH. RESIDENTS E XPERIENCED THE CHALLENGES OF PROVIDING CARE IN THIRD WORLD CONDITIONS, WITHOUT TECHNOLOGY, AND USING ONLY THEIR EXCELLENT ACADEMIC AND PRACTICAL TRAINING TO DIAGNOSE AND TREAT PATI ENTS. ISLANDERS WITH SERIOUS MEDICAL CONDITIONS ARE REFERRED TO THE NEAREST HOSPITAL, WHIC H IS SEVERAL HOURS AWAY BY BOAT AND CAR. DUE TO COVID-19 MISSIONS WERE PAUSED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHILDREN IN MEXICO FOR THREE D ECADES, THE MERCY OUTREACH SURGICAL TEAM (MOST) HAS BEEN CROSSING BORDERS AND CHANGING LIV ES. MOST IS AN INDEPENDENT, NONPROFIT ORGANIZATION FOUNDED IN 1987 AT SCRIPPS MERCY HOSPIT AL WHOSE MISSION IS TO PROVIDE FREE SURGERIES AND VISION CARE TO UNDERSERVED CHILDREN IN M EXICO. AFTER THE 9/11 TERRORIST ATTACK, MOST'S MISSIONS HAD TO BE SHIFTED EXCLUSIVELY TO T RIPS IN MEXICO, DUE TO DIFFICULTY GETTING CHILDREN ACROSS THE BORDER FROM MEXICO INTO THE U.S. WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM PROVIDES RECONSTRUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS. IN SPECIAL CIRCUMSTANCES, SURGERI ES ARE ALSO PROVIDED FOR ADULTS. IN MEXICO, MOST VOLUNTEERS TYPICALLY PERFORM HUNDREDS OF SURGERIES PER MISSION-AND MORE THAN 14,000 OVERALL SINCE ITS FOUNDING-FOR ISSUES LIKE CLEF T PALATES, CROSSED EYES, BURN SCARS, HERNIA REPAIRS AND MORE. MOST ALSO ADDED A VISION PRO GRAM IN 2004 THAT PROVIDES MORE THAN 100 PAIRS OF EYEGLASSES PER TRIP TO CHILDREN IN NEED. MOST HAS BEEN WORKING WITH AN ORGANIZATION IN MEXICO TO SPONSOR CLEFT PALATE AND LIP SURG ERIES AND PROVIDED MUCH NEEDED PPE AND OTHER MEDICAL SUPPLIES TO TEHUACN, A CITY MOST HAS VISITED FOR MISSION TRIPS SEVERAL TIMES, TO HELP CARE FOR PATIENTS. SINCE MOST HAD TO PAUS E ITS TRAVEL INTO MEXICO DUE TO COVID-19 RESTRICTIONS AND IT HAD BEEN LOOKING FOR WAYS TO SERVE THOSE IN NEED ONCE PUBLIC HEALTH CONDITIONS ALLOWED. MOST SAW AN OPPORTUNITY TO CONT INUE ITS MISSION IN SAN DIEGO WHEN THE EMERGENCY SHELTER WAS OPENED AT THE SAN DIEGO CONVE NTION CENTER. DURING FISCAL YEAR 2021, A TEAM OF THIRTY-FIVE VOLUNTEERS FROM MOST HOSTED A FREE, FULL DAY VISION CLINIC INSIDE THE SAN DIEGO CONVENTION CENTER EMERGENCY SHELTER, WH ERE THEY SERVED 615 CHILDREN, MOSTLY 13-17 WITH A FEW YOUNGER ONES AND PERFORMED VISION SC REENINGS AND PROVIDED PRESCRIPTION EYEGLASSES TO THOSE WHO NEEDED THEM. FOR THOSE WHO REQU IRED GLASSES, THEY WERE ABLE TO TRY ON A VARIETY OF FRAMES AND PICK THE ONES THAT THEY LIK ED THE BEST. LENS FITTERS WORKED WITH EACH CHILD TO ENSURE THAT THEY WOULD BE PLEASED WITH THE WAY THEY WOULD LOOK IN THEIR NEW GLASSES - ENSURING THEY WOULD WEAR THEM. THE JUNE 12 CLINIC WAS THE MOST'S FIRST MISSION IN WELL OVER A YEAR, SINCE COVID-19 RESTRICTIONS BLOC KED ITS TRADITIONAL TRAVEL INTO MEXICO. VOLUNTEERS AT THE JUNE 12 VISION CLINIC INCLUDED O PTOMETRISTS, OPHTHALMIC VOLUNTEERS, NURSES, AND OTHER SUPPORT STAFF WHO PROVIDED INTERPRET ATION, TRAFFIC CONTROL ADMINISTRATIVE TASKS. MOVING FORWARD, MOST HOPES TO RESUME ITS MEDI CAL MISSIONS INTO MEXICO IN 2022. SCRIPPS -SPONSORED AMERICAN RED CROSS BLOOD DRIVES SCRIP PS HEALTH PARTNERED WITH THE AMERICAN RED CROSS IN FISCAL YEAR 2021 TO HOST FOUR BLOOD DRI VES; 84 SCRIPPS EMPLOYEES DONATED BLOOD THROUGHOUT THE YEAR. SCRIPPS HEALTH COLLECTED 90 P INTS OF BLOOD (FOR EVERY PINT DONATED 3 LIVES ARE SAVED), WHICH SAVED APPROXIMATELY 270 LI VES. SCRIPPS PROMOTED THE BLOO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	D DRIVES THROUGH OUR SYSTEM WIDE COMMUNICATION CHANNELS AND OUR WELLNESS ALL AROUND YOU CA MPAIGN. SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FISCAL YEAR 2021, SCRIPPS HEALTH CON TINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH ITS COMMUNITY BENEFIT FUND. OVER THE COURSE OF THE YEAR, IT AWARDED $138,500 IN COMMUNITY GRANTS TO PROGRAMS IN SAN DIEGO. THE FUNDED PROJECTS ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACCESS TO VITAL HEALTH CARE SERVICES FOR AT RISK POPULATIONS, INCLUDING THE HOMELE SS, ECONOMICALLY DISADVANTAGED, MENTALLY ILL AND OTHERS. SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $4.2 MILLION TO DATE. PROGRAMS FUNDED DURING FISCAL YEAR 2021 I NCLUDED: CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW IN COME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CARE BEN EFITS, SSI AND RELATED SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXPENSES AT MERCY. THE PROJECT PROVIDES ADVOCACY SERVICES FOR TIME INTENSIVE GOVERNMENT BENEFIT CASES. THE CONSUM ER CENTER STRESSES THE IMPORTANCE OF ACCESSING COMMUNITY-BASED SERVICES FOR ROUTINE HEALTH CARE INSTEAD OF USING THE ED'S AND HOSPITAL DEPARTMENTS. THEY ALSO EMPHASIZE THE IMPORTAN CE OF ESTABLISHING MEDICAL HOMES. CATHOLIC CHARITIES FUNDING PROVIDES SHORT TERM EMERGENCY SHELTER FOR MEDICALLY FRAGILE HOMELESS PATIENTS UPON DISCHARGE FROM SCRIPPS MERCY HOSPITA L, SAN DIEGO AND CHULA VISTA. CASE MANAGEMENT AND SHELTER ARE PROVIDED FOR HOMELESS PATIEN TS DISCHARGED FROM SCRIPPS MERCY HOSPITAL. WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT-TERM RECUPERATIVE ENVIRONMENT. PATIENTS WHO DEMONSTRATE A WILL INGNESS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CA SE PLAN. THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNE CT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES. THE PART NERSHIP SEEKS TO REDUCE EMERGENCY ROOM RECIDIVISM IN THIS POPULATION AND IMPROVE THEIR QUA LITY OF LIFE. 2-1-1 COMMUNITY INFORMATION EXCHANGE 2-1-1 SAN DIEGO SERVES ALL OF SAN DIEGO COUNTY, INCLUDING THE POPULATION SERVED BY SCRIPPS, AS THE REGION'S TRUSTED PRIMARY CONNE CTION TO MORE THAN 6,000 COMMUNITY, HEALTH AND DISASTER SERVICES IN MORE THAN 200 LANGUAGE S, 24 HOURS A DAY. IN ADDITION, 2-1-1 SAN DIEGO OPERATES A 2-1-1 INFORMATION HOTLINE (CALL CENTER) IN THE SAN DIEGO AND IMPERIAL COUNTY. CALL CENTER SERVICES ARE DESIGNED TO HELP M EMBERS OF THE PUBLIC ("CLIENTS") TO CONNECT WITH COMMUNITY RESOURCES TO ASSIST CLIENTS OBT AIN MEDICAL CARE, MENTAL HEALTH SERVICES, HOUSING, FOOD, CLOTHING, GOVERNMENT BENEFITS, AM ONG OTHER THINGS. 2-1-1 SAN DIEGO HAS EXPANDED ITS REFERRAL SERVICES TO INCLUDE DIRECT REF ERRAL TO CLIENTS TO COMMUNITY RESOURCES AND ACCESS TO THE COMMUNITY INFORMATION EXCHANGE (CIE) DATABASE. THE CIE IS AN ECOSYSTEM COMPRISED OF MULTIDISCIPLINARY NETWORK PARTNERS THA T USE A SHARED LANGUAGE, A RES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OURCE DATABASE, AND AN INTEGRATED TECHNOLOGY PLATFORM TO DELIVER ENHANCED COMMUNITY CARE P LANNING. CARE PLANNING TOOLS ENABLE PARTNERS TO INTEGRATE DATA FROM MULTIPLE SOURCES AND M AKE BI-DIRECTIONAL REFERRALS TO CREATE A SHARED LONGITUDINAL RECORD. BY FOCUSING ON THESE CORE COMPONENTS, A CIE ENABLES COMMUNITIES TO SHIFT AWAY FROM A REACTIVE APPROACH TO PROVI DING CARE TOWARD PROACTIVE, HOLISTIC, PERSON-CENTERED CARE. SAN DIEGO'S CIE SUPPORTS APPRO ACHES TO WHOLE-PERSON HEALTH AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH BY COORDINATING CARE IN THE SOCIAL SERVICES SECTOR AND CONNECTING TO THE HEALTH SECTOR. WHEN RESIDENTS CAL L 2-1-1, THE CIE MATCHES THEM TO APPROPRIATE HEALTH AND SOCIAL SERVICES AND ASSISTS PARTIC IPATING COMMUNITY PARTNERS WITH CASE MANAGEMENT BY DEVELOPING A SHARED LONGITUDINAL RECORD FOR EACH CLIENT, SENDING CARE COORDINATION ALERTS, AND ENABLING BIDIRECTIONAL REFERRALS. THE COUNTY'S CENTRALIZED HUB OF INFORMATION, CONNECTWELLSD, ALLOWS COUNTY STAFF AND PARTNE RS TO SHARE INFORMATION AND COLLABORATE ACROSS COUNTY DEPARTMENTS TO DELIVER PERSON-CENTER ED SERVICES. 2-1-1 SAN DIEGO HAS PARTNERED WITH SCRIPPS SINCE 2011 TO PROVIDE CARE COORDIN ATION SERVICES TO CLIENTS IN NEED OF HEALTH NAVIGATION SUPPORT. A SCRIPPS GRANT WAS NOT GI VEN IN FISCAL YEAR 2021, BUT THE PROJECT CONTINUES TO SERVE SCRIPPS MERCY HOSPITAL PATIENT S, FOCUSING ON HOMELESS AND HOUSING INSECURE INDIVIDUALS AND TO ASSIST IN HOSPITAL DISCHAR GE PLANNING. COMMUNITY INFORMATION EXCHANGE CIE 2021 SUMMIT SCRIPPS ATTENDED THE 4TH ANNUA L COMMUNITY INFORMATION EXCHANGE (CIE) 2021 SUMMIT. THE 2021 SUMMIT WAS HELD VIRTUALLY DUE TO THE CONTINUED IMPACT OF COVID-19. THE THREE-DAY VIRTUAL CONFERENCE CENTERED ON THE THE ME, LEADING WITH COMMUNITY TO DRIVE SYSTEMS CHANGE, AND EXPLORED HOW COMMUNITY-LED MODEL O F A COMMUNITY INFORMATION EXCHANGE CAN PROMOTE RACIAL HEALTH EQUITY AND INCLUSIVITY IN HEA LTH AND SOCIAL SERVICES. CORE TO THE THEME OF THE CIE SUMMIT, THIS YEAR'S VIRTUAL EVENT: - THE SUMMIT INCLUDED TRACKS ON GOVERNANCE AND POWER, DATA OWNERSHIP AND TECHNOLOGY AND SUS TAINABILITY AND POLICY. - EXPLORED COMMUNITY-BASED APPROACHES FOR BUILDING A CIE. - INCORP ORATED THOUGHTFUL STRATEGIES FOR ACTIVATING COMMUNITY VOICE. - EMPHASIZED REPRESENTATION O F DIVERSE PERSPECTIVES OF INFORM CIE DESIGN, IMPLEMENTATION AND DATA COLLECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	CANCER/ONCOLOGY CANCER IS A TERM USED TO DESCRIBE A GROUP OF DISEASES THAT CAUSE THE UNCON TROLLED GROWTH, INVASION, AND SPREAD (METASTASIS) OF ABNORMAL CELLS. CANCER IS CAUSED BY E XTERNAL FACTORS SUCH AS ENVIRONMENTAL CONDITIONS, RADIATION, INFECTIOUS ORGANISMS, POOR DI ET AND LACK OF EXERCISE, AND TOBACCO USE, AS WELL AS INTERNAL FACTORS SUCH AS GENETIC MUTA TIONS, AND HORMONES. CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES. CAN CER CAUSES ONE OUT OF EVERY FOUR DEATHS IN THE UNITED STATES. ACCORDING TO THE AMERICAN CA NCER SOCIETY, CANCER SURVIVAL IS MORE LIKELY TO BE SUCCESSFUL IF THE CANCER IS DIAGNOSED A T AN EARLY STAGE. SUCH DIAGNOSIS IS AN INDICATION OF SCREENING AND EARLY DETECTION. REGULA R SCREENING THAT ALLOWS FOR THE EARLY DETECTION AND REMOVAL OF PRECANCEROUS GROWTHS IS KNO WN TO REDUCE MORTALITY FOR CANCERS OF THE CERVIX, COLON AND RECTUM. FIVE-YEAR RELATIVE SUR VIVAL RATES FOR COMMON CANCERS, SUCH AS BREAST, PROSTATE, COLON AND RECTUM, CERVIX, AND ME LANOMA OF THE SKIN, ARE 93 PERCENT TO 100 PERCENT IF THEY ARE DISCOVERED BEFORE HAVING SPR EAD BEYOND THE ORGAN WHERE THE CANCER BEGAN. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF CANCER IS DESCRIBED BELOW: - THE HASD&IC 2019 CHNA CONTINUED TO IDENTIFY CANCER DISEASE AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS. - FOCUS GROUP S CONDUCTED AS PART OF THE HASD&IC 2019 CHNA IDENTIFIED CANCER AS A CONDITION THAT MANY ME MBERS OF THE COMMUNITY FEAR, PARTICULARLY BRAIN, COLON AND BREAST CANCERS. PARTICIPANTS AL SO DESCRIBED BARRIERS TO RECEIVING CANCER SCREENINGS AND TREATMENT, INCLUDING STIGMA SURRO UNDING A CANCER DIAGNOSIS; FEAR ABOUT IMMIGRATION STATUS, PARTICULARLY FOR ASYLUM SEEKERS; FINANCIAL BURDENS, EVEN FOR THOSE WITH HEALTH INSURANCE; AND PRACTICAL ISSUES SUCH AS TRA NSPORTATION TO MEDICAL APPOINTMENTS. - CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES, BUT MANY KINDS OF CANCER CAN BE PREVENTED OR CAUGHT EARLY. - IN 2019, CANCE R WAS THE LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, RESPONSIBLE FOR 22.9 PERCENT OF ALL UNDERLYING CAUSES OF DEATHS. - IN 2019, THERE WERE 5,018 DEATHS DUE TO CANCER (ALL SITES) IN SAN DIEGO COUNTY IN 2019. THE AGE-ADJUSTED RATE IF DEATH DUE TO CANCER WAS 135.2 DEATHS PER 100,000 POPULATION IN SAN DIEGO COUNTY. - IN 2019, 16.9% OF ALL CANCER DEATHS IN SAN DIEGO COUNTY WERE DUE TO LUNG CANCER, 8.6% TO COLORECTAL CANCER, 7.9% TO PANCREATIC CANCER , 7.6% TO FEMALE BREAST CANCER, 7.1% TO PROSTATE CANCER, 6.4% TO FEMALE REPRODUCTIVE CANCE RS, 6.4 % TO LIVER CANCER, AND 3.8% EACH TO BRAIN CANCER AND LEUKEMIA. - IN 2021 THERE WIL L BE AN ESTIMATED 187,140 NEW CANCER CASES AND 61,860 CANCER DEATHS, AN INCIDENCE RATE OF 404.6 AVERAGE ANNUAL RATE PER 100,000 AND A DEATH RATE OF 140.3 AVERAGE ANNUAL RATE PER 10 0,000 IN CALIFORNIA. (ACS, 2021). - ACCORDING TO FINDINGS FROM THE ACS 2021 CANCER FACTS & FIGURES REPORT, SCREENING OFFERS THE ABILITY FOR SECONDARY PREVENTION BY DETECTING CANCER EARLY. IT IS ESTIMATED THAT N

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	EARLY 1.9 MILLION NEW CASES OF CANCER WILL BE DIAGNOSED IN 2021. PROSTATE CANCER IS THE MO ST COMMON CANCER AMONG MALES (26%), FOLLOWED BY LUNG (12%) AND COLORECTAL (8%) CANCERS. AM ONG FEMALES, BREAST (30%), LUNG (13%), AND COLORECTAL (8%) CANCERS ARE THE MOST COMMON. - ACCORDING TO FINDINGS FROM THE ACS 2021 CANCER FACTS & FIGURES REPORT, CANCER INCIDENCE RA TES ARE HIGHER IN MALES THAN IN FEMALES FOR EACH RACIAL/ETHNIC POPULATION, ALTHOUGH RATES ARE VERY SIMILAR IN ASIAN/PACIFIC ISLANDERS. THE HIGHEST INCIDENCE RATES ARE IN BLACKS AMO NG MALES AND IN WHITES AMONG FEMALES. ASIAN/PACIFIC ISLANDERS HAVE THE LOWEST RATES IN BOT H SEXES. - ACCORDING TO FINDINGS FROM THE ACS CANCER FACTS & FIGURES 2021 REPORT, OLDER AG E AND BEING FEMALE ARE THE STRONGEST RISK FACTORS FOR BREAST CANCER. POTENTIALLY MODIFIABL E FACTORS ASSOCIATED WITH INCREASED RISK INCLUDE WEIGHT GAIN AFTER THE AGE OF 18 AND/OR BE ING OVERWEIGHT OR OBESE, MENOPAUSAL HORMONE THERAPY, ALCOHOL CONSUMPTION AND PHYSICAL INAC TIVITY (ACS, 2021). - THE SAME REPORT INDICATES THAT PEOPLE WITH LOWER SOCIOECONOMIC STATU S HAVE HIGHER CANCER DEATH RATES THAN THOSE WITH HIGHER SOCIOECONOMIC STATUS, REGARDLESS O F DEMOGRAPHIC FACTORS SUCH AS RACE/ETHNICITY. RACIAL AND ETHNIC DISPARITIES IN THE CANCER BURDEN LARGELY REFLECT DISPROPORTIONATE POVERTY. SOCIAL INEQUALITIES, INCLUDING COMMUNICAT ION BARRIERS AND PROVIDER/PATIENT ASSUMPTIONS, CAN AFFECT INTERACTIONS BETWEEN PATIENTS AN D PHYSICIANS AND CONTRIBUTE TO MISCOMMUNICATION AND/OR DELIVERY OF SUBSTANDARD CARE (ACS, 2021). - A RECENT STUDY BY THE ACS FOUND THAT AT LEAST 42% OF NEWLY DIAGNOSED CANCER CASES IN THE U.S. - ABOUT 797,000 CASES IN 2021 - ARE POTENTIALLY AVOIDABLE. THIS INCLUDES THE 19% OF ALL CANCERS CAUSED BY TOBACCO USE AS WELL AS THE 18% CAUSED BY A COMBINATION OF EXC ESS BODY WEIGHT, ALCOHOL CONSUMPTION, POOR NUTRITION AND PHYSICAL INACTIVITY (ACS, 2021). - THE JOURNAL OF ONCOLOGY NAVIGATION & SPONSORSHIP (JONS) EMPHASIZES THE IMPORTANCE OF PAT IENT NAVIGATORS AS PART OF A MULTIDISCIPLINARY ONCOLOGY TEAM WITH THE GOAL OF REDUCING MOR TALITY AMONG UNDERSERVED PATIENTS. THE NAVIGATOR WORKS WITH THE PATIENT ACROSS THE CARE CO NTINUUM, AND OFTEN MAKES SUGGESTIONS TO HELP MANAGE A PATIENT FROM A HOLISTIC PERSPECTIVE (JONS, 2019). - ACCORDING TO THE NIH, 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 GEN ERATIONS AS WELL AS IMPROVES DISEASE OUTCOMES, QUALITY OF LIFE AND HEALTH OF TRIAL PARTICI PANTS (NIH, 2019). SCRIPPS HEALTH CURRENTLY CARES FOR ONE-THIRD OF CANCER PATIENTS IN SAN DIEGO. SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPL E ABOUT THE IMPORTANCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER. SCRIPPS HEALTH IS C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OMMITTED TO PROVIDING CARE TO ALL THOSE IN NEED. WE SERVE AN ETHNICALLY AND ECONOMICALLY D IVERSE POPULATION INCLUDING CARING FOR TRADITIONALLY MARGINALIZED AND UNDERSERVED WITH RES PECT TO HEALTH CARE. AT SCRIPPS, CANCER CARE IS MORE THAN JUST MEDICAL TREATMENT, AND A WI DE ARRAY OF RESOURCES ARE PROVIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERA PIES, AND EDUCATIONAL WORKSHOPS. HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FISCAL YEAR 2021: SCRIPPS MD ANDERSON CANCER CENTER - REGISTERED NURSE NAVIGATOR PROGRAM SCRIPPS PROVIDES A REGISTERED NURSE, DEDICATED TO ASSISTING CANCER PATIENTS AND THEIR FAMI LIES WITH NAVIGATING THROUGH THE JOURNEY FROM DIAGNOSIS, TREATMENT AND SURVIVORSHIP FROM C ANCER. THE FOCUS IS ON EDUCATION AND OUTREACH, AS WELL AS SUPPORT SERVICES IN THIS POPULAT ION. SCRIPPS MD ANDERSON CANCER CENTER - OUPATIENT SOCIAL WORKER & LIAISON PROGRAM SCRIPPS PROVIDES SPECIALLY TRAINED ONCOLOGY SOCIAL WORKERS WHO UNDERSTAND THE COMPLEXITIES OF LIV ING WITH CANCER AND ARE DEDICATED TO ASSISTING CANCER PATIENTS, ALONG WITH PROVIDING EDUCA TION TO HEALTH PROFESSIONALS AND CAREGIVERS. THE SOCIAL WORKERS HELP TO ACCESS THE MOST AP PROPRIATE COMMUNITY AND MEDICAL RESOURCES AND PROVIDE SHORT TERM COUNSELING AS WELL AS ASS IST WITH TRANSPORTATION, LODGING AND FINANCIAL CONCERNS. SCRIPPS MD ANDERSON CANCER CENTER - OUTPATINT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM SCRIPPS MD ANDERSON CANCER CENT ER GENETIC COUNSELING TEAM HELPS INDIVIDUALS AND THEIR FAMILIES UNDERSTAND THEIR CANCER RI SKS SO THAT INDIVIDUALIZED CANCER SCREENING AND RISK REDUCTION PLANS CAN BE DESIGNED. IN A DDITION TO PROVIDING INFORMATION AND GUIDANCE ABOUT GENETIC TESTING, GENETIC COUNSELORS IN TERPRET TEST RESULTS, ADVISE FAMILIES ABOUT THEIR OPTIONS AND PROVIDE EDUCATION AND SUPPOR T. SCRIPPS MD ANDERSON CANCER CENTER SUPPORT GROUPS THROUGH GENEROUS COMMUNITY SUPPORT, SC RIPPS MD ANDERSON CANCER CENTER PROVIDES A WIDE RANGE OF SUPPORT SERVICES AND PATIENT ASSI STANCE PROGRAMS. THROUGHOUT THE SYSTEM, ONCOLOGY SOCIAL WORKERS OR ONCOLOGY NURSE NAVIGATO RS PROVIDE COUNSELING SERVICES AND GUIDANCE REGARDING TRANSPORTATION, HOUSING, HOMECARE, F INANCIAL, BENEFITS, EMOTIONAL CONCERNS, AND OTHER ISSUES. FREE PROFESSIONALLY FACILITATED SUPPORT GROUPS SPONSORED BY THE CANCER CENTER MEET REGULARLY AT VARIOUS LOCATIONS TO HELP PATIENTS AND LOVED ONES FIND SUPPORT, GUIDANCE, AND ENCOURAGEMENT. FREE EDUCATIONAL WORKSH OPS ARE HELD AT VARIOUS SITES. DUE TO COVID-19, MEETINGS WERE SUSPENDED FOR THE YEAR AS TH ERE WAS RESTRICTED ACCESS TO THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS MD ANDERSON CANCER SURVIVORS DAY SURVIVORS DAY IS A TIME TO RECOGNIZE THE NATION'S 15.5 MILLION CANCER SURVIVORS, TO FOCUS ATTENTION ON ISSUES OF SURVIVORSHIP, AND TO ACKNO WLEDGE MEDICAL PROFESSIONALS DEDICATED TO CANCER TREATMENT, RESEARCH AND SUPPORT SERVICES. NATIONAL CANCER SURVIVORS DAY EVENTS ARE HELD IN HUNDREDS OF COMMUNITIES NATIONWIDE THROU GHOUT THE MONTH OF JUNE. SCRIPPS HOLDS A CELEBRATORY EVENT AT VARIOUS SCRIPPS HOSPITALS EA CH YEAR TO PROVIDE AN OPPORTUNITY FOR THOSE THAT HAVE BATTLED CANCER TO COME TOGETHER AND ENJOY THE COMPANY OF FRIENDS, FAMILY AND THE CAMARADERIE OF FELLOW CANCER SURVIVORS. CANCE R SURVIVORS AND OTHER GUESTS SHARE INSPIRATIONAL STORIES, LEARN ABOUT ADVANCES IN CANCER T REATMENT AND RESEARCH AND ENJOY THE OPPORTUNITY TO CONNECT WITH CAREGIVERS AND FELLOW SURV IVORS. EACH YEAR THE CANCER SURVIVOR EVENTS HELP CELEBRATE LIFE, INSPIRE THOSE RECENTLY DI AGNOSED, OFFER SUPPORT TO FAMILY AND LOVED ONES AND RECOGNIZE ALL WHO PROVIDED SUPPORT ALO NG THE WAY. THEY ALSO PROVIDE A FORUM FOR DISCUSSING THE PHYSICAL, FINANCIAL AND SOCIAL IS SUES THAT MANY CANCER SURVIVORS FACE FOLLOWING COMPLETION OF TREATMENT. DUE TO COVID-19 TH ESE EVENTS WERE POSTPONED. SCRIPPS MD ANDERSON CANCER CENTER - POLSTER BREAST CARE THE SCR IPPS POLSTER BREAST CARE PROGRAM SPONSORS THE YOUNG WOMEN'S SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 TO COME TOGETHER, DISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT. THE GROUPS ARE OFFERED TO WOMEN IN THE SAN DIEGO COMMUNITY. TOPICS R ELATED TO BREAST HEALTH ARE ALSO OFFERED TO THE COMMUNITY. DUE TO COVID-19 MEETINGS WERE N OT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. SCRIPPS MD ANDERSON CANCER CENTER LIFEGU ARD AND FIRST RESPONDERS' CANCER SCREENINGS SCRIPPS HOSTED A FREE SKIN CANCER SCREENING CL INIC FOR ALL STATE AND LOCAL LIFEGUARDS, AND FIRST RESPONDERS AT THE SAN ELIJO STATE BEACH LIFEGUARD HEADQUARTERS. ACCORDING TO THE AMERICAN CANCER SOCIETY, SKIN CANCER IS BY FAR T HE MOST COMMON FORM OF CANCER. MORE SKIN CANCERS ARE DIAGNOSED IN THE U.S. EACH YEAR THAN ALL OTHER CANCERS COMBINED. DERMATOLOGISTS ARE STARTING TO SEE THE INDIRECT EFFECT OF COVI D-19 ON PEOPLE'S SKIN WITH MORE ADVANCED CASES. FOR OVER 20 YEARS, SCRIPPS HEALTH HAS OFFE RED FREE SCREENINGS TO LIFEGUARDS AND OTHER FIRST RESPONDERS AS PART OF ITS COMMUNITY BENE FIT PROGRAM. AFTER THE LIFEGUARD COMPLETES A FORM FROM THE AMERICAN ACADEMY OF DERMATOLOGY , THEY STEP INTO A SCREENING ROOM AND A BOARD-CERTIFIED DERMATOLOGIST AND NURSE CONDUCT TH E SCREENING. SCRIPPS SHILEY FITNESS CENTER - LYMPHEDEMA STRETCH THE SCRIPPS SHILEY FITNESS CENTER PROVIDES THERAPEUTIC EXERCISES KNOWN TO HELP RELIEVE SWELLING AND PAIN CAUSED BY L YMPHEDEMA. EXPERTS FROM SCRIPPS SHILEY FITNESS CENTER PROVIDE PROPER EXERCISE TECHNIQUES T O ALLEVIATE SWELLING AND REDUCE DISCOMFORT. THE 45-MINUTE CLASS UTILIZES A COMBINATION OF SEATED, STANDING AND FLOOR EXERCISES THAT INCLUDES CARDIOVASCULAR EXERCISE, STRENGTH TRAIN ING, FUNCTIONAL FITNESS, FLEXI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	BILITY AND MOBILITY AND CORE CONTROL. SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CANCER SUPORT SERVICES: BREAST HEALTH OUTREACH AND EDUCATION PROGRAM A LAY HEALTH PROFESSIONAL L ED HEALTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF WOMEN IN SAN DIEGO'S SOUT H BAY WITH BREAST CANCER EDUCATION, PREVENTION AND TREATMENT SUPPORT. LAY HEALTH PROFESSIO NALS TEACH WOMEN IN THEIR NATIVE LANGUAGE WITH SENSITIVITY TO A WOMAN'S ETHNIC AND CULTURA L NORMS. THE PROGRAM MODEL INCLUDES A LOCAL COMMUNITY LAY HEALTH EXPERT, A CANCER SURVIVOR AND A NURSE NAVIGATOR. THE COMMUNITY LAY HEALTH EXPERT HAS KNOWLEDGE OF BREAST CANCER, OF FERS EDUCATION AND EMOTIONAL SUPPORT AND PROVIDES REFERRALS IN A CULTURALLY APPROPRIATE AN D LANGUAGE SENSITIVE WAY. WORKING TOGETHER, THE LAY HEALTH EXPERT AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWARENESS AND FULL SUPPORT SYSTEM FOR THOSE ALREADY DI AGNOSED. MOREOVER, THE FACT THEY ARE BILINGUAL LENDS AN AIR OF AUTOMATIC TRUST AMONG THE C OMMUNITY AS THEY CAN CONNECT WITH THE RESIDENTS ON A CULTURAL LEVEL. IN FISCAL YEAR 2021, A TOTAL OF 267 WOMEN WERE REFERRED TO CLINICAL BREAST HEALTH SERVICES IN THE COMMUNITY AND TO SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY SERVICES. EDUCATIONAL SERVICES: FLYERS DI STRIBUTED, EDUCATION, PHONE CALLS, SOCIAL/EMOTIONAL SUPPORT, CASE MANAGEMENT, HOSPITAL VIS ITS, HOME VISITS, LETTERS SENT TO PATIENTS/PROVIDERS, MAILED EDUCATIONAL MATERIAL, BREAST CANCER SUPPLIES (I.E., MEDICAL RECORD BINDER, CAPS, WIGS, BRAS, HATS, MASTECTOMY PILLOW, E TC.), TO SUPPORT GROUP PARTICIPANTS. OUTREACH SERVICES: OUTREACH TO THOSE OVERDUE FOR SCRE ENING AND COMMUNITY REFERRALS, BREAST CANCER HOSPITAL REFERRALS, COMMUNITY BREAST CANCER R EFERRALS, FOLLOW UP REFERRALS FROM RADIOLOGY ARE SENT TO OUTREACH SERVICES, COMMUNITY OUTR EACH/EDUCATIONAL PRESENTATION ATTENDANCE. DUE TO COVID-19 MANY OF THE OUTREACH AND EDUCATI ON PROGRAMS CEASED DUE TO LARGE GROUP GATHERING RESTRICTIONS; SOME SERVICES WERE ABLE TO T RANSITION TO A VIRTUAL PLATFORM. SCRIPPS MERCY HOSPITAL CHULA VISTA BREAST CANCER SUPPORT GROUP SCRIPPS WELL-BEING CENTER HOLDS A BI-MONTHLY SUPPORT GROUP THAT HELPS INDIVIDUALS CO PE WITH CANCER. GROUP SUPPORT INCLUDES NAVIGATING THE CANCER SYSTEM AND EDUCATIONAL PRESEN TATIONS BY LOCAL PROVIDERS ARE OFFERED. A TOTAL OF 102 WOMEN PARTICIPATED IN THE BREAST CA NCER SUPPORT GROUP. DUE TO COVID-19 THIS SUPPORT GROUP TRANSITIONED TO CONFERENCE CALLS AN D VIRTUAL OFFERINGS AND AS OF AUGUST 2021 THIS GROUP IS CURRENTLY MEETING OUTSIDE A LOCAL PARK. LEUKEMIA & LYMPHOMA SOCIETY THIS BLOOD CANCER CONFERENCE (BCC) IS ONE OF MANY PROGRA MS DEVELOPED BY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) TO MEET THE NEEDS OF PATIENTS, SURVI VORS, FAMILIES AND ONCOLOGY PROFESSIONALS, THE PEOPLE WHO DEAL WITH BLOOD CANCER EVERY DAY AND THE PEOPLE WHO CARE FOR THEM. BCC ATTENDEES RECEIVE THE MOST CURRENT INFORMATION AND ACCESS TO LOCAL RESOURCES TO HELP NAVIGATE AND MAKE INFORMED DECISIONS ABOUT THEIR TREATME NT AND SURVIVAL. SCRIPPS WAS A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PARTICIPANT AT THE VIRTUAL CONFERENCE IN FISCAL YEAR 2021. CARDIOVASCULAR DISEASE 'DISEAS ES OF THE HEART' WERE THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY IN 2019. IN AD DITION, 'CEREBROVASCULAR DISEASES' WERE THE FOURTH LEADING CAUSE OF DEATH, AND ESSENTIAL (HYPERTENSION AND HYPERTENSIVE RENAL DISEASE' WAS THE TENTH. CORONARY HEART DISEASE IS THE MOST COMMON FORM OF HEART DISEASE. HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CVD AND STROKE. ABOUT HALF OF AMERICANS (49%) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RISK FACTORS FOR CARDIOVASCULAR DISEASE: BEHAVIORS: TOBACCO USE, OBESITY, POOR DIET THAT I S HIGH IN SATURATED FATS, AND EXCESSIVE ALCOHOL USE. CONDITIONS: HIGH CHOLESTEROL LEVELS, HIGH BLOOD PRESSURE AND DIABETES. HEREDITY: GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DI SEASE AND CAN INCREASE RISK. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF CARDIOVASCULAR D ISEASE IS DESCRIBED BELOW: - THE HASD&IC AND SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY CARDI OVASCULAR DISEASE (INCLUDING CEREBROVASCULAR DISEASE/STROKE) AS A PRIORITY HEALTH ISSUE AF FECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS. - ACCORDING TO DATA PRESENTED IN THE HASD&IC AND SCRIPPS 2019 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STROKE. ABOUT HALF OF ALL AMERI CANS (47 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS. ADDITIONAL RISK FACTORS I NCLUDE ALCOHOL USE, OBESITY, PHYSICAL INACTIVITY, POOR DIET, DIABETES AND GENETIC FACTORS. - FOCUS GROUPS AND KEY INFORMANT INTERVIEWS CONDUCTED AS PART OF THE HASD&IC AND SCRIPPS HEALTH 2019 CHNAS IDENTIFIED NUMEROUS BARRIERS TO CARE FOR CHRONIC CONDITIONS SUCH AS CVD, INCLUDING: LACK OF ACCESS TO HEALTHY FOOD; TRANSPORTATION; PHYSICAL LIMITATIONS OR LIMITE D MOBILITY; HIGH HEALTH CARE COSTS; ECONOMIC INSECURITY; LOW HEALTH LITERACY; POOR HEALTH BEHAVIORS, SUCH AS UNHEALTHY DIET OR MINIMAL PHYSICAL ACTIVITY; POOR MEDICATION MANAGEMENT ; UNSAFE NEIGHBORHOODS; AND UNSTABLE OR COMPLETE LACK OF HOUSING. - ACCORDING TO DATA PRES ENTED IN THE HASD&IC AND SCRIPPS 2019 CHNA, RATES OF ED VISITS FOR CORONARY HEART DISEASE (CHD) IN SAN DIEGO COUNTY INCREASED 35.3% FROM 2014 TO 2016, WITH THE MOST SIGNIFICANT INC REASES IN INDIVIDUALS AGES 45 TO 64 (41.9%) AND THOSE IDENTIFIED AS ASIAN/PACIFIC ISLANDER (55.1%). - IN 2019 THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY WAS DISEASES OF THE HEART AND CEREBROVASCULAR DISEASES INCLUDING STROKE WERE THE THIRD LEADING CAUSE OF DE ATH FOR SAN DIEGO COUNTY OVERALL. - IN 2019, THERE WERE 1,620 DEATHS DUE TO STROKE IN SAN DIEGO COUNTY. THE AGE-ADJUSTED DEATH RATE DUE TO STROKE WAS 42.4 PER 100,000 POPULATION, W HICH WAS HIGHER THAN THE HP2030 TARGET OF 33.4 DEATHS PER 100,000. - IN 2019, THERE WERE 6 ,500 HOSPITALIZATIONS FOR STROKE IN SAN DIEGO COUNTY, WITH AN AGE-ADJUSTED RATE OF 177.5 P ER 100,000 POPULATION. - IN 2019, THERE WERE 2,828 STROKE-RELATED ED VISITS IN SAN DIEGO C OUNTY. THE AGE-ADJUSTED RATE OF ED VISITS WAS 76.7 PER 100,000 POPULATION. - ACCORDING TO 2020 CHIS DATA, 23.2% OF SAN DIEGO COUNTY RESIDENTS HAD EVER BEEN DIAGNOSED WITH HIGH BLOO D PRESSURE, WHILE 7.8% HAD BORDERLINE HIGH BLOOD PRESSURE. IN ADDITION, 24.3% OF SAN DIEGO COUNTY ADULTS REPORTED BEING OBESE. - ACCORDING TO THE CDC, HEART DISEASE (INCLUDING CHD, HYPERTENSION AND STROKE) IS THE LEADING CAUSE OF DEATH FOR BOTH MEN AND WOMEN, AND KILLS APPROXIMATELY 659,000 PEOPLE EACH YEAR (CDC, 2021). - HEART DISEASE IS THE LEADING CAUSE O F DEATH FOR PEOPLE OF MOST RAC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IAL/ETHNIC GROUPS IN THE U.S. INCLUDING BLACK/AFRICAN AMERICAN, AMERICAN INDIAN, ALASKA NA TIVE, HISPANIC, AND WHITE MEN. FOR WOMEN FROM THE PACIFIC ISLANDS, AND ASIAN AMERICAN, AME RICAN INDIAN, ALASKA NATIVE, AND HISPANIC WOMEN, HEART DISEASE IS SECOND ONLY TO CANCER (C DC, 2021). - IN ITS 2021 HEART DISEASE AND STROKE STATISTICAL UPDATE, THE AHA REPORTED THA T CHD WAS RESPONSIBLE FOR 13% OF ALL DEATHS IN THE U.S. IN 2018, KILLING NEARLY 366,000 PE OPLE. DEATH RATES AND ACTUAL NUMBERS OF DEATHS FROM CHD DECREASED SIGNIFICANTLY BETWEEN 20 08 AND 2018, BUT DISEASE BURDEN AND RISK FACTORS REMAIN HIGH. ACCORDING TO BLOOD PRESSURE GUIDELINES CHAMPIONED BY THE AHA AND THE AMERICAN COLLEGE OF CARDIOLOGY, 47.3% OF U.S. ADU LTS HAVE HYPERTENSION (AHA, 2021). - ACCORDING TO THE AHA, IT MAY BE POSSIBLE TO PREVENT H EART DISEASE, STROKE, AND CVD BY NOT SMOKING, ENGAGING IN DAILY PHYSICAL ACTIVITY, MAINTAI NING A HEALTHY DIET AND BODY WEIGHT, AND CONTROLLING CHOLESTEROL, BLOOD PRESSURE, AND BLOO D SUGAR (AHA, 2021). - THE CDC ASSERTS THAT SEVERAL HEALTH CONDITIONS, ALONG WITH LIFESTYL E, AGE AND FAMILY HISTORY ARE RISK FACTORS THAT CAN INCREASE AN INDIVIDUAL'S RISK FOR HEAR T DISEASE. ABOUT HALF OF ALL AMERICANS (47%) HAVE AT LEAST 1 OF 3 KEY RISK FACTORS FOR HEA RT DISEASE: HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING (CDC, 2019). NOT ONLY IS SCR IPPS A NATIONALLY RECOGNIZED HEART CARE LEADER, CONSISTENTLY RANKED BY U.S. NEWS & WORLD R EPORT AS ONE OF AMERICA'S BEST HOSPITALS FOR CARDIOLOGY AND HEART SURGERY, BUT WE TREAT MO RE HEART PATIENTS THAN ANY OTHER HEALTH CARE PROVIDER IN SAN DIEGO. WE HAVE STATE-OF-THE-A RT TECHNOLOGY AND HIGHLY TRAINED HEART CARE SPECIALISTS, PROVIDING AN INNOVATIVE AND EXPAN SIVE SCOPE OF SERVICES AND HIGH-QUALITY OUTCOMES. ALONG WITH THE TREMENDOUS CARE SCRIPPS P ROVIDES WITHIN OUR HOSPITALS AND OUTPATIENT CLINICS, SCRIPPS ALSO SUPPORTS OUR SURROUNDING COMMUNITIES WITH RESOURCES, OUTREACH PROGRAMS AND PARTNERSHIPS TO ENSURE THE HEARTBEAT OF OUR COMMUNITY CONTINUES. DURING FISCAL YEAR 2021, SCRIPPS ENGAGED IN THE FOLLOWING HEART HEALTH, STROKE, AND CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITIES. CPR CLASSE S FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER CPR CLASSES ARE OFFERED FOUR T IMES A YEAR TO CARDIAC TREATMENT CENTER PATIENTS AND THEIR FAMILIES. THE PROGRAM IMPROVES COMMUNITY HEALTH BY INCREASING KNOWLEDGE OF CARDIOPULMONARY RESUSCITATION PRACTICES. DUE T O COVID-19 THESE CLASSES WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HO SPITAL. CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS CARDIAC TREATMENT CENTER GROUP EX ERCISE PROGRAMS ARE DESIGNED FOR CARDIOVASCULAR HEALTH IMPROVEMENT. CLASSES INCLUDE TRAINI NG IN BALANCE, SLOW FLOW YOGA, TAI CHI, FIT BALL, CHAIR YOGA AND MEDITATION, MINDFULNESS, ACUPRESSURE AND BREATH WORK FOR STRESS, MEDITATION AND ARM EXERCISE. THE CARDIAC TREATMENT CENTER ALSO PROVIDES EXERCISE PROGRAMS THAT INCLUDE NUTRITIONAL EDUCATION THROUGH THE PUL MONARY CLASS, DIETARY ONE-ON-O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NE COUNSELING, NUTRITION CLASS, BREATHING FOR BETTER HEALTH DURING COVID-19 AND THE CARDIA C LIFE PROJECT. THE BETTER BREATHERS PROVIDE ADDITIONAL EDUCATION IN CARDIOVASCULAR HEALTH . THESE CLASSES WERE OFFERED VIRTUALLY STARTING IN MARCH 2020 EXCEPT FOR LIFE PROJECT AND BETTER BREATHERS. CARDIAC TREATMENT CENTER'S LIFE PROJECT THE CARDIAC TREATMENT CENTER'S L IFE PROJECT IS A SUPPORT GROUP FOR PEOPLE WITH HEART DISEASE AND THEIR FAMILY MEMBERS. THE GOAL IS TO PROVIDE EDUCATION AND RESOURCES ON COPING WITH HEART DISEASE IN A FRIENDLY AND SUPPORTIVE ENVIRONMENT. DUE TO COVID-19 THESE CLASSES WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. PULMONARY CARDIAC CLASS THIS EDUCATIONAL CLASS PROVI DED BY THE SCRIPPS CARDIAC TREATMENT CENTER IS A COMPREHENSIVE SIX-WEEK EDUCATION PROGRAM FOR PULMONARY PATIENTS TO HELP THEM TO MANAGE THEIR DISEASE. THEY WILL LEARN LIFESTYLE MAN AGEMENT FOR A HEALTHY LIFE, NUTRITION AND EXERCISE ARE PART OF THE SERIES. THIS CLASS WAS OFFERED VIRTUALLY STARTING IN MARCH 2020 DUE TO COVID-19. STUDENT PRECEPTORSHIP AT CARDIAC TREATMENT CENTER SCRIPPS PROVIDES PRECEPTORSHIPS FOR STUDENT RNS, EXERCISE PHYSIOLOGISTS AND CARDIAC SONOGRAPHERS. THE SCRIPPS CARDIAC TREATMENT CENTER NURSES' MENTOR THE STUDENTS THROUGH EDUCATION AND MODELING. THE STUDENTS LEARN THE ROLES AND RESPONSIBILITIES REQUIRE D OF THE POSITIONS. DUE TO COVID-19 THE PRECEPTORSHIPS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. COUNTY OF SAN DIEGO LOVE YOUR HEART BLOOD PRESSURE S CREENINGS IN SAN DIEGO REGION, THE PERCENTAGE OF ADULTS WITH HIGH BLOOD PRESSURE NOT TAKIN G BLOOD PRESSURE MEDICATION IS 35%, HIGHER THAN CALIFORNIA (29%) AND THE UNITED STATES (21 .7%). HIGH BLOOD PRESSURE IS KNOWN AS THE "SILENT KILLER" BECAUSE IT MAY SHOW NO SYMPTOMS. HOWEVER, HYPERTENSION PUTS PEOPLE AT AN INCREASED RISK FOR HEART DISEASE AND STROKE, TWO OF THE TOP CAUSES OF DEATH IN THE REGION. FIFTY-NINE PERCENT OF SAN DIEGANS HAD HYPERTENSI ON. TEN YEARS AGO, THE COUNTY LAUNCHED THE "LOVE YOUR HEART" CAMPAIGN, AN ANNUAL EVENT WIT H A SIMPLE MISSION-HELP PREVENT HEART DISEASE AND STOKE TO REDUCE THE PERCENTAGE OF DEATHS IN SAN DIEGO COUNTY DUE TO CHRONIC DISEASE. ORGANIZATIONS FROM ACROSS THE U.S. AND MEXICO JOIN TO PROVIDE FREE BLOOD PRESSURE SCREENINGS TO THE PUBLIC ON VALENTINE'S DAY. THE LOVE YOUR HEART ANNUAL CAMPAIGN WAS LAUNCHED ON VALENTINE'S DAY 2012 TO ADDRESS THE NEGATIVE I MPACTS OF HEART DISEASE IN THE REGION. IN 2021, COUNTY LEADERS, REGIONAL OFFICIALS AND COM MUNITY PARTNERS HAD A VIRTUAL NEWS CONFERENCE TO ENCOURAGE PEOPLE TO GET A BLOOD PRESSURE SCREENING. THIS YEAR, DUE TO THE ONGOING COVID-19 PANDEMIC, THE NUMBER OF SITES OFFERING B LOOD PRESSURE SCREENINGS WAS LIMITED BUT THE CAMPAIGN LASTED AN ENTIRE WEEK, FROM FEB. 8 T HROUGH FEB. 14. WHILE SOME LOCAL BUSINESSES HAD BLOOD PRESSURE SCREENINGS ON SITE, SAN DIE GANS WERE ENCOURAGED TO ONLY GET THEIR BLOOD PRESSURE CHECKED IF THEY WERE CONDUCTING ESSE NTIAL ACTIVITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	LEFT VENTRICULAR ASSIST DEVICE (LVAD) SUPPORT GROUP SCRIPPS OFFERS A SUPPORT GROUP FOR PAT IENTS WITH A LEFT VENTRICULAR ASSIST DEVICE. THIS GROUP PROVIDES EDUCATION AND SUPPORT TO THOSE PATIENTS AND THEIR CAREGIVERS/PARTNERS. TOPICS INCLUDE SAFETY AND PROPER MECHANICS R EQUIRED FOR THE DEVICE. THE GROUP MET VIRTUALLY IN FY 2021. JOE NIEKRO FOUNDATION SCRIPPS HEALTH PROVIDES MEETING SPACE FOR THE JOE NIEKRO FOUNDATION SUPPORT GROUPS OF PATIENTS, FA MILIES AND FRIENDS WHO HAVE BEEN AFFECTED WITH BRAIN ANEURYSMS OR HEMORRHAGIC STROKE. THE PROGRAM IS OPENED TO THE PUBLIC. DUE TO COVID-19 THE SUPPORT GROUPS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. EDUCATING WOMEN ABOUT HEART HEALTH SCRI PPS WOMEN'S HEART CENTER IS DEVOTED TO CARING FOR WOMEN AND EDUCATING PATIENTS ABOUT HEART DISEASE PREVENTION. HEART DISEASE IS THE LEADING CAUSE OF DEATH FOR WOMEN CARDIOVASCULAR DISEASE IS THE NUMBER 1 KILLER OF WOMEN, CAUSING 1 IN 3 DEATHS EACH YEAR. THAT IS APPROXIM ATELY ONE WOMAN EVERY MINUTE. OUR FEMALE CARDIOLOGISTS FOCUS ON EMPOWERING THEIR PATIENTS AND THE COMMUNITY TO TAKE CARE OF THEIR HEARTS THROUGH EDUCATION, HEALTHY LIFESTYLES AND E XPERT MEDICAL CARE WHEN NEEDED. THE ERIC PAREDES SAVE A LIFE FOUNDATION- SUDDEN CARDIAC AR REST SCREENINGS ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), ABOUT 2 ,000 YOUNG, SEEMINGLY HEALTHY PEOPLE UNDER AGE 25 IN THE UNITED STATES DIE EACH YEAR OF SU DDEN CARDIAC ARREST. SCA IS NOT A HEART ATTACK, IT IS CAUSED BY AN ABNORMALITY IN THE HEAR T'S ELECTRICAL SYSTEM THAT CAN EASILY BE DETECTED WITH A SIMPLE ELECTROCARDIOGRAM (EKG). U NFORTUNATELY, HEART SCREENINGS ARE NOT PART OF A REGULAR, WELL-CHILD EXAM OR PRE-PARTICIPA TION SPORTS PHYSICAL. THE FIRST SYMPTOM OF SCA COULD BE DEATH. ACCORDING TO THE SAN DIEGO MEDICAL EXAMINER RECORDS, WE LOSE AT LEAST 12 YOUTH ANNUALLY TO SCA. SCRIPPS EFFORTS BEGAN WHEN A REGISTERED NURSE AT SCRIPPS CREATED THE FOUNDATION AFTER HER 15-YEAR-OLD SON, ERIC PASSED AWAY FROM SUDDEN CARDIAC ARREST IN 2009. TURNING TRAGEDY INTO AN OPPORTUNITY, THE PAREDES' ESTABLISHED THE ORGANIZATION TO PREVENT SUDDEN CARDIAC ARREST IN SCHOOL-AGE CHILD REN AND ADOLESCENTS. AS A SPONSOR FOR THE ERIC PAREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS SUPPORTED MORE THAN 34,000 FREE CARDIAC SCREENINGS TO LOCAL TEENS, INCLUDING THE HOMELESS , UNINSURED, AND UNDERINSURED THROUGH MORE THAN $120,000 IN ANNUAL CONTRIBUTION SINCE 2012 . IN FISCAL YEAR 2021, SCRIPPS MADE AN $8,500 CONTRIBUTION TO HELP PAY FOR SCREENINGS. THE SUPPORT HAS FUNDED FREE YOUTH HEART SCREENINGS, WHICH HAVE IDENTIFIED A TOTAL OF 534 WITH CARDIAC ABNORMALITIES - 239 SERIOUS ENOUGH TO CAUSE SUDDEN CARDIAC ARREST. TYPICALLY, SIX YOUTH HEART SCREENINGS SERVING UP TO 1,000 INDIVIDUALS ARE HOSTED ANNUALLY, HOWEVER, AFTE R AN 18-MONTH PAUSE THE ERIC PAREDES FOUNDATION HOSTED A SMALL SCREENING EVENT IN PARTNERS HIP WITH THE CALIFORNIA HIGHWAY PATROL AT ITS KEARNY MESA HEADQUARTERS WHERE 191 YOUTH WER E SCREENED WITH SEVEN CARDIAC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ABNORMALITIES DISCOVERED - THREE SERIOUS ENOUGH TO CAUSE SCA. CUMULATIVE DATA SHOWS THAT A N AVERAGE OF 57% OF PARENTS WERE NOT AWARE OF THE NEED TO ACTIVELY PREVENT SCA, WITH 68% U NFAMILIAR WITH WARNING SIGNS AND RISK FACTORS. THE FOLLOWING ADDITIONAL METRICS WERE TRACK ED: - TEENS WITHOUT A PEDIATRICIAN/FAMILY DOC: 29 - TEENS WHO USE COMMUNITY CLINIC: 20 - S CRIPPS VOLUNTEERS: 7 - SCRIPPS VOLUNTEER HOURS: 54 - LOW TO MODERATE INCOME HOUSEHOLDS: 51 % - REPRESENTATION OF DIVERSE COMMUNITIES: 52% THE ERIC PAREDES SAVE A LIFE FOUNDATION - P RESCRIPTION FOR PREVENTION WHEN SCREENINGS WERE PAUSED DUE TO THE COVID-19 PANDEMIC, SCRIP PS SUPPORT ALSO HELPED THE ERIC PAREDES FOUNDATION PIVOT TO DEVELOP PRESCRIPTION FOR PREVE NTION - A FREE, ACCREDITED TRAINING FOR PRIMARY CARE PRACTITIONERS ON INCORPORATING A ROBU ST CARDIAC RISK ASSESSMENT IN YOUTH INTO THEIR PRACTICE. IN PARTNERSHIP WITH SDSU'S INSTIT UTE FOR PUBLIC HEALTH AND UC IRVINE, THE ERIC PAREDES SAVE A LIFE FOUNDATION PRODUCED THE FIRST CME/CNE ON INCORPORATING SUDDEN CARDIAC ARREST PREVENTION INTO PRIMARY CARE PRACTICE S. STUDIES SHOW CARDIAC CONSIDERATION IS AN OFTEN-OVERLOOKED AREA OF ASSESSMENT. THE TRAIN ING MODULE REVIEWS SCA WARNING SIGNS, RISK FACTORS AND RECOMMENDED DIAGNOSTIC TESTING PROT OCOL. THE CME DEVELOPMENT WAS DIRECTED AND NARRATED BY DR. JOHN ROGERS, SCRIPPS CARDIOLOGI ST AND EP SAVE A LIFE MEDICAL DIRECTOR, AND SCRIPPS HEALTH WAS INSTRUMENTAL IN FACILITATIN G ENGAGEMENT IN BOTH A FRONT-END NEEDS ASSESSMENT AND IN PARTICIPATION IN THE TRAINING MOD ULE THROUGH DIRECT COMMUNICATION WITH PRIMARY CARE PHYSICIANS (PCPS). FUNDING SUPPORTED DE VELOPMENT AND PROMOTION OF THE TRAINING MODULE ON A LOCAL, STATE, AND NATIONAL LEVEL, AND WITH THE SAN DIEGO CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS. PRELIMINARY DATA SUGGEST S THAT COVID-19 CAN LEAD TO HEART DAMAGE AND PROFESSIONAL MEDICAL ASSOCIATIONS HAVE RELEAS ED RECOMMENDATIONS FOR CARDIAC ASSESSMENT OF STUDENT ATHLETES WHO HAVE BEEN EXPOSED BEFORE RETURNING TO PLAY. THIS TRAINING SUPPORTS A CRITICAL SKILL SET FOR PCPS. THE SCRIPPS PART ICIPATION IN LIVE CME EVENTS/EARLY NEEDS ASSESSMENT OF TOTAL PARTICIPANTS WAS 45%. TO DATE , MORE THAN 400 PCPS HAVE REGISTERED FOR THE COURSE WITH A HUNDRED MORE EXPOSED TO THE PRO GRAM THROUGH LIVE/ONLINE LECTURES AND THE CME NOW BEING HOSTED IN THEIR CONTINUING EDUCATI ON PORTAL. DR. JOHN ROGERS ALSO MADE PRESENTATIONS TO PROFESSIONAL MEDICAL ASSOCIATION CON FERENCES, INCLUDING THE NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS, GEORGIA NUR SE ASSOCIATION, SOCIETY FOR PHYSICIAN ASSISTANTS IN PEDIATRICS AND THE 24TH ANNUAL SAN DIE GO SCHOOL HEALTH CONFERENCE. PRE/POST TEST PERFORMANCE AVERAGE KNOWLEDGE IMPROVEMENT WAS 4 0%-95%. THE ERIC PAREDES SAVE A LIFE FOUNDATION - SMART HEARTS DO NOT MISS A BEAT SUDDEN C ARDIAC ARREST (SCA) IS THE LEADING CAUSE OF DEATH ON SCHOOL CAMPUSES AND THE NUMBER ONE KI LLER OF STUDENT ATHLETES. ONE IN 300 YOUTH HAS AN UNDETECTED HEART CONDITION THAT PUTS THE M AT RISK. SMART HEARTS DO NOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	MISS A BEAT IS A NEW PROGRAM THAT EMPOWERS YOUNG PEOPLE TO PREVENT SUDDEN DEATH AT HOME, IN SCHOOL, ON THE FIELD, AT THE DOCTOR'S OFFICE AND UN THEIR FUTURE FAMILIES, AND WORKPLAC ES. THE PROGRAM OFFERS SCA PREVENTION LEARNING FOR SCHOOL AGED STUDENTS TO EMPOWER THE NEX T GENERATION OF LIFE SAVERS. THIS PROGRAM SERVED 1,200 YOUTH, INCLUDING DOZENS THOUGH SCRI PPS SD BORDER AHEC COMMUNITY BENEFIT PROGRAM THAT SERVES HEALTH PATHWAY STUDENTS IN SWEETW ATER UNIFIED HIGH SCHOOL DISTRICT AND ITS HEALTH CAREER OCCUPATION PROGRAM (HCOP) SUMMER C AMP. THE DEVELOPMENT OF A CLASSROOM OR INDEPENDENT LEARNING MODULE INCLUDED A SERIES OF VI DEOS, ACTIVITIES, AND QUIZZES FOR MIDDLE AND HIGH SCHOOL STUDENTS. THROUGH A PRE AND POSTT EST, STUDENTS ON AVERAGE IMPROVED THEIR KNOWLEDGE FROM 50% TO OVER 85%. THE PROGRAM GOALS ARE: - EDUCATE YOUTH TO RECOGNIZE WARNING SIGNS AND FAMILY RISK FACTORS SO THEY CAN BE THE IR OWN HEART HEALTH ADVOCATE. - EMPOWER YOUTH TO USE CPR AND AN AUTOMATED EXTERNAL DEFIBRI LLATOR (AED) AND TEACH OTHERS THE CARDIAC CHAIN OF SURVIVAL. - EQUIP YOUTH WITH LEADERSHIP SKILLS THAT PREPARE THEM TO ADVOCATE FOR PREVENTION IN THEIR COMMUNITIES. SWEETWATER UNIO N HIGH SCHOOL DISTRICT - SPORTS SCREENINGS EVERY YEAR, THREE TO FIVE STUDENT ATHLETES IN S AN DIEGO COUNTY DIE SUDDENLY AND UNEXPECTEDLY FROM SUDDEN CARDIAC ARREST/DEATH (SCA/D). SC A IS AN ABNORMALITY IN THE HEART'S ELECTRICAL SYSTEM THAT CAN HAPPEN WITHOUT SYMPTOMS OR W ARNING SIGNS. HOWEVER, THIS LIFE-THREATENING CONDITION CAN BE DETECTED WITH A CARDIAC SCRE ENING EXAM. SCRIPPS MERCY HOSPITAL CHULA VISTA FAMILY MEDICINE RESIDENCY, SOUTHWEST SPORTS WELLNESS FOUNDATION, AND THE SWEETWATER UNION HIGH SCHOOL DISTRICT PARTNER TO PREVENT SUD DEN CARDIAC ARREST AND DEATH AMONG HIGH SCHOOL STUDENTS BY INCREASING AWARENESS OF THE IMP ORTANCE OF HEALTHY LIFESTYLES AND CARDIOVASCULAR SCREENINGS AMONG ACTIVE STUDENTS. FAMILY MEDICINE RESIDENTS OFFER YEARLY CARDIAC SCREENING AND SPORTS PHYSICALS BEFORE STUDENTS PAR TICIPATE IN ORGANIZED SPORTS AND OPERATE AN INJURY CLINIC DURING FOOTBALL SEASON TO EVALUA TE AND TREAT POSSIBLE CONCUSSIONS AND OTHER INJURIES. DUE TO COVID-19 THE SCREENING EVENTS AND INJURY CLINICS WE NOT HELD. THE INJURY CLINIC WILL RESUME OCTOBER 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SU CORAZON, SU VIDA / YOUR HEART, YOUR LIFE COMMUNITY INTERVENTION TO IMPROVE EDUCATION AN D AWARENESS OF HEART DISEASE THE YOUR HEART, YOUR LIFE (SU CORAZON, SU VIDA) PROGRAM IS DE SIGNED TO HELP PREVENT HEART DISEASE THROUGH EDUCATION AND PROVIDE SUPPORT AND OUTREACH TO THOSE ALREADY LIVING WITH HEART DISEASE AND OTHER RELATED CHRONIC DISEASES SUCH AS DIABET ES AND HIGH BLOOD PRESSURE. TOPICS COVERED IN THE CLASSES INCLUDE HEART DISEASE RISK FACTO RS, SIGNS OF A HEART ATTACK AND STROKE, LIFESTYLE CHANGES, DIABETES, CHOLESTEROL AND NUTRI TION EDUCATION. HEIGHT, WEIGHT, AND BLOOD PRESSURES ARE RECORDED IN THE FIRST AND LAST CLA SS TO MEASURE A DIFFERENCE AND IMPACT OF THE LIFESTYLE CHANGES IMPLEMENTED FROM PARTICIPAT ING IN THE SESSIONS. OVERALL, PARTICIPANTS HAVE MADE A POSITIVE IMPACT FROM THE COURSE BAS ED ON THE HEALTH ASSESSMENTS. CLASSES WERE CANCELLED THIS FISCAL YEAR DUE TO COVID-19. STR OKE CARE PROGRAMS ON AVERAGE, A STROKE OCCURS EVERY 40 SECONDS IN THE UNITED STATES. MORE THAN 1,500 STOKE DEATHS OCCURRED IN SAN DIEGO COUNTY IN 2019, AND ABOUT 15 PEOPLE ARE HOSP ITALIZED DUE TO STROKE EVERY DAY. SCRIPPS SPONSORS A WIDE VARIETY OF STROKE RELATED EDUCAT ION AND AWARENESS PROGRAMS. THESE INCLUDE SUPPORT GROUPS AND EDUCATION FOR STROKE AND BRAI N INJURY SURVIVORS AND THEIR LOVED ONES. INFORMATION AND RESOURCES ARE PROVIDED, ALONG WIT H SKILLS TO HELP REINFORCE INNER STRENGTHS AND LEARN SELF-CARE STRATEGIES. SUPPORT GROUPS OFFER THE ABILITY TO DEVELOP ENCOURAGING PEER RELATIONSHIPS ALONG WITH THE GOAL OF RETURNI NG TO AND CONTINUING A LIFE OF MEANING AND PURPOSE. DUE TO COVID-19 THESE SUPPORT GROUPS W ERE NOT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. SAN DIEGO COUNTY STROKE CONSORTIUM SCRIPPS STROKE PROGRAM PARTICIPATES IN THE SD COUNTY STROKE CONSORTIUM, A COUNTY-WIDE STRO KE GROUP, CONSISTING OF SD COUNTY STROKE RECEIVING CENTER STROKE PROGRAM COORDINATORS, STR OKE CHAMPIONS AND STROKE LEADERSHIP. ADDITIONALLY, THE MEETING IS ATTENDED BY STROKE PROGR AM MEDICAL DIRECTORS AND SD COUNTY LEADERSHIP. THE STROKE CONSORTIUM SERVES AS A POINT OF CONTACT FOR CONTINUITY OF STROKE CARE IN SAN DIEGO COUNTY. SCRIPPS STROKE PROGRAM DEDICATE S TIME AND RESOURCES TO LEAD EFFORTS TO CREATE AND DISSEMINATE A UNIFIED COMMUNITY MESSAGE URGING SAN DIEGO COUNTY RESIDENTS TO SEEK EMERGENCY TREATMENT WHEN SUFFERING SYMPTOMS OF A STROKE. SCRIPPS STROKE PROGRAM LED A COLLABORATIVE GROUP INCLUDING SAN DIEGO COUNTY EMS, SAN DIEGO REGIONAL AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, AND THE SAN DI EGO COUNTY STROKE CONSORTIUM IN CREATING A UNITED MARKETING CAMPAIGN. THE SLOGAN "WE ARE H ERE FOR YOU. EVERY MINUTE MATTERS" ACCOMPANIED BY A GRAPHIC MESSAGE WAS UTILIZED TO HIGHLI GHT THE IMPORTANCE OF SEEKING EMERGENCY TREATMENT WHEN EXPERIENCING STROKE-LIKE SYMPTOMS. THE COMMUNITY COLLABORATION WAS ALSO SUBMITTED FOR CONSIDERATION AT THE 2021 INTERNATIONAL STROKE CONFERENCE. COLLABORATIVE SAN DIEGO COUNTY STROKE CENTER COMMUNITY MESSAGING CAMPA IGN THE SAN DIEGO COUNTY STROK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	E CONSORTIUM (CHAIRED BY AND OF WHICH ALL SCRIPPS HEALTH STROKE PROGRAMS PARTICIPATE) PERF ORMED A COLLABORATIVE SD COUNTY STROKE CENTER COMMUNITY MESSAGING CAMPAIGN IN MAY/JUNE DUR ING THE PANDEMIC. THE GENERAL POINT OF THE CONSORTIUM PROJECT WAS TO REASSURE/REMIND COMMU NITY MEMBERS OF THE IMPORTANCE OF ACCESSING 911 FOR STROKE SYMPTOMS, TO PRESENT FOR TIMELY CARE, DESPITE THE ONGOING PANDEMIC. THE COMMUNITY MESSAGING PROJECT WAS SELECTED BY THE I NTERNATIONAL STROKE CONFERENCE IN MARCH 2021 AS A FEATURED POSTER PRESENTATION. ADDITIONAL LY, THE SAN DIEGO COUNTY STROKE CONSORTIUM WAS CHOSEN TO PRESENT THREE ADDITIONAL POSTER P RESENTATIONS AT THE 2021 INTERNATIONAL STROKE CONFERENCE, ALL OF WHICH CONTRIBUTED TO KNOW LEDGE OF SD COMMUNITY MEMBER'S RESPONSE TO STROKE CARE DURING THE COVID-19 PANDEMIC. IN FI SCAL YEAR 2021, SCRIPPS MEDICAL DIRECTOR OF SCRIPPS HEALTH STROKE PROGRAMS PROMOTED A COMM UNITY PODCAST TO DISCUSS WHO IS AT RISK FOR STROKE, HOW TO LOWER YOUR STROKE RISK AND REVI EW THE SIGNS OF STROKE AND IMPORTANCE OF SEEKING IMMEDIATE CARE. SCRIPPS HEALTH STROKE PRO GRAM COMMUNITY EVENTS LA COSTA GLEN RETIREMENT COMMUNITY THE SCRIPPS HEALTH STROKE TEAM PA RTICIPATED IN AN EDUCATIONAL EVENT AT LA COSTA GLEN IN CARLSBAD, CA ON APRIL 20, 2021. FIF TY COMMUNITY MEMBERS WERE SERVED (20 IN PERSON DUE TO COVID-19 RESTRICTIONS; 30 SERVED VIA LIVE STREAM ON RESIDENT'S TELEVISIONS). STROKE TEAM MEMBERS PROVIDED COMMUNITY OUTREACH A N EDUCATIONAL LECTURE TO THE LA COSTA GLEN COMMUNITY RESIDENTS ABOUT STROKE RISK FACTORS A ND BE-FAST-HOW TO RECOGNIZE SYMPTOMS OF STROKE AND CALLING 911 WHEN SOMEONE IS EXHIBITING STROKE SYMPTOMS. CARLSBAD BY THE SEA RETIREMENT COMMUNITY THE SCRIPPS HEALTH STROKE TEAM P ARTICIPATED IN AN EDUCATION EVENT AT CARLSBAD BY THE SEA IN CARLSBAD, CA ON JUNE 30,2021. FORTY COMMUNITY MEMBERS WERE SERVED IN PERSON WITH SOCIAL DISTANCING. STROKE TEAM MEMBERS PROVIDED COMMUNITY OUTREACH VIA AN EDUCATION LECTURE TO THE CARLSBAD BY THE SEA COMMUNITY RESIDENTS ABOUT STROKE RISK FACTORS AND BE-FAST-HOW TO RECOGNIZE SYMPTOMS OF STROKE AND CA LLING 911 WHEN SOMEONE IS EXHIBITING STROKE SYMPTOMS. STROKE AND BRAIN INJURY SUPPORT GROU P AT SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER THE STROKE SUPPORT GROUP IS FOR STROKE AND BRAIN INJURY SURVIVORS, CAREGIVERS, AND LOVED ONES. THE GROUP'S GOAL IS TO EDUC ATE AND EMPOWER SURVIVORS. ATTENDEES RECEIVE INFORMATION AND RESOURCES, REINFORCE INNER ST RENGTHS, LEARN SELF-CARE STRATEGIES, AND DEVELOP ENCOURAGING PEER RELATIONSHIPS. A TOTAL O F 30 PEOPLE PARTICIPATED IN THE SUPPORT GROUP. DUE TO COVID-19 THE GROUP HAS TRANSITIONED TO CONFERENCE CALL GROUP WHICH HAS IMPACTED THE OVERALL NUMBER OF PARTICIPANTS FOR THE YEA R. BRAINMASTERS: STROKE AND BRAIN INJURY SURVIVORS SUPPORT GROUP IN 2017, SCRIPPS MEMORIAL HOSPITAL ENCINITAS LAUNCHED A PROGRAM TO ADDRESS THE COMMUNICATION CHALLENGES OF STROKE A ND BRAIN INJURY SURVIVORS. BRAINMASTERS IS AN IMPROVISATIONAL SPEAKING GROUP FOR ADULTS CO PING WITH ACQUIRED BRAIN INJUR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	Y. THIS FUN, SUPPORTIVE AND INTERACTIVE GROUP HELPS BRAIN INJURY PATIENTS IMPROVE COMMUNIC ATION SKILLS, THINK MORE QUICKLY ON THEIR FEET, AND BUILD SELF-CONFIDENCE IN A FRIENDLY, E NCOURAGING ENVIRONMENT. OFFERED AS A COMMUNITY BENEFIT THROUGH SCRIPPS MEMORIAL HOSPITAL E NCINITAS, BRAINMASTERS IS FREE AND OPEN TO THE COMMUNITY. DUE TO COVID-19 RESTRICTIONS MEE TINGS WERE NOT HELD IN FISCAL YEAR 2021. DIABETES DIABETES IS AN IMPORTANT HEALTH NEED BEC AUSE OF ITS PREVALENCE, ITS IMPACT ON MORBIDITY AND MORTALITY, AND ITS PREVENTABILITY. AN ANALYSIS OF MORTALITY DATA FOR SAN DIEGO COUNTY FOUND THAT IN 2019 'DIABETES MELLITUS' WAS THE SEVENTH LEADING CAUSE OF DEATH. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF DIABETES IS DESCRIBED BELOW: - THE HASD&IC AND SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY DIABETES AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS. - ACCORDI NG TO DATA PRESENTED IN THE HASD&IC 2019 CHNA, RATES OF EMERGENCY DEPARTMENT (ED) VISITS F OR DIABETES IN SAN DIEGO COUNTY INCREASED 7.2% FROM 2014 TO 2016, WITH THE MOST SIGNIFICAN T INCREASES IN INDIVIDUALS AGES 27 TO 44 (13.9%) AND THOSE IDENTIFIED AS BLACK/AFRICAN AME RICAN (15.1%). - FOCUS GROUPS AND KEY INFORMANT INTERVIEWS CONDUCTED AS PART OF THE HASD&I C AND SCRIPPS 2019 CHNAS IDENTIFIED NUMEROUS BARRIERS TO CARE FOR CHRONIC CONDITIONS, SUCH AS DIABETES, INCLUDING LACK OF ACCESS TO HEALTHY FOOD; LACK OF TRANSPORTATION; PHYSICAL L IMITATIONS OR LIMITED MOBILITY; HIGH HEALTH CARE COSTS; ECONOMIC INSECURITY; LOW HEALTH LI TERACY; POOR HEALTH BEHAVIORS, SUCH AS UNHEALTHY DIET OR LACK OF PHYSICAL ACTIVITY; POOR M EDICATION MANAGEMENT; UNSAFE NEIGHBORHOODS AND UNSTABLE OR COMPLETE LACK OF HOUSING. - THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IDENTIFY DIABETES AS THE SEVENTH LEADING CAUSE OF DEATH IN THE U.S., AS WELL AS THE LEADING CAUSE OF KIDNEY FAILURE, NON-TRAUMATIC LOWER LIMB AMPUTATIONS AND NEW CASES OF BLINDNESS AMONG ADULTS. - THERE ARE THREE MAIN TY PES OF DIABETES - TYPE 1, TYPE 2 AND GESTATIONAL DIABETES (DIABETES WHILE PREGNANT). TYPE 2 DIABETES IS THE MOST PREVALENT FROM OF DIABETES WITH ABOUT 90-95% OF THE ESTIMATED 34 MI LLION PEOPLE LIVING WITH DIABETES HAVING TYPE 2 DIABETES. THERE ARE ALSO AN ADDITIONAL 88 MILLION AMERICANS WITH PREDIABETES IN THE U.S. - MORE THAN 1 IN 3-HAVE PREDIABETES BUT THE MAJORITY OF PEOPLE DO NOT KNOW THEY HAVE IT. PREDIABETES IS A SERIOUS HEALTH CONDITION WH ERE YOUR BLOOD SUGAR LEVELS ARE HIGHER THAN NORMAL, BUT NOT HIGH ENOUGH YET TO BE DIAGNOSE D AS TYPE 2 DIABETES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	- IN THE UNITED STATES, 34.2 MILLION PEOPLE HAVE DIABETES, WHICH IS MORE THAN 10% OF THE P OPULATION, ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION. ANOTHER 88 MILLION PEOPLE HAVE PREDIABETES. A 2018 STUDY BY CDC RESEARCHERS ESTIMATED THAT THE NUMBER OF AME RICAN ADULTS DIAGNOSED WITH DIABETES WILL REACH 60.6 MILLION, OR 18% OF THE POPULATION, BY 2060. - DIABETES INCREASES THE RISK OF HEART DISEASE AND STROKE AND CAN LEAD TO OTHER SER IOUS COMPLICATIONS, SUCH AS KIDNEY FAILURE, BLINDNESS, AND AMPUTATION OF A TOE, FOOT, OR L EG. PEOPLE WITH DIABETES SPEND MORE ON HEALTH CARE, HAVE FEWER PRODUCTIVE YEARS, AND MISS MORE WORKDAYS COMPARED TO PEOPLE WHO DO NOT HAVE DIABETES. IN 2017, THE TOTAL ESTIMATED CO ST OF DIAGNOSED DIABETES WAS $327 BILLION, INCLUDING $237 BILLION IN DIRECT MEDICAL COSTS AND $90 BILLION IN ABSENTEEISM, REDUCED PRODUCTIVITY, AND INABILITY TO WORK. - IN 2019, DI ABETES WAS THE SEVENTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY. - IN 2019, THERE WERE 7 60 DEATHS DUE TO DIABETES IN SAN DIEGO COUNTY OVERALL. THE AGE-ADJUSTED DEATH RATE DUE TO DIABETES WAS 20.6 PER 100,000 POPULATION. - IN 2019, THERE WERE 4,854 HOSPITALIZATIONS DUE TO DIABETES IN SAN DIEGO COUNTY. THE AGE-ADJUSTED RATE OF HOSPITALIZATION WAS 137.2 PER 1 00,000 POPULATION. - IN 2019, THERE WERE 5,905 DIABETES-RELATED ED VISITS IN SAN DIEGO COU NTY. THE AGE-ADJUSTED RATE OF DIABETES-RELATED ED VISITS WAS 169.1 PER 100,000 POPULATION. - ACCORDING TO 2020 CHIS DATA, 7.3% OF ADULTS LIVING IN SAN DIEGO COUNTY INDICATED THAT T HEY HAD EVER BEEN DIAGNOSED WITH DIABETES, WHICH WAS LOWER THAN THE STATE OF CALIFORNIA (1 0.9%). DIABETES RATES AMONG SENIORS WERE PARTICULARLY HIGH, WITH 19.7% OF SAN DIEGO COUNTY ADULTS OVER 65 REPORTING THAT THEY HAD EVER BEEN DIAGNOSED WITH DIABETES. - ACCORDING TO 2018 CHIS DATA, 17.3% OF SAN DIEGO COUNTY RESIDENTS HAD BEEN TOLD BY THEIR DOCTOR THAT THE Y HAVE PRE- OR BORDERLINE DIABETES. - ACCORDING TO A REPORT FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) TITLED THE BURDEN OF DIABETES IN CALIFORNIA, THE AGE-ADJUSTED PRE VALENCE OF PREDIABETES AMONG CALIFORNIA ADULTS AGES 18 AND OVER WAS 14.9% IN 2017, AND THE AGE-ADJUSTED PREVALENCE OF TYPE 2 DIABETES WAS 8.3% (CDPH, 2019). - DATA PRESENTED BY THE UNITED HEALTH FOUNDATION (UHF) INDICATES THAT, IN 2019, DIABETES PREVALENCE IN CALIFORNIA WAS HIGHEST AMONG INDIVIDUALS OF OTHER RACE (14.8%), FOLLOWED BY NON-HISPANIC BLACK INDIV IDUALS (14.4%), HISPANIC INDIVIDUALS (12.4%) AND MULTIRACIAL INDIVIDUALS (11.0%) (UHF, 202 0). - ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), DIABETES IS THE S EVENTH LEADING CAUSE OF DEATH IN THE U.S. IN ADDITION, THE NUMBER OF ADULTS DIAGNOSED WITH DIABETES IN THE U.S. HAS MORE THAN DOUBLED IN THE LAST 20 YEARS AS THE U.S. POPULATION HA S AGED AND BECOME MORE OVERWEIGHT (CDC, 2020). - THE CDC'S 2020 NATIONAL DIABETES STATISTI CS REPORT INDICATES THAT 89% OF ADULTS DIAGNOSED WITH DIABETES BETWEEN 2013 AND 2016 WERE OVERWEIGHT OR OBESE, AND 68.4%

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HAD HIGH BLOOD PRESSURE. FACTORS THAT MAY REDUCE THE RISK OF DIABETES COMPLICATIONS INCLU DE HAVING A USUAL SOURCE FOR DIABETES CARE; MEETING RECOMMENDED PHYSICAL ACTIVITY GOALS; M ANAGING OR LOSING WEIGHT; MANAGING A1C LEVELS, BLOOD PRESSURE AND CHOLESTEROL; AND QUITTIN G SMOKING (CDC, 2020). - THE CDC ESTIMATES THAT 34.2 MILLION PEOPLE IN THE U.S. HAD DIABET ES IN 2018. OF THOSE INDIVIDUALS, 21.4% MET LABORATORY CRITERIA FOR DIABETES BUT WERE NOT AWARE THEY HAD THE DISEASE (CDC, 2020). - ACCORDING TO THE CDC, DIABETES INCREASES THE RIS K OF HEART DISEASE AND STROKE AND CAN LEAD TO OTHER SERIOUS COMPLICATIONS, SUCH AS KIDNEY FAILURE, BLINDNESS, AND AMPUTATION OF A TOE, FOOT, OR LEG. PEOPLE WITH DIABETES SPEND MORE ON HEALTH CARE, HAVE FEWER PRODUCTIVE YEARS, AND MISS MORE WORKDAYS COMPARED TO PEOPLE WH O DO NOT HAVE DIABETES (CDC, 2020). THERE ARE THREE MAJOR TYPES OF DIABETES: TYPE 1, TYPE 2 AND GESTATIONAL. ALL THREE TYPES SHARE SIMILAR CHARACTERISTICS, THE BODY LOSES THE ABILI TY TO EITHER MAKE OR USE INSULIN. WITHOUT ENOUGH INSULIN, GLUCOSE STAYS IN THE BLOOD, CREA TING DANGEROUS BLOOD SUGAR LEVELS. OVER TIME, THIS ACCUMULATION DAMAGES KIDNEYS, HEART, NE RVES, EYES AND OTHER ORGANS. TYPE 2 DIABETES, ONCE KNOWN AS ADULT ONSET OR NONINSULIN DEPE NDENT DIABETES, IS A CHRONIC CONDITION THAT AFFECTS THE WAY YOUR BODY METABOLIZES SUGAR (G LUCOSE), WHICH IS YOUR BODY'S MAIN SOURCE OF FUEL. WITH TYPE 2 DIABETES, YOUR BODY EITHER RESISTS THE EFFECTS OF INSULIN, A HORMONE THAT REGULATES THE MOVEMENT OF SUGAR INTO YOUR C ELLS OR DOESN'T PRODUCE ENOUGH INSULIN TO MAINTAIN A NORMAL GLUCOSE LEVEL. IF LEFT UNTREAT ED, TYPE 2 DIABETES CAN BE LIFE THREATENING. CLINICAL SYMPTOMS CAN INCLUDE FREQUENT URINAT ION, EXCESSIVE THIRST, EXTREME HUNGER, SUDDEN VISION CHANGES, UNEXPLAINED WEIGHT LOSS, EXT REME FATIGUE, SORES THAT ARE SLOW TO HEAL, AND INCREASED NUMBER OF INFECTIONS. TYPE 2 DIAB ETES HAS REACHED EPIDEMIC PROPORTIONS, AND PEOPLE OF HISPANIC ORIGIN HAVE DRAMATICALLY HIG HER RATES OF THE DISEASE AND THE COMPLICATIONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INC LUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMPUTATION. IN FACT, IT IS ESTIMATED T HAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULTHOOD . THIS IS ESPECIALLY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO. SPECIFICALLY, THE CIT Y OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOSED DIABETES AND TENS OF THOUSANDS M ORE WHO ARE UNDIAGNOSED, HAVE PRE- DIABETES AND ARE AT HIGH RISK OF DEVELOPING DIABETES. S OME FACTS ABOUT TYPE 2 DIABETES: - DIABETES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE A ND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND CALIFORNIA. - MORE THAN 1 OU T OF 3 ADULTS HAVE PREDIABETES AND 15 TO 30% OF THOSE WITH PREDIABETES WILL DEVELOP TYPE 2 DIABETES WITHIN 5 YEARS. - NINE OUT OF 10 PEOPLE WITH PREDIABETES DON'T KNOW THEY HAVE IT . SOME RISK FACTORS FOR DEVELOPING DIABETES INCLUDE: - BEING OVERWEIGHT OR OBESE - HAVING A PARENT, BROTHER OR SISTER WI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	TH DIABETES. - SMOKING - HAVING BLOOD PRESSURE MEASURING 140/90 OR HIGHER. - BEING PHYSICA LLY INACTIVE, EXERCISING FEWER THAN THREE TIMES A WEEK. - A HISTORY OF GESTATIONAL DIABETE S - IF YOU ARE 65 YEARS OF AGE OR OLDER AS INCIDENCES OF NEW DIABETES CASES HAVE BECOME MO RE PREVALENT AMONG NON-HISPANIC BLACKS COUPLED WITH EXISTING CASES BEING HIGHEST AMONG AME RICAN INDIAN AND ALASKA NATIVE PEOPLE, IT IS IMPORTANT TO HIGHLIGHT AND ADDRESS HEALTH DIS PARITIES IN DIABETES IMPACTING MINORITY POPULATIONS. FACTORS INCLUDING LACK OF ACCESS TO H EALTHCARE, QUALITY OF CARE RECEIVED, AND SOCIOECONOMIC STATUS HAVE DISPROPORTIONATELY AFFE CTED RACIAL AND ETHNIC MINORITY POPULATIONS IN BOTH THE PREVALENCE OF THIS DISEASE AND HEA LTH OUTCOMES. SCRIPPS HEALTH DIABETES PROGRAMS DIABETES CARE IS DEEPLY EMBEDDED IN THE HIS TORY OF SCRIPPS HEALTH. IN 1924, ELLEN BROWNING SCRIPPS FOUNDED THE SCRIPPS METABOLIC CLIN IC IN LA JOLLA NEXT DOOR TO THE ORIGINAL SCRIPPS MEMORIAL HOSPITAL. JUST TWO YEARS EARLIER , THE DISCOVERY OF INSULIN HAD SPARKED A REVOLUTION IN THE TREATMENT OF DIABETES, COMMONLY CALLED METABOLIC DISEASE AT THE TIME, WHICH HAD PREVIOUSLY BEEN HOPELESSLY UNTREATABLE AN D DEADLY IN MOST CASES. SCRIPPS IS MAKING EVERY EFFORT TO HELP PATIENTS AND OUR COMMUNITIE S WITH PREDIABETES REVERSE COURSE AND LEAD HEALTHIER LIVES. SCRIPPS WHITTIER DIABETES INST ITUTE, BY THE NUMBERS IN 2020: - 6,600: PATIENT CONSULTATIONS - 2,839: VISITS MADE BY PROJ ECT DULCE CARE MANAGERS - 987: VISITS FOR WOMEN ENROLLED IN THE DIABETES IN PREGNANCY PROG RAM - 266: HOSPITALIZED PATIENTS FOLLOWED WITH CONTINUOUS GLUCOSE MONITORING (CGM) INCLUDI NG 30% WITH COVID-19 - 142: PEOPLE ENROLLED IN THE DIABETES PREVENTION PROGRAM - 17: ACTIV E STUDIES WITH 759 PARTICIPANTS - $4 MILLION: FUNDING AWARDED FOR 6 NEW RESEARCH PROJECTS DURING FISCAL YEAR 2021, SCRIPPS SPONSORED THE FOLLOWING DIABETES MANAGEMENT PROGRAMS AND INITIATIVES: WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA THE WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA SERVES ONE OF SAN DIEGO'S COMMU NITIES HIT HARDEST BY THE DIABETES EPIDEMIC. NEARLY 40 PERCENT OF PATIENTS ADMITTED TO SCR IPPS MEMORIAL HOSPITAL CHULA VISTA, AND NEARLY 32 PERCENT OF PATIENTS IN THE HEART CATHETE RIZATION LAB, HAVE DIABETES. COUNTY STATISTICS TELL US THAT THE RATES OF DEATH, HOSPITALIZ ATIONS AND EMERGENCY ROOM VISITS ARE TWICE AS HIGH IN CHULA VISTA COMPARED TO ALL OF SAN D IEGO COUNTY. THE CENTER HAS ADDED CRITICAL CLASSROOM SPACE TO MEET THE HIGH DEMAND FOR SER VICES AND OFFERS A FULL RANGE OF WELLNESS, PREVENTION, DIABETES EDUCATION, AND NUTRITION S ERVICES AND ENDOCRINOLOGY SPECIALTY VISITS IN ENGLISH AND SPANISH. IN RESPONSE TO THE PAND EMIC, VISITS ARE AVAILABLE LIVE OR VIA TELEHEALTH AND ALL GROUP CLASSES WILL CONTINUE BEIN G OFFERED AS LIVE LONG-DISTANCE VIRTUAL GROUP CLASSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PROJECT DULCE SCRIPPS WHITTIER HAS LED THE WAY IN DEVELOPING COMPREHENSIVE, CULTURALLY SEN SITIVE DIABETES CARE MANAGEMENT PROGRAMS TO PROVIDE CARE FOR PEOPLE IN HIGH-RISK, UNDERSER VED COMMUNITIES THROUGH PROJECT DULCE, WHICH USES NURSES, DIETICIANS AND SPECIALLY TRAINED EDUCATORS KNOWN AS "PROMOTORAS" TO COUNSEL DIABETES PATIENTS WHILE EDUCATING THEM TO SUPP ORT OTHERS WITH DIABETES WITHIN THEIR OWN CULTURAL GROUPS. DIABETES MANAGEMENT CLASSES HAV E BEEN ADAPTED FOR HISPANIC, AFRICAN AMERICAN, FILIPINO AND VIETNAMESE POPULATIONS, AND AR E TAUGHT IN THE PATIENTS' NATIVE LANGUAGES. THE PROGRAM IS TEAM BASED AND INCORPORATES THE CHRONIC CARE MODEL. RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION ADA AND 1 OF 3 PROGRA MS ENDORSED BY THE CENTERS FOR MEDICAID AND THE AMERICAN DIABETES ASSOCIATION AS A BEST PR ACTICE MODEL, PROJECT DULCE HAS BEEN ACTIVE IN COMMUNITIES ACROSS SAN DIEGO FOR THE PAST 2 6 YEARS. INFORMED BY THE CHRONIC CARE MODEL, PROJECT DULCE'S NURSE-LED MULTI-DISCIPLINARY TEAM PROVIDES CLINICAL MANAGEMENT WHILE PEER EDUCATORS ALSO KNOWN AS PROMOTORAS DELIVER CU LTURALLY APPROPRIATE SELF-MANAGEMENT EDUCATION TO ADULTS WITH POORLY CONTROLLED TYPE 2 DIA BETES. THIS INNOVATIVE PROGRAM COMBINES STATE OF THE ART CLINICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS. ONE OF THE PRIMARY COMPONENTS OF THE PRO GRAM IS RECRUITING PEER EDUCATORS FROM THE COMMUNITY TO WORK DIRECTLY WITH PATIENTS. THESE EDUCATORS REFLECT THE DIVERSE POPULATION AFFECTED BY DIABETES AND HELP TEACH OTHERS ABOUT CHANGING EATING HABITS, ADOPTING EXERCISE ROUTINES AND NURTURING THEIR WELLBEING TO MANAG E THIS CHRONIC DISEASE. IN FISCAL YEAR 2021, PROJECT DULCE PROVIDED 2,551 DIABETES CARE AN D EDUCATION VISITS FOR LOW INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO. RETINA L SCREENING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LOSE THEIR VISION BECAUSE OF DIABETIC-RELATED EYE DISEASE (DIABETIC RETINOPATHY) EVEN THOUGH 95 PERCENT OF D IABETIC BLINDNESS COULD BE PREVENTED WITH EARLY DIAGNOSIS AND TREATMENT. FOR MORE THAN A D ECADE, SCRIPPS HAS BEEN SCREENING PEOPLE IN UNDERSERVED COMMUNITIES FOR DIABETIC RETINOPAT HY USING A MOBILE CAMERA. OUR FREE OR LOW-COST EYE EXAMS DIAGNOSE INDIVIDUALS AT HIGH RISK FOR RETINAL DAMAGE AND HELP PATIENTS GET TREATMENT AND REFERRALS TO SPECIALISTS. DUE TO C OVID-19 THE SCREENINGS WERE NOT CONDUCTED DUE TO COVID-19 RESTRICTIONS. DIABETES PREVENTIO N PROGRAM THE UCLA CENTER FOR HEALTH POLICY AND RESEARCH RECENTLY PUBLISHED DATA THAT REVE ALED NEARLY HALF OF CALIFORNIA ADULTS HAVE PREDIABETES OR DIABETES. WHILE THE SCRIPPS WHIT TIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WITH DIABETES FOR DECA DES, THE INSTITUTE HAS CONTINUED TO EXPAND CARE WITH THE SCRIPPS DIABETES PREVENTION PROGR AM (DPP), WHICH IS A YEAR-LONG INTERVENTION WHERE PEOPLE WITH PREDIABETES MEET WEEKLY FOR 16 WEEKS, THEN MONTHLY THEREAFTER. THE DPP IS AN INTENSIVE LIFESTYLE BEHAVIOR CHANGE INTER VENTION PROGRAM THAT HAS BEEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PROVEN TO PREVENT DIABETES IN LARGE-SCALE NATIONAL STUDIES. SCRIPPS PROGRAM IS PART OF THE NATIONAL DIABETES PREVENTION PROGRAM, LED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTI ON. THE PROGRAM IS CONSIDERED A MEDICARE BENEFIT FOR PREDIABETIC PATIENTS, AND A DOCTOR'S REFERRAL IS NOT REQUIRED. THE DIABETES PREVENTION PROGRAM (DPP) HAS BEEN THOROUGHLY EVALUA TED IN NIH SPONSORED RANDOMIZED CONTROLLED TRIALS AND HAS BEEN FOUND TO DECREASE THE NUMBE R OF NEW CASES OF DIABETES AMONG THOSE WITH PREDIABETES BY 58%. AMONG PEOPLE OVER AGE 60, THERE WAS A 71% REDUCTION IN NEW CASES. AFTER A BRIEF PAUSE AT THE START OF THE PANDEMIC, SCRIPPS LAUNCHED A VIRTUAL VERSION OF ITS DIABETES PREVENTION PROGRAM IN WHICH SMALL COHOR TS MEET ONLINE ONCE A WEEK FOR THE FIRST FOUR MONTHS, THEN TWICE A MONTH. THE STRUCTURED R ESEARCH-BASED PROGRAM IS EFFECTIVE AND PROVIDES THE SUPPORT NEEDED TO MAKE HEALTHY HABITS THAT WILL LAST FOR LIFE. SESSIONS FOCUS ON TOPICS SUCH AS DIET AND EXERCISE, MANAGING STRE SS AND OVERCOMING BARRIERS. EACH PARTICIPANT IS ALSO PAIRED WITH A LIFESTYLE COACH WHO HEL PS THEM SET AND MEET THEIR GOALS. IN FISCAL YEAR 2021, 217 PATIENTS ATTENDED 82 SCRIPPS DP P ORIENTATION SESSIONS. MUCH OF THE EFFORT IS FOCUSED ON THE SOUTH BAY FOR THE LATINO POPU LATION, WHICH IS AT HIGHER RISK OF ACQUIRING DIABETES THAN THEIR WHITE COUNTERPARTS. HEALT H RELATED BEHAVIORS HEALTH RELATED BEHAVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPL E'S HEALTH AND WELL-BEING. ITS IMPORTANCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICIN E HAS ADVANCED. DISEASES THAT WERE ONCE INCURABLE CAN NOW BE PREVENTED OR SUCCESSFULLY TRE ATED. HEALTH RELATED BEHAVIORS, SUCH AS IMMUNIZATION, SMOKING CESSATION, IMPROVED NUTRITIO N, INCREASED PHYSICAL ACTIVITY, ORAL HEALTH AND INJURY PREVENTION, HAVE BECOME IMPORTANT C OMPONENTS OF LONG-TERM LIFE. THE RISK FACTORS FOR MANY CHRONIC DISEASES ARE WELL KNOWN. IN PARTICULAR, AN UNHEALTHY DIET, PHYSICAL INACTIVITY AND SUBSTANCE USE HAVE BEEN CITED BY T HE WORLD HEALTH ORGANIZATION (http://www.who.int/chp) AS IMPORTANT HEALTH BEHAVIORS THAT C ONTRIBUTE TO ILLNESSES SUCH AS CARDIOVASCULAR DISEASE, CANCER, CHRONIC RESPIRATORY DISEASE , DIABETES, AND OTHERS INCLUDING MENTAL DISORDERS AND ORAL DISEASES. - THE HASD&IC AND SCR IPPS 2019 CHNA IDENTIFIED TEN TOP HEALTH AND SOCIAL NEEDS IN SAN DIEGO COUNTY. THESE TEN S OCIAL DETERMINANTS ARE: ACCESS TO CARE, COMMUNITY AND SOCIAL SUPPORT, ECONOMIC SECURITY, E DUCATION, HOMELESSNESS AND HOUSING INSTABILITY, UNINTENTIONAL INJURY AND VIOLENCE, AGING C ONCERNS, BEHAVIORAL HEALTH, CANCER AND CHRONIC CONDITIONS. - KEY INFORMANT INTERVIEWS COND UCTED AS PART OF THE HASD&IC 2019 CHNA SUGGESTED SEVERAL HEALTH IMPROVEMENT STRATEGIES TO ADDRESS THE HEALTH ISSUES IDENTIFIED FOR SAN DIEGO COUNTY. THESE STRATEGIES INCLUDE BEHAVI ORAL HEALTH PREVENTION AND STIGMA REDUCTION; EDUCATION ON DISEASE MANAGEMENT AND FOOD INSE CURITY; INTEGRATING PHYSICAL AND MENTAL HEALTH CARE; BETTER COORDINATION OF CARE; GREATER CULTURAL COMPETENCE AND DIVERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ITY; AND ENGAGEMENT OF PATIENT NAVIGATORS AND CASE MANAGERS IN THE COMMUNITY. - ACCORDING TO 2020 CHIS DATA, 23.2% OF SAN DIEGO COUNTY RESIDENTS HAD EVER BEEN DIAGNOSED WITH HIGH B LOOD PRESSURE, WHILE 7.8% HAD BORDERLINE HIGH BLOOD PRESSURE. IN ADDITION, 24.3% OF SAN DI EGO COUNTY ADULTS REPORTED BEING OBESE. - IN 2018, 17.7% OF SAN DIEGO COUNTY ADULTS REPORT ED THAT FRESH FRUITS AND VEGETABLES WERE ONLY SOMETIMES AVAILABLE IN THEIR NEIGHBORHOOD (C HIS, 2018). - IN CALIFORNIA, THE SELF-REPORTED OBESITY RATE IN 2020 WAS 30.3%. PREVALENCE OF OBESITY DECREASED AS EDUCATION LEVELS INCREASED, HIGHLIGHTING THE NEED FOR HEALTH EDUCA TION AS A TOOL FOR REDUCING OBESITY RATES (CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 2021). - 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 SOME TYPES OF CANCER (CDC, 2021). - THE HHSA'S LIVE WELL SAN DIEGO (LWSD) 3-4-50 INITIATIVE IDENTIFIE D 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 2019, 50 PERCENT OF ALL DEA THS IN SAN DIEGO COUNTY WERE ATTRIBUTED TO 3-4-50 CONDITIONS. - ACCORDING TO THE NIH NATIO NAL LIBRARY OF MEDICINE (NNLM), NEARLY 9 OUT OF 10 U.S. ADULTS STRUGGLE WITH HEALTH LITERA CY, WHICH INVOLVES THE INFORMATION AND SERVICES THAT PEOPLE NEED TO MAKE WELL-INFORMED HEA LTH DECISIONS. LIMITED HEALTH LITERACY IS ASSOCIATED WITH POOR HEALTH OUTCOMES, INCLUDING HOSPITAL STAYS AND ED VISITS; MEDICATION ERRORS; DIFFICULTY MANAGING CHRONIC DISEASES; AND SKIPPING PREVENTIVE SERVICES, SUCH AS FLU VACCINES (NNLM, 2021). UNDERSTANDING THAT PERSO NAL BEHAVIORS PLAY A SIGNIFICANT ROLE IN AN INDIVIDUAL'S OVERALL HEALTH STATUS, SCRIPPS HA S DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS THAT HELP PEOPLE TAKE CHARGE OF T HEIR OWN, AND THEIR FAMILIES,' HEALTH. DURING FISCAL YEAR 2021, SCRIPPS SPONSORED SEVERAL HEALTH BEHAVIOR MODIFICATION EFFORTS: COMMUNITY BASED HEALTH IMPROVEMENT ACTIVITIES COMMUN ITY MEMBERS PARTICIPATED IN A VARIETY OF CLASSES, PREVENTION LECTURES AND SUPPORT GROUPS. APPROXIMATELY 1,000 ATTENDED THESE PROGRAMS HELD AT THE CHULA VISTA WELL BEING CENTER. THI S YEAR'S NUMBERS CONTINUED TO BE IMPACTED DUE TO THE COVID-19 PANDEMIC. IN PERSON SUPPORT GROUPS, CLASSES, ACTIVITIES CEASED MID-MARCH 2020. MANY IN-PERSON ACTIVITIES HAVE NOT BEEN ABLE TO RECONVENE DUE TO THE LARGE GROUP RESTRICTIONS AND/OR BEING A VULNERABLE POPULATIO N DUE TO AGE AND/OR HEALTH CONDITION. A FEW GROUPS HAVE BEEN ABLE TO TRANSITION TO A CONFE RENCE CALL OR VIRTUAL PLATFORM TO CONTINUE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HELPING PATIENTS NAVIGATE POST DISCHARGE SERVICES HELPING PATIENTS NAVIGATE POST DISCHARGE SERVICES ARE OFFERED BY SCRIPPS MERCY HOSPITAL WELL BEING CENTER TO PATIENTS AND THEIR FA MILY TO DECREASE THE RISKS OF READMISSION, KEEP PATIENTS ON A HEALTHY PATHWAY AND TO INCRE ASE PATIENT CONTINUITY. SERVICES AND ASSISTANCE ARE PROVIDED FOR 30 DAYS POST DISCHARGE AN D UP TO ONE YEAR FOR ANY SOCIAL WORK OR NURSE CASE MANAGER REFERRAL AND/OR PATIENTS WITH T HE FOLLOWING CONDITIONS: ACUTE MYOCARDIAL INFARCTION (AMI), CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), CHRONIC HEART FAILURE (CHF), PNEUMONIA, CORONARY ARTERY BYPASS GRAFTING (C ABG), TOTAL KNEE OR HIP REPLACEMENT, AND COVID-19. COMMUNITY PATIENT POST DISCHARGE SERVIC ES INCLUDE HOME VISITS, ASSISTANCE WITH FOLLOW UP PHYSICIAN VISITS, PHONE CALLS, PROVIDING COMMUNITY AND SOCIAL SERVICE RESOURCES, AND APPLICATION ASSISTANCE (MEDICAL INSURANCE, SD I, HOUSING, SNAP, MAMA'S KITCHEN), AND A REFERRAL AND/OR APPOINTMENT TO A LOCAL COMMUNITY CLINIC OR THE SCRIPPS ADVANCED CARE CLINIC. THESE SERVICES ARE CURRENTLY ONLY AVAILABLE AT SCRIPPS MERCY HOSPITAL CHULA VISTA AND SAN DIEGO. THE FOLLOWING ARE METRICS TRACKED BY TH E PROGRAM: - 813 PATIENT REFERRALS WERE RECEIVED (30 DAY AND SOCIAL WORK) - 716 PATIENTS W ERE CONTACTED/REACHED (THIS INCLUDES 30-DAY FOLLOW UP AND SOCIAL WORK REFERRAL PATIENTS) - 97 PATIENTS - UNABLE TO REACH, DECEASED, DECLINED FOLLOW-UP SERVICES, LANGUAGE BARRIER - 70 PATIENTS WERE READMITTED (SOURCE: CAREGIVER, EPIC) COMMUNITY HEALTH IMPROVEMENT PARTNER S (CHIP) SCRIPPS IS A PARTNER WITH CHIP AND COLLABORATIVELY WORKS ON A RESIDENT LEADERSHIP MODEL THAT HAS EMPOWERED 700+ CITIZENS ACROSS THE COUNTY (AND BEYOND) TO AFFECT CHANGE IN A WIDE RANGE OF COMMUNITY HEALTH AREAS SUCH AS PUBLIC SAFETY, ACCESS TO HEALTHY FOODS, AN D INCREASED OPPORTUNITIES FOR PHYSICAL ACTIVITY. IN ADDITION, SCRIPPS IS A MEMBER OF THE C HIP PUBLIC POLICY COMMITTEE. THE AIM OF THE PUBLIC POLICY COMMITTEE IS TO OUT ACTION TO FI VE PRIORITY ISSUES: ACCESS TO HEALTHCARE, SOCIAL DETERMINANTS OF HEALTH, OBESITY, MENTAL/B EHAVIORAL HEALTH AND VIOLENCE AND INJURY PREVENTION. OVERARCHING POLICY STATEMENTS ON ACCE SS TO HEALTHCARE AND SOCIAL DETERMINANTS OF HEALTH GUIDE CHIP EFFORTS OVERALL, AS WELL AS CHIP ACTIVITIES ADDRESSING OBESITY, MENTAL/BEHAVIORAL HEALTH AND VIOLENCE AND INJURY PREVE NTION. HEALTH EDUCATION AND SUPPORT GROUPS SCRIPPS EDUCATION AND SUPPORT GROUPS ARE PROVID ED TO SAN DIEGO COUNTY RESIDENTS FOR A WIDE VARIETY OF HEALTH CONCERNS. TOPICS INCLUDE, FA LL PREVENTION, STROKE AWARENESS, BLADDER AND PELVIC FLOOR WELLNESS, POSTPARTUM ISSUES, AND GYNECOLOGICAL CANCER. DUE TO COVID-19 ALL EDUCATION AND SUPPORT GROUPS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. OPIOID STEWARDSHIP PROGRAM (OSP) AN D BRIDGE PROGRAM OPIOIDS ARE NOT BENIGN THERAPY AND OPIOID DEPENDENCE IS OFTEN A HEALTH CA RE-ACQUIRED CONDITION. A RECENT JAMA STUDY CONCLUDED THAT 6% OF OPIOID-NAVE PATIENTS WHO R ECEIVE OPIOIDS FOLLOWING SURGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RY, EVEN MINOR SURGERIES, ARE STILL USING OPIOIDS 90 DAYS LATER. ALTHOUGH OPIOIDS REMAIN A N INTEGRAL PART OF ACUTE POST-OPERATIVE PAIN MANAGEMENT, THE DATA DEMONSTRATES RISK FOR CR EATING LONG-TERM DEPENDENCE. - THE U.S. USES 80% OF THE WORLD'S OPIOID SUPPLY DESPITE HAVI NG ONLY 5% OF THE POPULATION. - THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATTRI BUTES 90 DEATHS PER DAY TO OPIOID OVERDOSES. - THE ECONOMIC COST TO U.S. SOCIETY OF NONMED ICAL USE OF PRESCRIPTION OPIOIDS HAS BEEN ESTIMATED TO EXCEED $70 BILLION ANNUALLY, INCLUD ING HEALTH CARE, WORKPLACE, AND CRIMINAL JUSTICE COSTS. IN 2019, THERE WERE 927 ED VISITS (27.7 PER 100,000 POPULATION) AND 483 HOSPITALIZATIONS (14.4 PER 100,000) RELATED TO OPIOI D MISUSE IN SAN DIEGO COUNTY. PERCENT CHANGE FROM 2017 TO 2019 IS 22.1% FOR ED VISITS AND -21.3% FOR HOSPITALIZATION. MALES ARE 1.8 TIMES MORE LIKELY TO VISIT THE ED FOR OPIOID MIS USE THAN FEMALES AND 2.0 TIMES MORE LIKELY TO BE HOSPITALIZED FOR OPIOID MISUSE THAN FEMAL ES IN 2019. FOR RACE/ETHNICITY, NON-HISPANIC BLACK HAS THE HIGHEST RATE FOR ED VISITS (43. 0 PER 100,000), FOLLOWED BY NON-HISPANIC WHITE (35.9 PER 100,000). FOR AGE GROUPS, 27-44 H AD THE HIGHEST ED VISITS FOR OPIOID MISUSE (57.2 PER 100,000), FOLLOWED BY 18-26 YEARS OLD (41.9 PER 100,000). CALIFORNIA HOSPITAL COMPARE (CHC), A NONPROFIT ORGANIZATION THAT PROV IDES CALIFORNIANS WITH HOSPITAL PERFORMANCE RATINGS, NAMED ALL FOUR OF SCRIPPS HEALTH'S HO SPITALS TO ITS 2020 OPIOID CARE HONOR ROLL. SCRIPPS IS THE ONLY HEALTH CARE ORGANIZATION I N SAN DIEGO COUNTY TO BE RECOGNIZED ON THE INAUGURAL STATEWIDE LIST. THE 2020 OPIOID CARE HONOR ROLL RECOGNIZES 53 CALIFORNIA HOSPITALS FOR THEIR PROGRESS AND PERFORMANCE IN PROMOT ING SAFE AND EFFECTIVE OPIOID USE, PROVIDING TREATMENT FOR PATIENTS WITH OPIOID USE DISORD ER AND PROVIDING ACCESS TO NALOXONE TO PREVENT OPIOID OVERDOSES. ACCORDING TO PRELIMINARY STATE DATA, 5,363 CALIFORNIANS HAVE DIED OF AN OPIOID-RELATED OVERDOSE IN 2020. CHC RECOGN IZED SCRIPPS FOR TAKING A VARIETY OF APPROACHES TO ADDRESS OVERUSE OF OPIOIDS AMONG ITS PA TIENTS. FOR PATIENTS BEING DISCHARGED FROM AN EMERGENCY DEPARTMENT VISIT OR HOSPITAL STAY, SCRIPPS HAS CREATED EDUCATIONAL VIDEOS THAT IT MAKES AVAILABLE FOR VIEWING AND HAS ALSO S ET OPIOID PRESCRIPTION QUANTITY LIMITS AT DISCHARGE. IN ADDITION, SOME SCRIPPS HOSPITAL EM ERGENCY DEPARTMENTS HAVE IMPLEMENTED MEDICATION-ASSISTED THERAPY, IN WHICH SPECIALLY LICEN SED ER PHYSICIANS CAN ADMINISTER MEDICATIONS AS A BRIDGE FOR PATIENTS WITH OPIOID USE DISO RDER UNTIL THEY CAN RECEIVE FURTHER CARE. THE OPIOID STEWARDSHIP PROGRAM (OSP) AT SCRIPPS IS COMBATTING THIS NATIONAL EPIDEMIC BY WORKING WITH PHYSICIANS TO DECREASE THE NUMBER OF OPIOIDS PRESCRIBED TO PATIENTS AND EDUCATING PATIENTS ON PAIN MANAGEMENT. THE PROGRAM HAS ESTABLISHED PRESCRIBING STANDARDS FOR OPIOIDS, RESULTING IN A REDUCTION IN THE NUMBER OF O PIOID PILLS PER PRESCRIPTION AT SCRIPPS HOSPITALS AND OUTPATIENT CENTERS. IN ADDITION, SCR IPPS ALSO HAS OPENED THREE DRU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	G TAKE-BACK KIOSKS AT ITS ON-SITE PHARMACIES, OFFERING PATIENTS YEAR-ROUND ACCESS TO DISPO SE OF UNUSED, UNNEEDED, OR OUTDATED MEDICATIONS. THE DATA BELOW SHOWS NATIONAL AND STATE T RENDS AND HOW THEY COMPARE TO SCRIPPS. THE METRICS ALSO SHOW DATA FOR CO-PRESCRIBING OPIOI DS WITH BENZODIAZEPINES. ACCORDING TO THE CDC'S CHRONIC PAIN GUIDELINES, CLINICIANS SHOULD AVOID PRESCRIBING OPIOID PAIN MEDICATION AND BENZODIAZEPINES CONCURRENTLY WHENEVER POSSIB LE, AS BOTH CAUSE CENTRAL NERVOUS SYSTEM DEPRESSION AND CAN DECREASE RESPIRATORY DRIVE. CO NCURRENT USE HAS ALSO SHOWN SIGNIFICANTLY INCREASED (UP TO FOUR TIMES) RISKS FOR OVERDOSE DEATH COMPARED WITH OPIOID PRESCRIPTION ALONE. SCRIPPS IS MONITORING THIS METRIC TO DECREA SE OPIOID-BENZO CO-PRESCRIBING. OPIOID PRESCRIBING, COMPARING 2018 TO 2019 (LAST YEAR OF A VAILABLE NATIONAL DATA): - NATIONAL - 10% REDUCTION - CALIFORNIA - NO REDUCTION - SCRIPPS CLINIC - 10.4% REDUCTION (DATA INCLUDES ONCOLOGY AND HIGH-RISK SURGERIES) - SCRIPPS COASTA L - 26.5% REDUCTION OPIOID PRESCRIBING AT SCRIPPS CLINIC, COMPARING 2018 TO 2020: - 25% RE DUCTION IN OPIOID PRESCRIBING - 25% REDUCTION IN OPIOID CO-PRESCRIBING WITH BENZODIAZEPINE S OPIOID PRESCRIBING AT SCRIPPS COASTAL, COMPARING 2018 TO 2020: - 39% REDUCTION IN OPIOID PRESCRIBING - 42% REDUCTION ON OPIOID CO-PRESCRIBING WITH BENZODIAZEPINES CALIFORNIA BRID GE PROGRAM SCRIPPS HAS RECEIVED STATE GRANTS AT EACH OF ITS SCRIPPS HOSPITALS FROM THE CAL IFORNIA BRIDGE PROGRAM AND THE CENTER AT SIERRA HEALTH FOUNDATION TO REMOVE BARRIERS TO ID ENTIFYING AND TREATING PATIENTS WITH OPIOID USE DISORDER AND PROVIDE MEDICATION-ASSISTED T REATMENT (MAT). COMBINED WITH OTHER RECENT GRANTS FOR SCRIPPS OPIOID STEWARDSHIP PROGRAM, SCRIPPS HAS BEEN AWARDED ALMOST $1 MILLION TO HELP PREVENT AND TREAT OPIOID ADDICTION. SCR IPPS ACTIVELY PROMOTES MAT ACCESS FOR PATIENTS IN THE FORM OF BUPRENORPHINE. THE BRIDGE PR OGRAM AIMS TO HELP HOSPITALS AND HEALTH CENTERS EXPAND PATIENT ACCESS TO TREATMENT FOR OPI OID USE DISORDER, INCLUDING ON-THE-SPOT MEDICAL TREATMENT AND COORDINATED OUTPATIENT CARE, WHILE MAT AIMS TO REDUCE THE STIGMA OF OPIOID ADDICTION AND INCREASE PROVIDER SUPPORT FOR MEDICATION ASSISTANCE IN TREATING ADDICTION. ALL TOGETHER, THESE STATE PROGRAMS HAVE AWAR DED SCRIPPS $935,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AS PART OF THE GRANT, SCRIPPS NOW HAS BRIDGE COUNSELORS TO HELP PATIENTS WITH OPIOID ADDIC TION. BRIDGE COUNSELORS ARE CERTIFIED THROUGH THE CALIFORNIA CONSORTIUM OF ADDICTION PROGR AMS AND PROFESSIONALS (CAPP) OR THE CALIFORNIA ASSOCIATION FOR DRUG/ALCOHOL EDUCATORS. THE Y MEET PATIENTS IN THE EMERGENCY DEPARTMENT AND OTHER INPATIENT AREAS OF BOTH SCRIPPS MERC Y CAMPUSES TO PROVIDE RAPID EVIDENCE-BASED MEDICATION-ASSISTED TREATMENT. THEY ALSO CONNEC T PATIENTS DIRECTLY TO CONTINUED TREATMENT IN THE COMMUNITY. THE CALIFORNIA BRIDGE GRANT A LSO ENABLED SCRIPPS TO HIRE SUBSTANCE USE DISORDER SERVICE NURSES (SUDS) TO FACILITATE TRE ATMENT AND ENTRY INTO A COMMUNITY-BASED MAT PROGRAM. SCRIPPS DEPLOYS SPECIALIZED NURSES CE RTIFIED IN ADDICTION TO SEE PATIENTS AT THEIR BEDSIDE AND WORK CLOSELY WITH THE PATIENT'S ENTIRE HEALTH CARE TEAM IN FACILITATING SAFE DETOX TREATMENT WHILE HOSPITALIZED. THEY IDEN TIFY PATIENTS WHO ARE AT RISK OR ARE CURRENTLY EXPERIENCING WITHDRAWAL FROM ALCOHOL AND OT HER ADDICTIVE SUBSTANCES. SUDS NURSES EVALUATE PATIENTS WHO MEET CERTAIN CRITERIA AND WORK DIRECTLY WITH THE NURSE AND PHYSICIAN TO ENSURE THE PATIENT IS ADEQUATELY MEDICATED TO CO NTROL SYMPTOMS OF WITHDRAWAL. SUDS NURSES AT SCRIPPS FUNCTION IN A PROACTIVE AND REACTIVE ROLE AT ALL SCRIPPS HOSPITALS AND COLLABORATE WITH COMMUNITY RESOURCES, INCLUDING FAMILY H EALTH CENTERS OF SAN DIEGO TO PROVIDE MAT, MCALISTER INSTITUTE FOR DETOX BEDS AND THE BETT Y FORD CENTER FOR OUTPATIENT CARE. SPONDYLITIS ASSOCIATION SCRIPPS HEALTH PROVIDES MEETING SPACE TO THE SPONDYLITIS ASSOCIATION OF AMERICA (SAA). THIS IS A NON-PROFIT ORGANIZATION FOUNDED IN 1983 TO ADDRESS THE NEEDS OF PEOPLE AFFECTED BY SPONDYLARTHRITIS. SINCE THAT TI ME, SAA HAS BEEN AT THE FOREFRONT OF THE FIGHT TO PROMOTE MEDICAL RESEARCH, EDUCATE BOTH T HE MEDICAL COMMUNITY AND GENERAL PUBLIC AND ADVOCATE ON BEHALF OF THE PEOPLE THEY SERVE. D UE TO COVID-19 MEETINGS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOS PITAL. LIVE WELL SAN DIEGO VIRTUAL 5K AND FITNESS CHALLENGE SCRIPPS HEALTH JOINED LIVE WEL L SAN DIEGO AS A RECOGNIZED PARTNER ON DECEMBER 13, 2016. LIVE WELL SAN DIEGO IS A VISION FOR A REGION THAT IS BUILDING BETTER HEALTH, LIVING SAFELY AND THRIVING. IT ALIGNS THE EFF ORTS OF INDIVIDUALS, ORGANIZATIONS, AND GOVERNMENT TO HELP ALL 3.3 MILLION SAN DIEGO COUNT Y RESIDENTS LIVE WELL. THE LIVE WELL SAN DIEGO 5K WAS NOT HELD IN 2021. EXERCISE PROGRAMS AT SCRIPPS SHILEY PAVILION SCRIPPS PROVIDES VIRTUAL COMMUNITY EXERCISE CLASSES TO HELP MOT IVATE AND IMPROVE THE OVERALL WELL-BEING OF OUR COMMUNITY. CLASSES ARE DESIGNED TO ENHANCE THE PHYSICAL WELL-BEING OF THE PARTICIPANTS FROM THE COMFORT OF THEIR HOME WHILE KEEPING THE SENSE OF COMMUNITY BY EXERCISING TOGETHER WITHIN ITS VIRTUAL PLATFORM. AGING CONCERNS ACROSS THE UNITED STATES AND LOCALLY IN SAN DIEGO COUNTY, THE GROWTH IN THE NUMBER AND PRO PORTION OF AGING ADULTS OVER THE AGE OF 65 HAS HIT NEW AND UNPRECEDENTED LEVELS IN OUT HIS TORY. ACCORDING TO THE CENTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	FOR DISEASE CONTROL AND PREVENTION (CDC), TWO MAIN FACTORS - LONGER LIFE SPANS AND AGING BOOMERS - WILL "COMBINE TO DOUBLE THE POPULATION OF AMERICANS AGED 65 OR OLDER DURING THE NEXT 25 YEARS TO ABOUT 72 MILLION. BY 2030, OLDER ADULTS WILL ACCOUNT FOR ROUGHLY 20% OF T HE U.S. POPULATION." SAN DIEGO IS NOW HOME TO HALF A MILLION PEOPLE OVER AGE 65. THAT NUMB ER IS EXPECTED TO REACH 1 MILLION BY 2030, IN ALIGNMENT WITH STATE TRENDS SHOWING AN AGING POPULATION DOUBLING WITHIN THAT TIME. IN 2019, THERE WERE 504,267 RESIDENTS AGES 65 AND O LDER IN SAN DIEGO COUNTY REPRESENTING 14.5% OF THE POPULATION. BETWEEN 2019 AND 2024, IT I S ANTICIPATED THAT SAN DIEGO COUNTY SENIOR POPULATION WILL GROW BY 22.4%. AGING CONCERNS A RE DEFINED AS THOSE CONDITIONS THAT PREDOMINANTLY AFFECT SENIOR PEOPLE WHO ARE 65 AND OLDE R SUCH AS ALZHEIMER'S DISEASE, PARKINSON'S, DEMENTIA, FALLS AND LIMITED MOBILITY. ACCORDIN G TO THE NATIONAL COUNCIL ON AGING (WWW.NCOA.ORG), FALLS ARE THE LEADING CAUSE OF FATAL AN D NONFATAL INJURIES FOR OLDER AMERICANS. THIRTY PERCENT OF US ADULTS AGED SIXTY-FIVE AND O LDER HAVE FALLEN AT LEAST ONCE IN THE PAST YEAR, INCLUDING 4.2% WHO FELL THREE OR MORE TIM ES. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF AGING CONDITIONS ARE DESCRIBED BELOW: - T HE 2019 HASD&IC AND SCRIPPS CHNA IDENTIFIED AGING CONCERNS AS ONE OF THE TOP HEALTH CONDIT IONS AMONG SAN DIEGO COUNTY HOSPITALS. - THE 2019 HASD&IC AND SCRIPPS CHNA IDENTIFIED PHYS ICAL AND NON-PHYSICAL BARRIERS TO CARE. SENIORS ACCESSING HEALTH CARE CAN BE PARTICULARLY DIFFICULT. WHEN SENIORS CAN NO LONGER DRIVE, FINDING RELIABLE, AFFORDABLE TRANSPORTATION C AN BE CHALLENGING. SENIORS MOST OFTEN HAVE LIMITED INCOME AND ARE CONSTANTLY SHIFTING THEI R FINANCIAL PRIORITIES BETWEEN PAYING FOR HOUSING, FOOD, OR COSTS ASSOCIATED WITH SEEKING HEALTH CARE. HIGH COST OF MEDICATIONS, CO-PAYS AND DEDUCTIBLES WERE CITED AS CREATING FINA NCIAL BARRIERS TO ACCESSING HEALTH CARE. PHYSICAL BARRIERS TO CARE, SUCH AS LIMITED MOBILI TY, HEARING OR VISION ISSUES MAY ALSO CREATE CHALLENGES FOR SENIORS NEEDING ADDITIONAL ASS ISTANCE. FOR THOSE WHO DO NOT SPEAK ENGLISH AS A FIRST LANGUAGE, LANGUAGE CAN ALSO BE A BA RRIER TO ACCESSING CARE. AFTER DISCHARGE FROM A HOSPITAL STAY, SENIORS MAY HAVE INADEQUATE SUPPORT AT HOME TO RECOVER WELL AND FOLLOW-UP CARE IS HARD FOR SENIORS TO LOCATE AND SECU RE. THESE NEEDS IDENTIFIED BY THE COMMUNITY OVERALL SPOKE TO THE OVERWHELMING NEED TO INCR EASE AWARENESS OF COMMUNITY AND SOCIAL SUPPORT PROGRAMS AND SERVICES FOR THIS PARTICULARLY VULNERABLE GROUP. - PER THE 2019 CHNA, CONDITIONS THAT DISPROPORTIONALLY AFFECT OLDER ADU LTS WERE IDENTIFIED AS A HIGH PRIORITY HEALTH NEED THROUGH BOTH COMMUNITY ENGAGEMENT EVENT S AND THE SECONDARY ANALYSES. COMMUNITY ENGAGEMENT PARTICIPANTS MOST OFTEN DESCRIBED AGING CONCERNS IN RELATION TO THE SDOH THAT AFFECT SENIORS SUCH AS: - ACCESS TO FRESH FOOD - EC ONOMIC INSECURITY (ESPECIALLY FOOD INSECURITY AND HOUSING UNAFFORDABILITY) - SOCIAL ISOLAT ION AND INADEQUATE FAMILY SUPP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ORT (LACK OF COMPANIONSHIP, ANXIETY, DEPRESSION, HOPELESSNESS. INADEQUATE FAMILY SUPPORT O R SUPPORT AT HOME TO RECOVER, MAINTAIN ONE'S HEALTH, OR MANAGE THEIR MEDICATIONS INCLUDING ORDERING REFILLS, PICKING UP PRESCRIPTIONS, AND TAKING THE RIGHT DOSE OF MEDICATIONS AT T HE RIGHT TIME, CAN BE CHALLENGING FOR OLDER ADULTS WHO DO NOT HAVE ADEQUATE SUPPORT). - TR ANSPORTATION (LACK OF ACCESSIBLE OR RELIABLE TRANSPORTATION OPTIONS TO AND FROM APPOINTMEN TS, TO GO GROCERY SHOPPING, OR JUST SOCIALIZE WITH OTHERS) - IN 2019, ALZHEIMER'S DISEASE WAS THE FOURTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY FOR ALL AGE GROUPS. DEMENTIA IS A CLINICAL SYNDROME OF THE DECLINE IN MEMORY AND OTHER THINKING ABILITIES. IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS THAT RESULT IN DAMAGE TO BRAIN CELLS AND LEAD TO DISTINCT SYMPTOM PATTERNS AND DISTINGUISHING BRAIN ABNORMALITIES. ALZHEIMER'S DISEASE (AD) IS A PR OGRESSIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSON'S MEMORY AND ABILITY TO LEARN, R EASON, MAKE JUDGEMENTS, COMMUNICATE, AND CARRY OUT DAILY ACTIVITIES SUCH AS BATHING AND EA TING. AN ESTIMATED 84,405 ADULTS AGED FIFTY-FIVE AND OLDER ARE LIVING WITH SOME FORM OF DE MENTIA AND THIS NUMBER IS PROJECTED TO INCREASE TO MORE THAN 115,000 BY 2030. ALZHEIMER'S DISEASE IS THE MOST EXPENSIVE DISEASE IN THE NATION, WITH ASSOCIATED COSTS HIGHER THAN THO SE OF BOTH CANCER AND HEART DISEASE. RESEARCHERS ESTIMATE THAT BETWEEN INFORMAL CAREGIVING , OUT-OF-POCKET COSTS, AND MEDICAID AND MEDICARE EXPENDITURES, THE LIFETIME COST FOR A PER SON LIVING WITH DEMENTIA IS OVER $320,000. - IN 2019, THE TOP LEADING CAUSES OF DEATH AMON G ADULTS AGES 65 AND OLDER IN SAN DIEGO COUNTY WERE (IN RANK ORDER): DISEASES OF THE HEART , CANCER, ALZHEIMER'S DISEASE, CEREBROVASCULAR DISEASES (INCLUDING STROKE), CHRONIC LOWER RESPIRATORY DISEASES, DIABETES, ACCIDENTS/UNINTENTIONAL INJURIES, ESSENTIAL HYPERTENSION A ND HYPERTENSIVE RENAL DISEASE, PARKINSON'S DISEASE, AND INFLUENZA OR PNEUMONIA. - IN 2019, HOSPITALIZATION RATES AMONG SENIORS WERE HIGHER THAN THE GENERAL POPULATION DUE TO CORONA RY HEART DISEASE, STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, NONFATAL UNINTENTIONAL IN JURIES (INCLUDING FALLS), CANCER AND ARTHRITIS. - THE TOP THREE CAUSES OF ED UTILIZATION A MONG SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER IN 2019 WERE UNINTENTIONAL INJURIES, FAL LS AND OVERALL HEART DISEASE. - ACCORDING TO THE CDC, THREE MILLION OLDER ADULTS ARE TREAT ED IN THE ED FOR FALLS EVERY YEAR. ONE IN FIVE FALLS CAUSES A SERIOUS INJURY, SUCH AS BROK EN BONES OR A HEAD INJURY, AND EACH FALL DOUBLES THE CHANCE OF FALLING AGAIN. THESE INJURI ES MAY RESULT IN SERIOUS MOBILITY ISSUES AND DIFFICULTY WITH EVERYDAY TASKS OR LIVING INDE PENDENTLY. IN 2015, THE DIRECT MEDICAL COSTS ASSOCIATED WITH FALL INJURIES TOTALED MORE TH AN $50 BILLION (CDC, 2019).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OLDER ADULTS EXPERIENCING HOMELESSNESS THE PREVALENCE OF OLDER ADULTS EXPERIENCING HOMELES SNESS REPRESENTS AN ONGOING SIGNIFICANT CONCERN. SAN DIEGO IS NOW THE NINTH MOST EXPENSIVE CITY IN THE U.S. (2019). THE ELDER INDEX, DEVELOPED BY UCLA'S CENTER FOR HEALTH POLICY RE SEARCH, REPORTS 41% OF SAN DIEGO'S SENIORS DO NOT HAVE ENOUGH INCOME TO PAY FOR BASIC HOUS ING, FOOD, HEALTHCARE, AND TRANSPORTATION. MEANWHILE, GOVERNMENT HOUSING PROGRAMS ARE EXPE RIENCING EXTREME WAITING LISTS AND INTAKE TOOLS FAIL TO PRIORITIZE THE ELDERLY. THESE FACT ORS, COMBINED WITH SAN DIEGO'S HOUSING CRISIS, ARE INTENSIFYING SENIOR HOMELESSNESS, AS EV IDENCED BY SAN DIEGO'S MOST RECENT 2020 POINT IN TIME COUNT. NATIONAL REPORTS CONFIRM THE NUMBER OF HOMELESS OLDER ADULTS (55 AND OVER) IS PROJECTED TO GROW FROM 170,000 IN 2017 TO 225,000 BY 2026, WITH THE FASTEST GROWTH AMONG THOSE 65 AND OVER. THE NUMBER OF NEWLY HOM ELESS IN SAN DIEGO DOUBLED IN 2020. ACCORDING TO SAN DIEGO'S 2020 POINT IN TIME COUNT, ONE OUT OF FOUR OF SAN DIEGO'S HOMELESS ADULTS IS OVER THE AGE OF 55. AMONG THIS GROUP OF UNS HELTERED SENIORS, 88% BECAME HOMELESS IN SAN DIEGO COUNTY AND 43% ARE EXPERIENCING HOMELES SNESS FOR THE FIRST TIME IN THEIR LIVES. ADDITIONALLY, 12% OF THOSE 55 OR OLDER ARE CHRONO LOGICALLY HOMELESS AND UNSHELTERED, AND NEARLY 1 IN 4 WERE FEMALE, WITHIN THIS GROUP OF OL DER ADULTS: - 88% OF SENIORS BECAME HOMELESS IN SAN DIEGO - 43% ARE EXPERIENCING HOMELESSN ESS FOR THE FIRST TIME - 54% ARE SLEEPING ON THE STREET OR SIDEWALK - 50% ARE MANAGING A C HRONIC CONDITION - 55% REPORTED A PHYSICAL DISABILITY DURING FISCAL YEAR 2021, SCRIPPS ENG AGED IN THE FOLLOWING PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE AGING POPULATION. SCR IPPS ADVANCED CARE CLINIC THE PROGRAM PROVIDES INTENSIVE, PROACTIVE, MEDICAL, AND SOCIAL S ERVICES TO ADULTS LIVING WITH MULTIPLE CHRONIC DISEASES. UNDERSTANDING THAT DISEASES CAN I MPACT ALL ASPECTS OF A PERSON'S LIFE, THE PROGRAM TREATS NOT JUST MEDICAL ISSUES, BUT ALSO THE PSYCHOSOCIAL, ECONOMIC, AND SPIRITUAL ASPECTS OF CARE. THE ADVANCED CARE CLINIC INTER DISCIPLINARY, PATIENT CENTERED TEAM HELPS OPTIMIZE PATIENT HEALTH THROUGH AN EVIDENCE-BASE D EXTENSIVIST CLINIC MODEL THAT ASSISTS WITH CARE COORDINATION AND PATIENT ADVOCACY ACROSS HEALTH CARE AND HOME SETTINGS. TO DATE 245 PATIENTS HAVE BEEN SERVED, 45% REDUCTION IN HO SPITALIZATIONS, 49% REDUCTION IN 30-DAY READMISSIONS AND 49% REDUCTION IN ED VISIT RATE. I N ADDITION, THE PROGRAM COORDINATES NON-CLINICAL ISSUES. THE ALZHEIMER'S PROJECT - SAN DIE GO UNITES FOR A CURE AND CARE THE ALZHEIMER'S PROJECT IS A COUNTYWIDE INITIATIVE AIMED AT ACCELERATING THE SEARCH FOR A CURE AND HELPING THE ESTIMATED 60,000 SAN DIEGANS WITH THE D ISEASE, ALONG WITH THEIR CAREGIVERS. THE BOARD OF SUPERVISORS APPROVED THE AGING ROADMAP I NITIATIVE IN DECEMBER 2014 AND LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE. PART ICIPANTS BEGAN MEETING IN EARLY 2016 TO CRAFT A REGIONAL ROADMAP TO ADDRESS THE DISEASE, F OCUSING ON CURE, CARE, CLINICA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	L, AND PUBLIC AWARENESS, AND EDUCATION INITIATIVES. DR. MICHAEL LOBATZ FROM SCRIPPS HEALTH IS A LEADING PARTICIPANT OF THIS INITIATIVE AS CHAIRPERSON OF THE CLINICAL ROUND TABLE AN D IS A MEMBER OF THE STEERING COMMITTEE. ALZHEIMER'S PROJECT PARTNERS HAVE COLLABORATED TO DEVELOP THE PHYSICIAN GUIDELINES FOR SCREENING, EVALUATION, AND MANAGEMENT OF ADRD IN 201 6 TO ASSIST PRIMARY CARE PHYSICIANS IN SUPPORTING THOSE IMPACTED BY DEMENTIA. IN 2019, KAI SER PERMANENTE, SCRIPPS CLINIC, SHARP HEALTHCARE AND UCSD GERIATRIC EMERGENCY DEPARTMENT B EGAN INCORPORATING THE RECOMMENDED ACTIONS DESCRIBED IN THE PHYSICIAN GUIDELINES FOR SCREE NING, EVALUATION, AND MANAGEMENT OF ADRD INTO THEIR DAILY OPERATIONS. THIS TYPE OF SYSTEMI C ADOPTION OF BEST PRACTICES ENSURES SUSTAINABLE QUALITY CARE. VIRTUAL STANDING STRONG FAL L PREVENTION WEBINAR AS PART OF NATIONAL FALL PREVENTION AWARENESS WEEK IN SEPTEMBER 2021, SCRIPPS PARTNERED WITH THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AND THE SAN DIEG O FALL PREVENTION TASK FORCE ON FREE, VIRTUAL EVENTS TO LEARN MORE ABOUT WHAT INDIVIDUALS CAN DO TO PREVENT FALLS. FALLS ARE THE LEADING CAUSE OF INJURY RELATED EMERGENCY DEPARTMEN T VISITS FOR OLDER ADULTS. SCRIPPS INSTRUCTED FIVE ONE-HOUR CLASSES AND THE TOPICS ARE LIS TED BELOW. THE SCRIPPS EVENT SERVED AS THE OFFICIAL KICK-OFF EVENT FOR FALL PREVENTION AWA RENESS WEEK WITH NINE PRESENTATIONS DELIVERED VIRTUALLY. HTTP://WWW.SANDIEGOFALLPREVENTION .ORG/. THE FOLLOWING WERE SOME OF THE TOPICS PROVIDED: - FALL PREVENTION: REDUCING YOUR RI SK AND FEARS - A MATTER OF BALANCE SAMPLE CLASS - HEAD TO TOE WORK OUT - GENTLE CHAIR YOGA - HEALTHY BONES FOR BETTER BALANCE FALL PREVENTION AND HOME SAFETY WORKSHOPS MANY OLDER A DULTS EXPERIENCE CONCERNS ABOUT FALLING AND RESTRICT THEIR ACTIVITIES. SCRIPPS SOCIAL WORK ERS AND NURSES LECTURE ON WAYS TO REDUCE FALL RISK, IMPROVE SAFETY AWARENESS AND UTILIZE A VAILABLE RESOURCES TO PROMOTE INDEPENDENCE AND OVERALL SAFETY. BALANCE CLASSES ARE DESIGNE D TO HELP BUILD BALANCE, POSTURE AND COORDINATION THROUGH STRENGTHENING AND BALANCE EXERCI SES. THIS IMPORTANT ASPECT TO HEALTHY LIVING FOR SENIORS PROVIDES EDUCATION ON PREVENTING FALLS THROUGH EXERCISE AND BEING PROACTIVE THROUGH SAFETY MEASURES IN THE HOME. SCRIPPS PH YSICAL THERAPY DEPARTMENT AND PHYSICAL THERAPY SCHOOL VOLUNTEERS PROVIDE FALL RISK ASSESSM ENTS. SENIORS MAY ATTEND FROM ALL OVER THE SAN DIEGO COUNTY REGION. DUE TO COVID-19 MEETIN GS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. A MATTER OF BA LANCE: MANAGING CONCERNS ABOUT FALLS SCRIPPS EDUCATES OLDER ADULTS ON PREVENTING FALLS THR OUGH EXERCISE AND BEING PROACTIVE THROUGH SAFETY MEASURES IN THE HOME. AN 8-WEEK PROGRAM A ND LECTURE SERIES PROVIDE PRACTICAL STRATEGIES TO MANAGE FALLS, IMPROVE SAFETY AWARENESS A ND UTILIZE AVAILABLE RESOURCES TO PROMOTE INDEPENDENCE AND OVERALL SAFETY. SCRIPPS WAS CHO SEN AS A PILOT SITE TO TEST A NEW VIRTUAL EDITION OF THE A MATTER OF BALANCE PROGRAM WITH RESULTS BEING USED TO LAUNCH T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HE NEW VIRTUAL EVIDENCE-BASED VERSION IN JANUARY 2021. NINETEEN VIRTUAL CLASSES WERE CONDU CTED IN FISCAL YEAR 2021. SENIOR HEALTH AND WELLBEING PROGRAMS EACH MONTH A VARIETY OF SEN IOR PROGRAMS ARE HELD IN PARTNERSHIP WITH LOCAL SENIOR CENTERS, CHURCHES, AND SENIOR HOUSI NG. THE FOLLOWING PROGRAMS ARE CONDUCTED AS PART OF SCRIPPS MERCY HOSPITAL CHULA VISTA SAN DIEGO BORDER AREA HEALTH EDUCATION CENTER AND SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM. THESE SENIOR HEALTH CHATS ARE DESIGNED TO PROVIDE HEALTH EDUCATION TO THE OLDER ADULT COMM UNITY. A TOTAL OF 69 SENIORS HAVE PARTICIPATED IN THESE MONTHLY SESSIONS. THESE PRESENTATI ONS INCLUDE A VARIETY OF HEALTH AND AGE-RELATED TOPICS THAT INCLUDE HEART HEALTH, UNDERSTA NDING OSTEOPOROSIS, PARKINSON'S, COLD VS. FLU, DEPRESSION: SENIOR CONNECTIONS, FALL PREVEN TION AND BALANCE, FOOD AND NUTRITION, VITAMINS AND MINERALS, CANCER HEALTH TALK AND A VARI ETY OF PREVENTION AND HEALTHY LIFESTYLE TOPICS. THESE PRESENTATIONS ARE FACILITATED BY VAR IOUS HEALTH CARE PROFESSIONS AND RESIDENTS. PRESENTATIONS ARE OFFERED IN ENGLISH AND SPANI SH. TOPICS ARE ALL CHOSEN BY THE SENIORS THEMSELVES TO MEET THEIR LOCAL NEEDS. ALSO, THE H EALTH CHATS PROVIDE AN INTERCHANGE BETWEEN THE COMMUNITY MEMBERS AND OUR MEDICAL RESIDENTS AND OTHER HEALTH CARE PROFESSIONALS TO FOSTER HEALTHY LIFESTYLES AND HEALTH PREVENTION. T HE PROGRAM IS CONDUCTED IN COLLABORATION WITH NORMAN PARK CENTER, CONGREGATIONAL TOWERS SE NIOR LIVING. ST. CHARLES NUTRITION CENTER SERVING SENIORS AND KIMBALL AND MORGAN TOWERS SE NIOR LIVING. FAMILY MEDICINE RESIDENTS ROTATE THROUGH THESE PROGRAMS TO LEARN MORE ABOUT G ERIATRIC MEDICINE, HEALTH AND WELLNESS AND OVERALL PUBLIC HEALTH AND COMMUNITY TRAINING. D UE TO COVID-19 THE GROUP HAS TRANSITIONED TO A CONFERENCE CALL GROUP WHICH HAS IMPACTED TH E OVERALL NUMBER OF PARTICIPANTS FOR THE YEAR. PARKINSON'S LSVT (LEE SILVERMAN TRAINING) B IG EXERCISE: SCRIPPS PROVIDES A MAINTENANCE CLASS FOR THOSE WHO HAVE COMPLETED THE LSVT BI G EXERCISE PROTOCOL. THIS CLASS IS TAUGHT BY A PHYSICAL THERAPIST AND IS DESIGNED FOR PARK INSON'S PATIENTS TO IMPROVE STRENGTH AND MOBILITY FOR A HEALTHIER LIFE. DUE TO COVID-19 ME ETINGS WERE NOT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION BY THE AMERICAN COLLEGE OF EME RGENCY PHYSICIANS (ACEP) ACROSS THE COUNTRY, SENIORS ACCOUNT FOR NEARLY 18% OF EMERGENCY D EPARTMENT VISITS, AND THAT NUMBER IS EXPECTED TO RISE. ALL FOUR SCRIPPS HEALTH EMERGENCY D EPARTMENTS HAVE BEEN ACCREDITED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP) AS GERIATRIC EMERGENCY DEPARTMENTS, A DISTINCTION THAT RECOGNIZES EXCELLENCE IN PROVIDING SPE CIALIZED CARE TO ELDERLY PATIENTS. THE SAN DIEGO SENIOR EMERGENCY CARE INITIATIVE (INITIAT IVE) AIMS TO IMPROVE OLDER ADULTS' EXPERIENCE AND OUTCOMES IN EDS BY SUPPORTING GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION FOR EDS ACROSS THE SAN DIEGO REGION BY 2021. THESE EDS WILL PROVIDE CARE THAT IS TAILORED TO THE UNIQUE NEEDS OF THE OVER-60 POPULATION BY MODIFY ING THE PHYSICAL ENVIRONMENT, ADDING SENIOR-SPECIFIC PROTOCOLS, AND PROVIDING STAFF WITH S PECIAL TRAINING. THE INITIATIVE IS A PUBLIC-PRIVATE PARTNERSHIP INVOLVING THE COUNTY, THE WEST HEALTH INSTITUTE, AND THE REGION'S MAJOR HEALTH SYSTEMS. OBESITY, WEIGHT STATUS, NUTR ITION, ACTIVITY AND FITNESS OBESITY IS AN IMPORTANT HEALTH NEED DUE TO ITS HIGH PREVALENCE IN THE U.S. AND SAN DIEGO. ALTHOUGH IT IS NOT A LEADING CAUSE OF DEATH, IT IS A SIGNIFICA NT CONTRIBUTOR TO THE DEVELOPMENT OF OTHER CHRONIC CONDITIONS. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF OBESITY, WEIGHT STATUS, NUTRITION AND ACTIVITY & FITNESS IS DESCRIBED BE LOW: - THE HASD&IC AND SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY OBESITY AS A PRIORITY HEALT H ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS. - ACCORDING TO 2020 CHIS D ATA, 23.2% OF SAN DIEGO COUNTY RESIDENTS HAD EVER BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE, WHILE 7.8% HAD BORDERLINE HIGH BLOOD PRESSURE. IN ADDITION, 24.3% OF SAN DIEGO COUNTY ADU LTS REPORTED BEING OBESE. - ACCORDING TO A REPORT RELEASED IN 2019 BY THE SAN DIEGO CHILDH OOD OBESITY INITIATIVE, 34%, OR NEARLY 1 OUT OF EVERY 3 CHILDREN IN SAN DIEGO COUNTY'S SCH OOLS WERE OVERWEIGHT OR OBESE. THESE RATES THESE RATES VARY BY GRADE, WITH 5TH GRADERS HAV ING THE HIGHEST RATES OF OVERWEIGHT AND OBESE CHILDREN - 36% - COMPARED TO 7TH GRADERS (34 %) AND 9TH GRADERS (33%). IN EXAMINING TRENDS ACROSS LONGER PERIODS OF TIME, OVERWEIGHT AN D OBESITY PREVALENCE AMONG CHILDREN IN SAN DIEGO COUNTY APPEARS TO BE LEVELING OFF AND EVE N DECLINING SLIGHTLY. FOR EXAMPLE, A 2005 UCLA STUDY ESTIMATED 36% OF CHILDREN IN SAN DIEG O COUNTY WERE OVERWEIGHT OR OBESE, WITH THAT NUMBER DECREASING TO 35% IN 2010. BASED ON TH ESE DATA, CHILDHOOD OVERWEIGHT AND OBESITY PREVALENCE IN 2018 HAS DECREASED BY TWO PERCENT AGE POINTS SINCE 2005. THIS SMALL DECREASE FROM 36% TO 34%, HOWEVER, WOULD REPRESENT APPRO XIMATELY 8,600 FEWER STUDENTS ACROSS PUBLIC SCHOOL DISTRICTS WHO WERE OVERWEIGHT AND OBESE IN 2017-2018. MORE INFORMATION CAN BE FOUND AT, WWW.SDCOI.ORG. - IN CALIFORNIA, THE SELF- REPORTED OBESITY RATE IN 2020 WAS 30.3%. PREVALENCE OF OBESITY DECREASED AS EDUCATION LEVE LS INCREASED, HIGHLIGHTING THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NEED FOR HEALTH EDUCATION AS A TOOL FOR REDUCING OBESITY RATES (CENTERS FOR DISEASE CONTR OL AND PREVENTION (CDC), 2021). - ACCORDING TO THE CDC, SOME OF THE LEADING CAUSES OF PREV ENTABLE DEATH INCLUDE OBESITY-RELATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DI ABETES AND SOME TYPES OF CANCER (CDC, 2021). - ACCORDING TO THE ARTICLE SOCIAL AND ENVIRON MENTAL FACTORS INFLUENCING OBESITY, OBESITY PREVALENCE IS SIGNIFICANTLY ASSOCIATED WITH SE X, RACIAL OR ETHNIC IDENTITY, AND SOCIOECONOMIC STATUS. HIGHER ODDS OF OBESITY ARE ATTRIBU TED TO MULTIPLE FACTORS, INCLUDING ENVIRONMENTS EXPERIENCING DEPRIVATION, DISORDER, OR HIG H CRIME; PROLIFERATION OF HIGH CALORIE, ENERGY DENSE FOOD OPTIONS THAT ARE PERCEIVED AS MO RE AFFORDABLE; AND REDUCTIONS IN OCCUPATIONAL AND TRANSPORTATION-RELATED PHYSICAL ACTIVITY (LEE, CARDEL & DONAHOO, 2019). - ACCORDING TO THE CDC, SOME OF THE LEADING CAUSES OF PREV ENTABLE DEATH INCLUDE OBESITY-RELATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DI ABETES, AND CERTAIN TYPES OF CANCER. - OBESITY IS LARGELY CATEGORIZED AS A SECONDARY DIAGN OSIS IN HOSPITAL DISCHARGE DATA. WHEN EXAMINING INPATIENT HOSPITAL DISCHARGE DATA WITH OBE SITY AS A SECONDARY DIAGNOSIS, IT WAS FOUND THAT THE MOST COMMON PRIMARY DIAGNOSIS OF THOS E PATIENTS WAS NONSPECIFIC CHEST PAIN IN AGES 25-64, ABNORMAL PAIN FOR THOSE AGES 15-24, A ND THOSE OVER 65 YEARS THEIR PRIMARY DIAGNOSIS WAS OSTEOARTHRITIS, SEPTICEMIA FOLLOWED BY CONGESTIVE HEART FAILURE. - RESEARCH HAS SHOWN THAT AS WEIGHT INCREASES TO REACH THE LEVEL S OF "OVERWEIGHT"OBESITY" THE RISKS FOR THE FOLLOWING CONDITIONS ALSO INCREASES: - CORONAR Y HEART DISEASE - TYPE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST AND COLON) - HYPERTENSION (HIGH BLOOD PRESSURE) - STROKE - LIVER AND GALLBLADDER DISEASE - SLEEP APNEA AND RESPIRAT ORY PROBLEMS - OSTEOARTHRITIS EVEN BEFORE THE COVID-19 PANDEMIC, 30% OF LOCAL CHILDREN WER E CONSIDERED OBESE. ACCORDING TO A RECENT STUDY IN THE JOURNAL OF THE AMERICAN MEDICAL ASS OCIATION, CHILD AND TEEN OBESITY RATES FURTHER INCREASED OVER THE PAST 18 MONTHS OF THE PA NDEMIC. OBESITY IS ADDRESSED THROUGH GENERAL NUTRITION AND EXERCISE EDUCATION AND RESOURCE S PROVIDED AT SCRIPPS AS WELL AS PROGRAMS THAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CARE FOR HEART DISEASE, CANCER, DIABETES, AND OTHER HEALTH ISSUES INFLUENCED BY HEALTHY WEIGHT AND EXERCISE. DURING FISCAL YEAR 2021, SCRIPPS ENGAGED IN THE FOLLOWING OBESITY PREVENTIO N AND TREATMENT ACTIVITIES: SAN DIEGO CHILDHOOD OBESITY INITIATIVE THE SAN DIEGO COUNTY CH ILDHOOD OBESITY INITIATIVE (COI) WAS ESTABLISHED IN 2006 AND IS A PRIVATE PUBLIC PARTNERSH IP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SYSTEMS, AND ENVIRONMENT CHANGE. THE COI IS FACILITATED BY UC SAN DIEGO CENTER FOR COMMUNITY HEALTH AND FUNDED BY THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA). THE INITIA TIVE HAS A HEALTH DOMAIN WHICH ENGAGES HEALTHCARE STAKEHOLDERS TO SUPPORT AND ADVOCATE FOR HEALTHY SYSTEMS, POLICIES, AN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	D ENVIRONMENTAL CHANGES. DIABETES PREVENTION PROGRAM (DPP) A LARGE CLINICAL TRIAL CONCLUDE D THAT PEOPLE WITH PREDIABETES COULD REDUCE THEIR LIKELIHOOD OF DEVELOPING DIABETES BY 58- 70 PERCENT IF THEY LOST JUST 5-7 PERCENT OF THEIR BODY WEIGHT. THE DIABETES PREVENTION PRO GRAM IS A SCIENTIFICALLY VALIDATED LIFESTYLE INTERVENTION-BASED MODEL. THE CENTERS FOR DIS EASE CONTROL (CDC) AND THE NATIONAL INSTITUTES OF HEALTH (NIH) PROMOTE WIDESPREAD ADOPTION OF THE DPP DUE TO ITS DEMONSTRATED EFFECTIVENESS. SCRIPPS IS RECOGNIZED BY THE CENTERS FO R DISEASE CONTROL AS A NATIONAL DPP PROVIDER AND ROLLED OUT THE PROGRAM TO PATIENTS AND CO MMUNITY MEMBERS IN 2016. SCRIPPS AIMS TO DECREASE THE INCIDENCE OF TYPE 2 DIABETES BY MANA GING A MAJOR DIABETES RISK FACTOR, OBESITY IN THE UNDERSERVED, ETHNICALLY DIVERSE POPULATI ONS BY TESTING THE EFFECTIVENESS OF LIFESTYLE CURRICULUM. THE PROGRAM USES TRAINED LIFESTY LE COACHES AND A STANDARDIZED CURRICULUM; PARTICIPANTS MEET IN GROUPS WITH A COACH FOR 16 WEEKLY SESSIONS AND SIX TO EIGHT BIMONTHLY FOLLOW-UP SESSIONS. PARTICIPANTS MUST HAVE PRED IABETES AND BE OVERWEIGHT TO ENROLL. NO PHYSICIAN REFERRAL IS REQUIRED, ALTHOUGH MANY PHYS ICIANS DO REFER THEIR PATIENTS TO THIS VALUABLE RESOURCE. ORIENTATION SESSIONS ARE HELD IN SPANISH AND ENGLISH THROUGHOUT THE COUNTY. REDUCING CHILDHOOD OBESITY IN SOUTH BAY 5210 P ROGRAM SCRIPPS ALSO ADDRESSES CHILDHOOD OBESITY AT THE HIGH SCHOOL LEVEL IN SAN DIEGO'S SO UTH BAY COMMUNITIES THROUGH ITS PARTNERSHIP WITH THE PROMISE NEIGHBORHOOD INITIATIVE, WHIC H IMPLEMENTS ACTIVITIES RELATED TO THE NATIONAL 5210 CAMPAIGN. THE MESSAGE IS TO PROMOTE A HEALTHY LIFESTYLE (5 SERVINGS OF FRUITS AND VEGETABLES, 2 HOUR SCREEN TIME LIMIT, 1 HOUR OF PHYSICAL ACTIVITY AND 0 SUGARY DRINKS) PER DAY. THIS FOUR-SESSION SERIES IS DESIGNED TO INCREASE KNOWLEDGE AND BEHAVIORS REGARDING A HEALTHY LIFESTYLE. THE SERIES INCLUDES HANDS -ON ACTIVITIES AND DEMONSTRATIONS. THE FOUNDATION OF THIS PROJECT BEGAN IN 2013 WITH A PAR TNERSHIP WITH THE PROMISE NEIGHBORHOOD INITIATIVE AND CASTLE PARK ELEMENTARY SCHOOL TO INC REASE EDUCATION AND AWARENESS ABOUT HEALTHY LIFESTYLES AND TO HELP THE STUDENTS PASS THEIR YEARLY PHYSICAL EDUCATION REQUIREMENTS. SCRIPPS HAS CONTINUED TO ENHANCE AND DEVELOP THE SERIES. DURING FY21 THERE WAS A TOTAL OF 36 PARTICIPANTS FROM CHULA VISTA HIGH SCHOOLS AND STUDENTS FROM HEALTH CAREERS OCCUPATIONAL PROGRAM (HCOP) CAMP SCRIPPS. AS A RESULT OF ACT IVITIES, LESSON PLANS AND ADVOCACY FOR HEALTHY LIVING, THE AMOUNT OF PHYSICAL ACTIVITY AND CONSUMPTION OF FRUITS AND VEGETABLES BY THE YOUTH HAS INCREASED. STUDENT RESPONSES VIA TH E 5210-ASSESSMENT SURVEY SHOWED PRE-TEST KNOWLEDGE WAS 63% AND POST-TEST KNOWLEDGE IMPROVE MENT RATE OF 89% AFTER PARTICIPATING IN THE 5210 SESSIONS. DUE TO COVID-19 THESE SESSIONS WERE HELD VIRTUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	LA MAESTRA FAMILY CLINIC, INC LA MAESTRA FAMILY CLINIC, INC. JOINED THE CITY HEIGHTS WELLN ESS CENTER (CHWC) COLLABORATIVE PARTNERSHIP WITH SCRIPPS MERCY HOSPITAL AND RADY CHILDREN' S HOSPITAL AS THE LEASE HOLDER OF THE WELLNESS CENTER STARTING SEPTEMBER 1, 2016. SINCE IT S INCEPTION IN 2002, THE CITY HEIGHTS WELLNESS CENTER HAS BEEN A DYNAMIC, COMMUNITY-BASED PROGRAM DEVELOPED BY SCRIPPS MERCY HOSPITAL AND RADY CHILDREN'S HOSPITAL, WORKING WITH RES IDENTS TO IMPROVE THEIR LIFESTYLE BEHAVIORS AND SELF-SUFFICIENCY SKILLS. MULTIPLE NOT-FOR- PROFIT AND GOVERNMENTAL ORGANIZATIONS, PHILANTHROPIC FOUNDATIONS AND GRASSROOTS GROUPS HAV E JOINED THE EFFORT CONDUCTING HEALTH PROMOTION AND EDUCATIONAL ACTIVITIES FOR COMMUNITY R ESIDENTS. A UNIQUE ASPECT OF THE CITY HEIGHTS WELLNESS CENTER IS THE TEACHING KITCHEN THAT IS KNOWN THROUGHOUT THE COMMUNITY AS A PLACE WHERE RESIDENTS AND PROVIDERS COME TOGETHER TO COOK, DISCOVER, AND COMMUNICATE IN A SAFE AND TRUSTED ENVIRONMENT. LA MAESTRA FAMILY CL INIC BRINGS A NEW PERSPECTIVE TO THE PARTNERSHIP AS A COMMUNITY HEALTH CENTER AND PRIMARY CARE PROVIDER SERVING THE CULTURALLY DIVERSE POPULATIONS WITHIN THE CITY HEIGHTS COMMUNITY . LA MAESTRA IS COMMITTED TO MAINTAINING THE COLLABORATIVE NATURE OF THE PARTNERSHIP AND C ONTINUES TO WORK WITH CURRENT CHWC AGENCIES AS WELL AS LOOK FOR OPPORTUNITIES TO EXPAND HE ALTH PROMOTION SERVICES. THE SCRIPPS MERCY SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFAN TS AND CHILDREN (WIC) WAS COLLOCATED IN THE WELLNESS CENTER BUT HAS RECENTLY MOVED SERVICE S TO A SUITE AT THE PRICE ENTITIES BUILDING. FOOD ADDICTS ANONYMOUS SCRIPPS HEALTH PROVIDE S FOOD ADDICTS ANONYMOUS MEETING SPACE TO MEET. FOOD ADDICTS ANONYMOUS IS AN INTERNATIONAL FELLOWSHIP OF MEN AND WOMEN WHO HAVE EXPERIENCED DIFFICULTIES IN LIFE AS A RESULT OF THE WAY THEY EAT. DUE TO COVID-19 MEETINGS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED AC CESS TO THE HOSPITAL. TAKE OFF POUNDS SENSIBLY (TOPS) MEETING SCRIPPS HEALTH PROVIDES MEET ING SPACE TO TAKE OFF POUNDS SENSIBLY (TOPS). TOPS (TAKE OFF POUNDS SENSIBLY) IS THE SHORT NAME FOR TOPS CLUB, INC., THE ORIGINAL NON-PROFIT, NON-COMMERCIAL NETWORK OF WEIGHT-LOSS SUPPORT GROUPS AND WELLNESS EDUCATION ORGANIZATION. DUE TO COVID-19 MEETINGS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. A TOTAL OF 249 PEOPLE PARTICIP ATED IN TOPS PRIOR TO THE PANDEMIC. GREATER LA JOLLA MEALS ON WHEELS GREATER LA JOLLA MEAL S ON WHEELS IS A NON-PROFIT SENIOR SERVICE ORGANIZATION. IT PROVIDES NUTRITIOUS MEALS TO S ENIORS, THE HOMEBOUND AND THE DISABLED RESIDING IN THE COMMUNITIES OF LA JOLLA AND UNIVERS ITY CITY. SCRIPPS LA JOLLA HOSPITAL PROVIDES OFFICE SPACE TO THE LA JOLLA CHAPTER OF MEALS ON WHEELS. THIS ALLOWS MEALS ON WHEELS TO CONDUCT BUSINESS AND INTERACT WITH VOLUNTEERS F ROM A CENTRAL, ESTABLISHED LOCATION. MATERNAL CHILD HEALTH & HIGH-RISK PREGNANCY MOTHERS, INFANTS AND CHILDREN MAKEUP A LARGE SEGMENT OF THE U.S. POPULATION AND THEIR WELL-BEING IS A HEALTH PREDICTOR FOR THE NE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	XT GENERATION. THERE IS TREMENDOUS FOCUS ON MATERNAL ILLNESS AND DEATH, AND INFANT HEALTH AND SURVIVAL, INCLUDING INFANT MORTALITY RATES, PERINATAL AND OTHER INFANT DEATHS. ACCORDI NG TO A NEW YORK TIMES ARTICLE, "HUGE RACIAL DISPARITIES FOUND IN DEATHS LINKED TO PREGNAN CY, MAY 2019, AFRICAN AMERICAN, NATIVE AMERICAN AND ALASKA NATIVE WOMEN ARE ABOUT THREE TI MES MORE LIKELY TO DIE FROM CAUSES RELATED TO PREGNANCY, COMPARED TO WHITE WOMEN IN THE UN ITED STATES. MATERNAL AND INFANT HEALTH ISSUES INCLUDE: - ALCOHOL, TOBACCO AND ILLEGAL SUB STANCES DURING PREGNANCY, WHICH ARE MAJOR RISK FACTORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES. - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS ABORTION, LO W PRE-PREGNANCY WEIGHT AND SMOKING. - INFANT DEATH RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAGERS AND MOTHERS 44 YEARS AND OLDER. BEING PREGNANT, OR TRYING TO BECOME PREGN ANT, IS ONLY A SMALL PORTION OF A WOMAN'S LIFE. UNINTENDED PREGNANCY, EITHER MISTIMED OR U NWANTED AT THE TIME OF CONCEPTION, ACCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIES IN THE U.S. THESE PREGNANCIES ARE ASSOCIATED WITH INCREASED MORBIDITY, AS WELL AS BEHAVIORS L INKED TO ADVERSE HEALTH. WOMEN WHO CAN PLAN THE NUMBER AND TIMING OF THEIR CHILDREN EXPERI ENCE IMPROVED HEALTH, FEWER UNPLANNED PREGNANCIES AND BIRTHS, AND LOWER ABORTION RATES. HI GH RISK PREGNANCY HIGH RISK PREGNANCY CAN BE THE RESULT OF A MEDICAL CONDITION PRESENT BEF ORE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES THE PREGNANCY TO BECOME HIGH RISK. A HIGH-RISK PREGNANCY CAN POSE PROBLEMS BEF ORE, DURING OR AFTER DELIVERY AND MIGHT REQUIRE SPECIAL MONITORING THROUGHOUT THE PREGNANC Y. RISK FACTORS: - ADVANCED MATERNAL AGE: INCREASED RISK FOR MOTHER'S 35 YEARS AND OLDER. - LIFESTYLE CHOICES: SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL DRUGS. - MEDICAL HISTORY : PRIOR HIGH-RISK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIONS, FAMILY HISTORY OF G ENETIC CONDITIONS. - UNDERLYING CONDITIONS: DIABETES, HIGH BLOOD PRESSURE AND EPILEPSY. - MULTIPLE PREGNANCY. - OBESITY DURING PREGNANCY. A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF MATERNAL AND CHILD HEALTH & HIGH-RISK PREGNANCIES ARE DESCRIBED BELOW: - IN 2019, 33,88 0 LIVE BIRTHS RECEIVED EARLY PRENATAL CARE IN SAN DIEGO COUNTY, WHICH TRANSLATES TO 88.2% OF ALL LIVE BIRTHS IN THE REGION. - IN 2019, 141 INFANTS IN SAN DIEGO COUNTY DIED BEFORE T HEIR FIRST BIRTHDAY. THE INFANT MORTALITY RATE WAS 3.7 INFANT DEATHS PER 1,000 LIVE BIRTHS . - THERE WERE 3,336 PRETERM BIRTHS IN SAN DIEGO COUNTY IN 2019, REPRESENTING 8.7% OF ALL BIRTHS COUNTYWIDE. - ACCORDING TO THE NATIONAL CENTER FOR HEALTH STATISTICS (NCHS), PRENAT AL CARE IMPROVES PREGNANCY OUTCOMES, AND IS AMONG THE MOST FREQUENTLY USED HEALTH CARE SER VICES IN THE U.S. EXPERTS RECOMMEND PRENATAL CARE WITH EARLY, ONGOING RISK ASSESSMENT, AND TYING CONTENT AND TIMING TO INDIVIDUAL NEEDS AND RISK STATUS (NCHS, 2018). - LIVE WELL SA N DIEGO'S (LWSD) REPORT CARD O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	N CHILDREN AND FAMILIES, 2019 IDENTIFIED THE FOLLOWING BARRIERS TO USE OF PRENATAL CARE: F INANCIAL BARRIERS, SUCH AS LACK OF HEALTH INSURANCE; CONTEXT OF CARE, SUCH AS BIASED TREAT MENT FROM PROVIDERS OR LOW CULTURAL COMPETENCE; AND ACCESS ISSUES, SUCH AS TRANSPORTATION, DIFFICULTY OBTAINING AN APPOINTMENT OR INCONVENIENT HOURS (LWSD, 2020). - ACCORDING TO TH E CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), HEALTH-RELATED FACTORS KNOWN TO CAUSE ADVERSE PREGNANCY OUTCOMES INCLUDE TOBACCO OR SUBSTANCE USE, INFECTIOUS DISEASES, DIABETES , HIGH BLOOD PRESSURE, CERTAIN MEDICATIONS, DEPRESSION, UNSAFE ENVIRONMENTAL OR WORKPLACE CONDITIONS, RADIATION, AND WEIGHT GAIN DURING PREGNANCY (CDC, 2021). - FACTORS ASSOCIATED WITH PRETERM BIRTH INCLUDE MATERNAL AGE, RACE, SOCIOECONOMIC STATUS, TOBACCO USE, SUBSTANC E USE, STRESS, PRIOR PRETERM BIRTHS, CARRYING MORE THAN ONE BABY, AND INFECTION (CDC, 2021). - ACCORDING TO MARCH OF DIMES DATA, THE RATE OF PRETERM BIRTHS IN THE STATE OF CALIFORN IA WAS 8.8% IN 2020 - LOWER THAN THE NATIONAL AVERAGE. HOWEVER, RACIAL DISPARITIES HAVE WO RSENED IN CALIFORNIA, WHERE THE RATE OF PRETERM BIRTH AMONG BLACK WOMEN IS 44% HIGHER THAN THE RATE AMONG ALL OTHER WOMEN (MARCH OF DIMES, 2021). SCRIPPS HEALTH CONTINUED TO ENHANC E PRENATAL EDUCATION FOR LOW INCOME WOMEN IN SAN DIEGO COUNTY IN FISCAL YEAR 2021. THE FOL LOWING ARE SOME EXAMPLES: COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 120 MATERNAL CHIL D HEALTH CLASSES THROUGHOUT SAN DIEGO COUNTY TO ENHANCE PARENTING SKILLS. LOW-INCOME WOMEN IN SAN DIEGO WHO WERE ELIGIBLE ATTENDED CLASSES AT NO CHARGE OR ON A SLIDING FEE SCHEDULE . DUE TO COVID-19 THESE CLASSES WERE HELD VIRTUALLY. - MAINTAINED EXISTING PRENATAL EDUCAT ION SERVICES IN ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A SATISFACTION RATING ABOVE 90 PERCENT. - PROVIDED AND SUPPORTED WEEKLY BREASTFEEDING SUP PORT GROUPS AT SIX LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING THREE WITH BILINGUAL S ERVICES. DURING COVID-19 TWO GROUPS MET VIRTUALLY. - OFFERED 40 MATERNAL CHILD HEALTH CLAS SES THROUGHOUT THE COMMUNITY, SUCH AS GETTING READY FOR THE BABY AND GRAND PARENTING TODAY . DUE TO COVID-19 THESE CLASSES WERE HELD VIRTUALLY. - OFFERED 24 CLASSES IN PELVIC FLOOR AND POSTPARTUM CHANGES FOR NEW MOTHERS THROUGHOUT THE COMMUNITY. THESE CLASSES WERE HELD V IRTUALLY DUE TO COVID-19. - THE SCRIPPS CHULA VISTA WELLNESS CENTER OFFERED A VARIETY OF P ROGRAMS SUCH AS PARENTING EDUCATION SERIES: FOSTER & KINSHIP CARE PROGRAM AT GROSSMONT COL LEGE, NEWBORN FIRST TIME MOM, HOME VISITING, MATERNAL AND CHILD HEALTH, CLASSES AND SUPPOR T GROUPS, BREAST FEEDING SUPPORT, AND CENTERING PREGNANCY GROUPS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	FIRST 5 PARENTING EDUCATION PARENTING CLASSES ARE OFFERED BY SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER FOR PARENTS WITH CHILDREN OF ALL AGES. A WIDE VARIETY OF TOPICS AR E COVERED INCLUDING ISSUES RELATED TO HEALTH, LEARNING/DEVELOPMENT, FAMILY/SAFETY, ADVOCAC Y AS WELL AS PARENTING TIPS. THESE SESSIONS ARE CURRENTLY BEING OFFERED TO THE FOSTER, ADO PTIVE AND KINSHIP CARE EDUCATION PROGRAM AT GROSSMONT COLLEGE. SESSIONS ARE FACILITATED BY SCRIPPS FAMILY MEDICINE RESIDENTS AND BEING OFFERED IN ENGLISH AND SPANISH. A TOTAL OF 20 8 HAVE ATTENDED A PARENT EDUCATION SESSION. THESE SESSIONS ARE BEING HELD VIRTUALLY. FIRST FIVE HOME VISITS IN COLLABORATION WITH THE MEDICAL RESIDENTS, NEWBORN HOME VISITS ARE PRO VIDED TO FIRST-TIME MOMS WHO HAVE DELIVERED AT SCRIPPS MERCY HOSPITAL CHULA VISTA. THE VIS IT INCLUDES A COMPREHENSIVE ASSESSMENT COVERING SOCIAL, HEALTH, AND ENVIRONMENTAL ISSUES. FURTHER FOLLOW UP IS PROVIDED TO ASSESS CRITICAL HEALTH BEHAVIORS IDENTIFIED. FOLLOW UP AN D SUPPORT SERVICES ARE PROVIDED FOR SIX MONTHS. A TOTAL OF 56 SERVICES WERE PROVIDED. HOME VISITS CEASED AS OF MARCH 2020 DUE TO COVID-19. BREAST FEEDING SUPPORT GROUP AN EXPERIENC ED BREASTFEEDING INSTRUCTOR LEADS THE BREASTFEEDING SUPPORT GROUP AT THE WELL BEING CENTER WITH MOTHERS WHO WOULD LIKE BREASTFEEDING SUPPORT. THEY INTERACT WITH OTHER MOTHERS AND A RE LED BY THE INSTRUCTOR. BABIES ARE WEIGHED AT THE BEGINNING AND END OF GROUP TO ASSESS H OW MUCH MILK THEY ARE GETTING. DUE TO COVID-19 THIS GROUP CONTINUED TO MEET VIRTUALLY AS O F MARCH 2020. DUE TO THIS TRANSITION THE PARTICIPATION OF THIS GROUP WAS GREATLY IMPACTED. CENTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY RAISING HEALTHY FAMILIES AND CARIN G FOR THE NEXT GENERATION OF SAN DIEGANS BEFORE THEY'RE BORN HELP CREATE A HEALTHIER COMMU NITY FOR YEARS TO COME. THE SCRIPPS FAMILY MEDICINE PROGRAM AT SCRIPPS MERCY HOSPITAL CHUL A VISTA IS PROVIDING ACCESS, EDUCATION AND CLINICAL SERVICES TO NEARLY 75 PREGNANT WOMEN I N SOUTH SAN DIEGO COUNTY. THE GOAL OF THE PROGRAM, "IMPROVING PERINATAL CARE FOR UNDERSERV ED LATINA WOMEN - HEALTHY WOMEN, HEALTHY BABIES", IS TO PROVIDE ACCESS TO PERINATAL CARE F OR UNDERSERVED LATINA WOMEN TO IMPROVE BIRTH OUTCOMES. THE PROGRAM APPLIES THE PRINCIPLES OF THE CENTER HEALTH CARE INSTITUTE AND FOCUSES ON CHANGING THE WAY PATIENTS EXPERIENCE TH EIR CARE THROUGH ASSESSMENT, EDUCATION AND GROUP SUPPORT. CENTERING PREGNANCY IS THE INSTI TUTE'S MODEL DEVOTED SPECIFICALLY TO IMPROVING MATERNAL AND CHILD HEALTH AND HAS BEEN SHOW N TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREASTFEEDING AND STRONGER REL ATIONSHIPS BETWEEN MOTHERS AND THEIR HEALTHCARE PROVIDERS BEFORE, DURING AND AFTER PREGNAN CY. WOMEN WHO GAVE BIRTH REPORTED AN ENHANCED PRENATAL EXPERIENCE, GAINED LESS WEIGHT THRO UGHOUT THEIR PREGNANCY AND SHOWED IMPROVED HEALTHCARE KNOWLEDGE. SERVICES INCLUDE HOME VIS ITS, REFERRALS, DATA ENTRY, FOLLOW UP PHONE CALLS, AND OTHER SUPPORT SERVICES. HOME VISITI NG IS OFFERED TOGETHER WITH FA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	MILY MEDICINE RESIDENCY AND PARENTING EDUCATION. SINCE COVID-19, THIS PROGRAM HAS BEEN OFF ERED VIA TELEMEDICINE. MATERNAL CHILD HEALTH NURSING STUDENTS SCRIPPS PERINATAL EDUCATION PROGRAM SUPPORTS LOCAL NURSING STUDENTS WITH THE OPPORTUNITY TO OBSERVE PRENATAL EDUCATION AL CLASSES. THIS CRITICAL ASPECT OF THE NURSING EDUCATION ALLOWS THE HOURS AND INFORMATION TO MEET THEIR CLINICAL ROTATION REQUIREMENTS IN MATERNAL CHILD HEALTH. DUE TO COVID-19 TH E CLINICAL ROTATIONS WERE NOT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. SCRIPPS MERCY 'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) THE SPECIAL SUPPLE MENT NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) WAS ESTABLISHED AS A PERMANEN T PROGRAM IN 1974 TO SAFEGUARD THE HEALTH OF LOW-INCOME WOMEN, INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITIONAL RISK. SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZA TIONS THAT ADMINISTER THE STATE FUNDED WIC PROGRAM. THE PROGRAM SERVES SIX LOCATIONS CONVE NIENTLY SITUATED NEAR COMMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA. WI C TARGETS LOW INCOME PREGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5 YEAR S). SCRIPPS MERCY WIC SERVES APPROXIMATELY 6,500 WOMEN AND CHILDREN ANNUALLY, 44 PERCENT I N THE CITY HEIGHTS COMMUNITY. IN CITY HEIGHTS CLIENTS ARE 91 PERCENT HISPANIC AND INCLUDE PREGNANT AND POSTPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%). IN FY20 THE PROGRAM PROVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS FOR 65,655 WOMEN AND CHILDREN I N SOUTH AND CENTRAL SAN DIEGO. THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY REACHING LOW-INCOME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEED ING DURING PREGNANCY AND OFFER LACTATION SUPPORT (ONE ON ONE AND GROUP), AS WELL AS BREAST PUMPS, PADS, AND OTHER SUPPLIES DURING THE POSTPARTUM PERIOD. IN APRIL 2020, IN RESPONSE TO THE STATE-WIDE PUBLIC HEALTH RESTRICTIONS, ALL WIC APPOINTMENTS WENT VIRTUAL INCLUDING THE EDUCATION AND COUNSELING SESSIONS. ONCE WIC ELIGIBILITY REQUIREMENTS WERE MET, FOOD VO UCHERS WERE ISSUED AUTOMATICALLY TO THE WIC EBT CARD. AS A RESULT, THE WIC PROGRAM EXPERIE NCED A HIGHER RATE OF PARTICIPANT ENGAGEMENT AND SATISFACTION WITH ON-LINE SERVICES; BARRI ERS TO CHILDCARE AND TRANSPORTATION WERE NO LONGER ISSUES FOR CLIENT PARTICIPATION. MIRACL E BABIES SCRIPPS HEALTH PARTNERED WITH MIRACLE BABIES ON THEIR VIRTUAL 5K WALK/RUN. THE MI SSION OF MIRACLE BABIES IS TO UNIFY FAMILIES WITH THEIR SICK NEWBORNS THROUGH FINANCIAL AS SISTANCE AND SUPPORTIVE SERVICES TO REDUCE PREGNANCY COMPLICATIONS THROUGH PREVENTION, EDU CATION AND RESEARCH. UNINTENTIONAL INJURY AND VIOLENCE ACCORDING TO HEALTHY PEOPLE 2030, " UNINTENTIONAL INJURIES AND VIOLENCE-RELATED INJURIES CAN BE CAUSED BY A NUMBER OF EVENTS, SUCH AS MOTOR VEHICLE CRASHES AND PHYSICAL ASSAULT CAN OCCUR VIRTUALLY ANYWHERE." UNINTENT IONAL INJURY AND VIOLENCE WERE IDENTIFIED AS A PRIORITY HEALTH NEED IN THE COMMUNITY ENGAG EMENT PROCESS OF THE 2019 CHNA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	. EXPOSURE TO VIOLENCE AND NEIGHBORHOOD SAFETY WERE CITED AS PRIORITY HEALTH NEEDS FOR SAN DIEGANS. NEIGHBORHOOD SAFETY WAS DISCUSSED AS INFLUENCING RESIDENTS' ABILITY TO MAINTAIN GOOD HEALTH, WHILE EXPOSURE TO VIOLENCE WAS DESCRIBED AS TRAUMATIC AND IMPACTFUL ON MENTAL HEALTH. IN 2019, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CAUSE OF DEATH FOR SAN DIEGO COUNTY OVERALL. THE DEATHS ASSOCIATED WITH UNINTENTIONAL INJURIES ARE SIGNI FICANT; YET REPRESENT ONLY A SMALL PART OF A MUCH LARGER PUBLIC HEALTH PROBLEM. HOSPITALIZ ATION DATA IS A BETTER MEASURE OF THE INJURY PROBLEM THAN THE DEATH DATA ALONE. UNINTENTIO NAL INJURIES, MOTOR VEHICLE ACCIDENTS, FALLS, PEDESTRIAN RELATED, FIREARMS, FIRE/BURNS, DR OWNING, EXPLOSION, POISONING (INCLUDING DRUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBST ANCES) CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK, ARE ONE OF THE LEADING CAUSES OF DEATH FOR SAN DI EGO COUNTY RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION. MOST EVENTS RESULT ING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE. THERE ARE MANY RISK FA CTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAVIORS AND CHOICES, S UCH AS ALCOHOL USE OR RISK TAKING; THE PHYSICAL ENVIRONMENT BOTH AT HOME AND IN THE COMMUN ITY; ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJURY RELATED CARE; THE SOCIAL ENV IRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES. A SUMMARY OF THE MAGNITUDE AND PREVALEN CE OF UNINTENTIONAL INJURY AND VIOLENCE IS DESCRIBED BELOW: - THE HASD&IC AND SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY UNINTENTIONAL INJURY AND VIOLENCE AS ONE OF THE TOP PRIORITY H EALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS. - ACCORDING TO DATA PRESENTED IN THE HA SD&IC AND SCRIPPS 2019 CHNA, RATES OF ED VISITS FOR MOTOR VEHICLE INJURIES IN SAN DIEGO CO UNTY INCREASED 9.3% FROM 2014 TO 2016, WHILE DEATHS DUE TO MOTOR VEHICLE INJURIES INCREASE D 1.1%. - FOCUS GROUPS CONDUCTED AS PART OF THE HASD&IC AND SCRIPPS 2019 CHNA EMPHASIZED T HE IMPORTANCE OF A SAFE ENVIRONMENT AS A CONTRIBUTOR TO GOOD HEALTH. LACK OF A SAFE ENVIRO NMENT MAY ENCOURAGE PHYSICAL INACTIVITY, WHICH CONTRIBUTES TO CHRONIC HEALTH CONDITIONS. - IN 2019, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CAUSE OF DEATH FOR SAN DIEGO COUNTY OVERALL. - BETWEEN 2015 AND 2019, MORE THAN 5,800 SAN DIEGANS DIED FROM INJU RIES THAT WERE NOT SELF-INFLICTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	- IN 2019, THERE WERE 927 ED VISITS (27.7 PER 100,000 POPULATION) AND 483 HOSPITALIZATIONS (14.4 PER 100,000) RELATED TO OPIOID MISUSE IN SAN DIEGO COUNTY. PERCENT CHANGE FROM 2017 TO 2019 IS 22.1% FOR ED VISITS AND -21.3% FOR HOSPITALIZATION. MALES ARE 1.8 TIMES MORE L IKELY TO VISIT THE ED FOR OPIOID MISUSE THAN FEMALES AND 2.0 TIMES MORE LIKELY TO BE HOSPI TALIZED FOR OPIOID MISUSE THAN FEMALES IN 2019. FOR RACE/ETHNICITY, NON-HISPANIC BLACK HAS THE HIGHEST RATE FOR ED VISITS (43.0 PER 100,000), FOLLOWED BY NON-HISPANIC WHITE (35.9 P ER 100,000). FOR AGE GROUPS, 27-44 HAD THE HIGHEST ED VISITS FOR OPIOID MISUSE (57.2 PER 1 00,000), FOLLOWED BY 18-26 YEARS OLD (41.9 PER 100,000). - UNINTENTIONAL INJURIES ARE ONE OF THE LEADING CAUSES OF DEATH FOR SAN DIEGO COUNTY RESIDENTS OF ALL AGES, REGARDLESS OF G ENDER, RACE OR REGION. DRUGS, ALCOHOL, VEHICLES, FALLS, GUNS AND SUICIDE CONTINUE TO BE LE ADING CAUSES OF DEATHS INVESTIGATED BY THE SAN DIEGO COUNTY MEDICAL EXAMINER'S OFFICE. UND ER LAW, THE COUNTY MEDICAL EXAMINER'S OFFICE INVESTIGATES ALL "UNNATURAL" DEATHS THAT OCCU R BY ACCIDENT, HOMICIDE, OR SUICIDE DUE TO TRAUMAS OR OVERDOSE, OR UNDIAGNOSED OR SUDDEN U NEXPECTED NATURAL CAUSES. - SAN DIEGO COUNTY'S MEDICAL EXAMINER'S OFFICE RELEASE BOTH MID- YEAR STATISTICS COMPARING THE FIRST SIX MONTHS OF 2020 TO 2019 IN ITS 2019 ANNUAL REPORT. LOOKING AT MID-YEAR FIGURES, THE DEPARTMENT INVESTIGATED 1,751 DEATHS THROUGH JUNE THIS YE AR COMPARED TO 1,674 IN THE SAME MONTHS LAST YEAR, A 5% INCREASE. THE MEDICAL EXAMINER'S O FFICE INVESTIGATES DEATHS THAT OCCUR BY ACCIDENT, HOMICIDE, OR SUICIDE DUE TO TRAUMA OR OV ERDOSE, OR UNDIAGNOSED OR SUDDEN, UNEXPECTED NATURAL CAUSES. IN CASES WHERE A PERSON DIES A NATURAL DEATH AND IS UNDER A PHYSICIAN'S CARE, THAT PHYSICIAN WILL CERTIFY THE DEATH AND THE PERSON DOES NOT THEN GO TO THE MEDICAL EXAMINER FOR FURTHER INVESTIGATION. - WITHIN T HE ACCIDENTAL DEATH CATEGORY, UNINTENTIONAL OVERDOSE DEATHS DUE TO ILLICIT DRUGS, PRESCRIP TION MEDICATION AND ALCOHOL TOXICITY INCREASED BY 21% FROM 320 DEATHS IN THE FIRST HALF OF 2019 TO 387 THE FIRST SIX MONTHS OF THIS YEAR. OF THOSE ACCIDENTAL OVERDOSES, FENTANYL-CA USED DEATHS INCREASED BY 126% COMPARING THOSE SAME SIX MONTHS WHERE THERE WERE 69 DEATHS I N 2019 AND 156 CASES FOR THE FIRST SIX MONTHS OF THIS YEAR. MOST OFTEN, OVERDOSE DEATHS FR OM FENTANYL ARE TRACED TO COUNTERFEIT PILLS THAT RESEMBLE OXYCODONE OR ALPRAZOLAM, 2020 SA N DIEGO COUNTY PRESCRIPTION DRUG ABUSE TASK FORCE. - THERE WAS ALSO A DECREASE OF 5% IN NU MBER OF SUICIDES, 198 THIS YEAR COMPARED TO 209 IN THE SAME SIX MONTHS LAST YEAR. FIREARMS WERE THE LEADING METHOD OF DEATH IN 76 OF THE 198 DEATHS BY SUICIDE THIS YEAR. - HOMICIDE S INCREASED BY 14% FOR THE FIRST HALF OF THE YEAR, 59 COMPARED TO LAST YEAR'S 52. IN THIS CATEGORY, FIREARMS WERE AGAIN THE LEADING METHOD OF DEATHS, 32 OF THE 59 DEATHS. - FOR ALL OF 2019, ACCIDENTAL DEATHS OVERALL COMPRISED 50% OF ALL DEPARTMENT INVESTIGATIONS. WITHIN THAT CATEGORY, UNINTENTIONAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OVERDOSES FROM DRUGS-BOTH PRESCRIPTION OR ILLEGAL-AND ALCOHOL WERE, AT 39%, THE LEADING CA USE OF DEATH. ACCIDENTAL FALLS FOLLOWED AT 33% AND THEN TRAFFIC-RELATED FATALITIES AT 19% WERE NEXT AS OUTLINED IN THE DEPARTMENT'S ANNUAL 2019 YEAR-END REPORT. - DEATHS FROM FALLS INCREASED BY 12% WITH 545 CASES IN 2019 COMPARED TO 488 IN 2018. BLUNT HEAD TRAUMA AND HI P/FEMUR FRACTURE WERE THE LEADING CAUSE OF DEATH IN FALLS. TRAFFIC-RELATED DEATHS DECREASE D BY 5% FROM 2018 WHICH HAD 316 DEATHS WHILE 2019 SAW 301 DEATHS. - CDPH AND DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION INJURY DATA INDICATES THAT, IN 2020, UNINTENTIONAL INJ URIES CAUSED MORE THAN 1,500 DEATHS, NEARLY 130,000 MILLION ED VISITS, AND MORE THAN 27,50 0 HOSPITALIZATIONS IN SAN DIEGO COUNTY (CDPH, 2020; SPEEDTRACK, INC., 2020). - IN 2019, UN INTENTIONAL INJURY WAS THE THIRD LEADING CAUSE OF DEATH ACROSS ALL AGE GROUPS IN THE U.S., ACCOUNTING FOR MORE THAN 173,000 DEATHS. UNINTENTIONAL INJURY WAS THE LEADING CAUSE OF DE ATH IN THE U.S. FOR PEOPLE AGES 1 TO 44, THE THIRD LEADING CAUSE OF DEATH FOR AGES 45 TO 6 4, AND THE SEVENTH LEADING CAUSE OF DEATH FOR THOSE OVER THE AGE OF 65 (CDC WONDER ONLINE DATABASE, 2021). THE STATUS OF METHAMPHETAMINE USE IN SAN DIEGO COUNTY THE METHAMPHETAMINE STRIKE FORCE, KNOWN AS THE STRIKE FORCE, WAS ESTABLISHED BY THE SAN DIEGO COUNTY BOARD OF SUPERVISORS IN 1996. TODAY THE STRIKE FORCE IS A COLLABORATION AT FEDERAL, STATE AND LOCA L LEVELS, WITH CONTRIBUTIONS FROM MORE THAN 70 PARTICIPATING AGENCIES. THE ANNUAL MSF REPO RT CARD PROVIDES DATA FROM 2020 ON LEADING INDICATORS OF METH PROBLEMS. ACCORDING TO THE M ETHAMPHETAMINE STRIKE FORCE 2021 REPORT CARD, A TOTAL OF 722 SAN DIEGANS DIED WITH METHAMP HETAMINE IN THEIR SYSTEM AND ANOTHER 576 PEOPLE DIED DUE TO PRESCRIPTION DRUGS IN THE REGI ON LAST YEAR. THE NEW FIGURE FAR EXCEEDS THE PREVIOUS RECORD SET IN 2019 WHEN 546 DEATHS W ERE REPORTED. THE 2021 METH REPORT CARD HIGHLIGHTS THE FOLLOWING DATA POINTS: - 566 MEN AN D 156 WOMEN DIED WITH METH IN THEIR SYSTEM. - THERE WERE 16,309 EMERGENCY ROOM VISITS DUE TO METHAMPHETAMINES IN 2019 COMPARED TO 13,020 IN 2018. DATA FROM 2020 WILL BE AVAILABLE I N 2022. - A TOTAL OF 4,740 PEOPLE WERE ADMITTED TO COUNTY-FUNDED TREATMENT PROGRAMS DUE TO METH ABUSE LAST YEAR, VS. 6,591 IN 2019. - 56% OF ADULT ARRESTEES TESTED POSITIVE FOR MET H IN 2020, COMPARED TO 59% THE PREVIOUS YEAR. - 8% OF JUVENILE ARRESTEES TESTED POSITIVE F OR METH IN 2020, COMPARED TO 11% IN 2019. - ARRESTS FOR SELLING AND POSSESSION OF METH DEC REASED TO 7,211 COMPARED TO 11,313 IN 2019. SAN DIEGO PRESCRIPTION DRUG ABUSE TASK FORCE T HE SAN DIEGO PRESCRIPTION DRUG ABUSE TASK FORCE (PDATF) IS A COUNTYWIDE INITIATIVE COMPRIS ED OF KEY STAKEHOLDERS, COMMUNITY MEMBERS AND LOCAL EXPERTS WORKING TOGETHER TO DECREASE T HE HARMS ASSOCIATED WITH THE MISUSE OF PRESCRIPTION DRUGS IN SAN DIEGO COUNTY. MISUSE OF P RESCRIPTION DRUGS IN SAN DIEGO COUNTY CONTINUES TO BE A GROWING PROBLEM. MANY PRESCRIPTION S RELATED OVERDOSE DEATHS ARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	UNINTENTIONAL. THE 2021 PRESCRIPTION DRUG REPORT CARD ALSO INCLUDES STATISTICS ON FENTANYL . IT SHOWS THAT A RECORD 462 PEOPLE DIED FROM FENTANYL IN 2020, COMPARED TO THE 151 THE YE AR BEFORE THAT. THE PRESCRIPTION DRUG AND OPIOID DEATHS REPORTED IN 2020 MORE THAN DOUBLE THE 275 FATALITIES IN 2019. IN ADDITION TO DEATHS, THE PRESCRIPTION DRUG REPORT CARD TRACK S ADDITIONAL KEY INDICATORS OF OPIOID MISUSE IN THE REGION. IT ALSO SHOWS THE FOLLOWING (M OST RECENT YEARS FOR WHICH NUMBERS ARE AVAILABLE VARY BY STATISTIC): - 430 MEN AND 146 WOM EN DIED FROM PRESCRIPTION DRUGS. - 7,723 VISITS TO LOCAL EMERGENCY ROOMS IN 2019, COMPARED TO 6,162 IN 2018. DATA FOR LAST YEAR IS NOT YET AVAILABLE. - TEN PERCENT OF 11TH GRADERS REPORTED PRESCRIPTION DRUG USE IN 2019, THE SAME PERCENT AS IN 2017. THE SURVEY IS DONE EV ERY TWO YEARS. - FORTY-SIX PERCENT OF ADULTS ARRESTED REPORTED MISUSING PRESCRIPTION DRUGS IN 2020, THE SAME AS THE YEAR BEFORE. SCRIPPS HEALTH CONTINUED TO ADDRESS UNINTENTIONAL I NJURY AND VIOLENCE AND THE FOLLOWING ARE SOME EXAMPLES: OPIOID STEWARDSHIP PROGRAM (OSP) C AL HOSPITAL COMPARE (CHC), A NONPROFIT ORGANIZATION THAT PROVIDES CALIFORNIANS WITH HOSPIT AL PERFORMANCE RATINGS, HAS NAMED ALL FOUR OF SCRIPPS HEALTH'S HOSPITALS TO ITS 2020 OPIOI D CARE HONOR ROLL. SCRIPPS IS THE ONLY HEALTH CARE ORGANIZATION IN SAN DIEGO COUNTY TO BE RECOGNIZED ON THE INAUGURAL STATEWIDE LIST. THE 2020 OPIOID CARE HONOR ROLL RECOGNIZED 53 CALIFORNIA HOSPITALS FOR THEIR PROGRESS AND PERFORMANCE IN PROMOTING SAFE AND EFFECTIVE OP IOID USE, PROVIDING TREATMENT FOR PATIENTS WITH OPIOID USE DISORDER AND PROVIDING ACCESS T O NALOXONE TO PREVENT OPIOID OVERDOSES. ACCORDING TO PRELIMINARY STATE DATA, 5,363 CALIFOR NIANS DIED OF AN OPIOID-RELATED OVERDOSE IN 2020. CHC RECOGNIZED SCRIPPS FOR TAKING A VARI ETY OF APPROACHES TO ADDRESS OVERUSE OF OPIOIDS AMONG ITS PATIENTS. FOR PATIENTS BEING DIS CHARGED FROM AN EMERGENCY DEPARTMENT VISIT OR HOSPITAL STAY, SCRIPPS HAS CREATED EDUCATION AL VIDEOS THAT IT MAKES AVAILABLE FOR VIEWING AND HAS ALSO SET OPIOID PRESCRIPTION QUANTIT Y LIMITS AT DISCHARGE. IN ADDITION, SOME SCRIPPS HOSPITAL EMERGENCY DEPARTMENTS HAVE IMPLE MENTED MEDICATION-ASSISTED THERAPY, IN WHICH SPECIALLY LICENSED ER PHYSICIANS CAN ADMINIST ER MEDICATIONS AS A BRIDGE FOR PATIENTS WITH OPIOID USE DISORDER UNTIL THEY CAN RECEIVE FU RTHER CARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THE OPIOID STEWARDSHIP PROGRAM HAS SPEARHEADED MULTIPLE PROJECTS AT SCRIPPS TO EDUCATE PAT IENTS AND PROVIDERS ABOUT THE RISKS OF OPIOIDS AND THE BENEFITS OF ALTERNATIVE MULTI-MODAL PAIN MANAGEMENT OPTIONS TO REDUCE OPIOID USE. THE PROGRAM HAS ESTABLISHED PRESCRIBING STA NDARDS FOR OPIOIDS, RESULTING IN A REDUCTION IN THE NUMBER OF OPIOID PILLS PER PRESCRIPTIO N AT SCRIPPS HOSPITALS AND OUTPATIENT CENTERS. SCRIPPS HAS DRUG TAKE-BACK KIOSKS AT ITS ON -SITE PHARMACIES, OFFERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OU TDATED MEDICATIONS. ADDITIONALLY, SCRIPPS PROVIDES A RANGE OF NON-PHARMACEUTICAL PAIN MANA GEMENT THERAPIES, INCLUDING MUSIC AND PET THERAPY, ICE AND HEAT TREATMENT, SPIRITUAL CARE AND MORE. CAR SEAT PROGRAM SCRIPPS MEMORIAL HOSPITAL LA JOLLA EMERGENCY DEPARTMENT PROVIDE S CAR SEATS TO PATIENTS WHO HAVE BEEN IN AN AUTOMOBILE ACCIDENT AND THEIR CHILD'S CAR SEAT HAS BEEN RENDERED UNSAFE TO USE. THE SERVICE PROVIDES THE EASE OF MIND FOR THE PATIENT IN THEIR ABILITY TO TRANSPORT THEIR CHILD HOME SAFELY. DUE TO COVID-19 THIS PROGRAM WAS PUT ON HOLD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. SAN DIEGO BRAIN INJURY FOUNDATION SCRIPP S HEALTH PROVIDES MEETING SPACE TO THE SAN DIEGO BRAIN INJURY FOUNDATION. THE ORGANIZATION PROVIDES QUALITY OF LIFE IMPROVEMENTS FOR BRAIN INJURY SURVIVORS AND SUPPORT TO FAMILY ME MBERS. DUE TO COVID-19 MEETINGS WERE NOT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. EV ERY 15 MINUTES ALCOHOL CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN THE U.S. ANNUALLY, INCLUDING 41% OF ALL TRAFFIC FATALITIES. EVERY 15 MINUTES PROGRAM IS A TWO-DAY IMMERSION EXPERIENCE FOR TEENS ON THE REALISTIC CONSEQUENCES OF DRINKING AND DRIVING, WHICH INVOLVES THE SCHOOLS, LAW ENFORCEMENT, COURTS, EMERGENCY SERVICE PROVIDERS, AND THE MORTUARY. THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER. THIS PROGRAM IS SPONSORED JOI NTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE AND SHERIFF'S DEPARTMENTS, AMBULANCE SERVICES, A ND EMERGENCY DEPARTMENTS. DUE TO COVID-19 CLASSES WERE NOT HELD DUE TO RESTRICTED ACCESS T O THE HOSPITAL. BEACH AREA COMMUNITY COURT PROGRAM THE PROGRAM IS AN EDUCATIONAL PROGRAM F OR FIRST TIME OFFENDERS FOR QUALITY OF LIFE CRIMES. THIS IS A COLLABORATION WITH THE SAN D IEGO POLICE DEPARTMENT, PARKS AND RECREATION, DISTRICT ATTORNEY'S OFFICE AND DISCOVER PACI FIC BEACH. EDUCATION IS PROVIDED TO THE PARTICIPANTS REGARDING THESE QUALITY OF LIFE CRIME S AND THEIR EFFECTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALCOHOL CONSUMPTION AND T HE RULES AND REGULATIONS FOR THE BEACH COMMUNITY. DUE TO COVID-19 MEETINGS WERE NOT HELD D UE TO RESTRICTED ACCESS TO THE HOSPITAL. SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE I N FISCAL YEAR 2021 SCRIPPS MEMORIAL HOSPITAL LA JOLLA TRAUMA DEPARTMENT HOSTED A VIRTUAL S AN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE. SCRIPPS PARTNERED WITH CALIFORNIA STATE PA RKS TO HOST AND MODERATE THE VIRTUAL WEBINAR. MORE THAN 100 INDIVIDUALS LOGGED IN FOR THE WEBINAR. INFORMATION WAS SHARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	D ON SEVERAL TOPICS CRITICAL FOR LIFEGUARDS, INCLUDING DOWNING RESUSCITATION: THOUGHTS FRO M A TRAUMA SURGEON - THE CRITICAL ROLE LIFEGUARDS PLAY IN SURVIVAL AND RECOVERY, BUOYANT O R SINKING, MENTAL STATUS CHECK-IN, THE EFFECTS OF COVID-19 ON LIFEGUARD OPERATIONS AND PER SONNEL, AND DE-ESCALATION. THE VIRTUAL LIFEGUARD EDUCATION CONFERENCE HAS NOW BEEN VIEWED OVER 1,000 TIMES. THE TRAUMA DEPARTMENT PLANS TO CONTINUE THIS PARTNERSHIP WITH THE COUNTY LIFEGUARDS TO PROVIDE EDUCATION AND HELP THEM FURTHER IDENTIFY OPPORTUNITIES FOR COMMUNIT Y OUTREACH AND INJURY PREVENTION. SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE SCRIPPS HAS PARTNERED WITH THE SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE TO OFFER "SOFT ROOMS" AT ALL SCRIPPS HOSPITAL FACILITIES EXCEPT SCRIPPS GREEN HOSPITAL. THESE SOFT ROOMS WILL BE AVAILABLE TO PROJECT LIFE ON A MOMENT'S NOTICE TO SERVE AS A SAFE, CON FIDENTIAL ENVIRONMENT FOR LAW ENFORCEMENT TO INTERVIEW VICTIMS OF HUMAN TRAFFICKING AND FO R SERVICE PROVIDERS TO CONNECT WITH THE VICTIMS WITH EMERGENCY SHELTER AND COMMUNITY RESOU RCES. THE SAN DIEGO HUMAN TRAFFICKING TASK FORCE RECEIVES 3,000 TO 8,000 HUMAN TRAFFICKING VICTIMS EVERY YEAR IN SAN DIEGO COUNTY. APPROXIMATELY 80 PERCENT ARE BORN IN THE UNITED S TATES. SAVING LIVES THROUGH STOP THE BLEED CAMPAIGN WHETHER FROM A BULLET WOUND OR OTHER T RAUMATIC INJURY, SEVERE BLOOD LOSS CAN KILL IN JUST FIVE MINUTES. HOWEVER, ONE-FIFTH OF TR AUMA DEATHS, THE LEADING CAUSE OF DEATH FOR AMERICANS UNDER AGE 46, COULD BE PREVENTED BY STAUNCHING THE BLEEDING. SCRIPPS DOCTORS ARE GETTING BEHIND THE NATIONAL STOP THE BLEED CA MPAIGN. SUPPORTED BY THE AMERICAN COLLEGE OF SURGEONS, THE DEPARTMENT OF HOMELAND SECURITY AND NUMEROUS POLICE DEPARTMENTS, IT AIMS TO TEACH BYSTANDERS HOW TO PROPERLY PLACE PRESSU RE ON A WOUND OR APPLY A TOURNIQUET IN AN EMERGENCY. SCRIPPS PROVIDERS PARTICIPATE IN THIS PROGRAM BY TEACHING NONMEDICAL AUDIENCES TO CONTROL LIFE-THREATENING BLEEDING UNTIL PROFE SSIONAL MEDICAL HELP ARRIVES. THE 90-MINUTE COURSE INCLUDES A PRESENTATION AND PRACTICE ON APPLYING DIRECT PRESSURE, WOUND PACKING AND USING A TOURNIQUET. DUE TO COVID-19 MEETINGS WERE NOT HELD DUE TO RESTRICTED ACCESS TO THE HOSPITAL. SAN DIEGO DAY OF TRAUMA AWARENESS CONFERENCE THE SAN DIEGO DAY OF TRAUMA IS AN ANNUAL MEETING AIMED AT ALL HEALTHCARE PROVID ERS. IN ATTENDANCE ARE TRAUMA SURGEONS, NURSES, MEDICAL STUDENTS, EMT SERVICE PROVIDERS AN D LAW ENFORCEMENT. SCRIPPS PARTICIPATES ANNUALLY WITH LOCAL AGENCIES, GIVING ATTENDEES THE OPPORTUNITY TO LEARN MORE ABOUT TRAUMA SERVICES. DUE TO COVID-19 THIS EVENT WAS POSTPONED FOR THE 2020 AND 2021 ACADEMIC YEAR. THE EVENT WILL BE HOSTED AGAIN IN THE FUTURE. DISAST ER PREPAREDNESS EXPO SCRIPPS MERCY HOSPITAL HELD A DISASTER PREPAREDNESS EXPO ON MARCH 23, 2019. THE EVENT INCLUDED A SIDEWALK CPR, STOP THE BLEED WHICH INCLUDE LEARNING BASIC TECH NIQUES OF BLEEDING CONTROL, LEARNING THE SIGNS AND SYMPTOMS OF STROKE AND MEETING THE MEMB ERS OF THE TRAUMA TEAM AT SCRI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PPS MERCY HOSPITAL. DUE TO COVID-19 THIS EVENT WAS CANCELLED DUE TO RESTRICTED ACCESS TO T HE HOSPITAL. BEHAVIORAL HEALTH BEHAVIORAL HEALTH ENCOMPASSES MANY DIFFERENT AREAS INCLUDIN G MENTAL HEALTH AND SUBSTANCE ABUSE. BECAUSE OF THE BROADNESS OF THIS HEALTH ISSUE, IT IS OFTEN DIFFICULT TO CAPTURE THE NEED FOR BEHAVIORAL HEALTH SERVICES WITH A SINGLE MEASURE. MENTAL HEALTH CAN BE DEFINED AS "A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEIN G, AND NOT MERELY THE ABSENCE OF DISEASE". MENTAL ILLNESS IS DEFINED AS "COLLECTIVELY ALL DIAGNOSABLE MENTAL DISORDERS"HEALTH CONDITIONS THAT ARE CHARACTERIZED BY ALTERATIONS IN TH INKING, MOOD, OR BEHAVIOR (OR SOME COMBINATION THEREOF) ASSOCIATED WITH DISTRESS AND/OR IM PAIRED FUNCTIONING". BEHAVIORAL HEALTH IS AN IMPORTANT HEALTH NEED BECAUSE IT IMPACTS AN I NDIVIDUAL'S OVERALL HEALTH STATUS AND IS A COMORBIDITY OFTEN ASSOCIATED WITH MULTIPLE CHRO NIC CONDITIONS, SUCH AS DIABETES, OBESITY AND ASTHMA. A SUMMARY OF THE MAGNITUDE AND PREVA LENCE OF BEHAVIORAL HEALTH IS DESCRIBED BELOW: - THE HASD&IC AND SCRIPPS 2019 CHNA CONTINU ED TO IDENTIFY BEHAVIORAL HEALTH AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMU NITIES SERVED BY SCRIPPS. - THE HASD&IC 2019 CHNA IDENTIFIED BEHAVIORAL HEALTH A TOP PRIOR ITY HEALTH ISSUE BOTH IN THE SECONDARY DATA ANALYSES AND IN THE COMMUNITY ENGAGEMENT EVENT S. - THE COMMUNITY ENGAGEMENT EVENTS CONDUCTED IN THE 2019 CHNA, IDENTIFIED THAT WHILE SAN DIEGO HAS INNOVATIVE PROGRAMS TO ADDRESS MENTAL HEALTH, RESIDENTS FACE CHALLENGES IN ACCE SSING TIMELY, CONSISTENT MENTAL HEALTH CARE. CARE WAS DESCRIBED AS ESPECIALLY DIFFICULT TO OBTAIN WHEN THE MENTAL HEALTH ISSUE WAS NOT CONSIDERED AN EMERGENCY. - HASD&IC 2019 CHNA CONDUCTED A COMMUNITY ENGAGEMENT ANALYSIS AND ACROSS ALL TYPES OF COMMUNITY ENGAGEMENT-FOC US GROUPS, KEY INFORMANT INTERVIEWS, AND THE ONLINE SURVEY. BEHAVIORAL HEALTH ISSUES WERE IDENTIFIED AS BOTH PREVALENT AND DEBILITATING IN THE COMMUNITY. IN THE ONLINE SURVEY, BEHA VIORAL HEALTH WAS RANKED AS THE HEALTH CONDITION HAVING THE GREATEST IMPACT ON THE HEALTH AND WELL-BEING OF SAN DIEGO COUNTY RESIDENTS AND AS THE SECOND MOST IMPACTFUL CONDITION WH EN HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH WERE COMBINED (ONLY ACCESS TO CARE RANKED HIGHER). IN ADDITION, 63% OF SURVEY RESPONDENTS INDICATED THAT THEY BELIEVE BEHAVIO RAL HEALTH IS WORSENING IN SAN DIEGO COUNTY. RESPONDENTS WERE ALSO ASKED TO RANK SPECIFIC BEHAVIORAL HEALTH CONDITIONS HAVING THE GREATEST IMPACT IN SAN DIEGO. THE TOP SEVEN CONDIT IONS IDENTIFIED WERE AS FOLLOWS: 1. ALCOHOL USE DISORDER 2. MOOD DISORDERS 3. SUBSTANCE US E DISORDER 4. ANXIETY 5. OPIOID USE 6. SUICIDE AND SUICIDE THOUGHTS/IDEATION 7. SELF-HARM OR SELF-INJURY - AN ANALYSIS OF MORTALITY DATA IN SAN DIEGO COUNTY FOUND THAT IN 2019, INT ENTIONAL SELF-HARM (SUICIDE) WAS THE NINTH LEADING CAUSE OF DEATH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	- IN 2019, THERE WERE 4945 ED VISITS (147.7 PER 100,000 POPULATION) AND 7861 HOSPITALIZATI ONS (234.9 PER 100,000) RELATED TO MOOD DISORDERS IN SAN DIEGO COUNTY. PERCENT CHANGE FROM 2017 TO 2019 FOR ED IS -16.7% AND FOR HOSPITALIZATION IS -8.7% - IN 2019, THERE WERE 865 ED VISITS (25.8 PER 100,000 POPULATION) AND 171 HOSPITALIZATIONS (5.1 PER 100,000) RELATED TO CANNABIS USE IN SAN DIEGO COUNTY. PERCENT CHANGE FROM 2017 TO 2019 FOR ED IS 29.2% AND FOR HOSPITALIZATION IS 54.0%. THE AGE MOST IMPACTED IS 18-26 WITH 62.5 PER 100,000 POPULA TION FOR ED VISITS AND 15.1 PER 100,000 FOR HOSPITALIZATIONS IN 2019. - IN 2019, THERE WER E 861 ED VISITS (25.7 PER 100,000 POPULATION) AND 379 HOSPITALIZATIONS (11.3 PER 100,000) RELATED TO OPIOID OVERDOSE IN SAN DIEGO COUNTY. PERCENT CHANGE FROM 2017 TO 2019 IS 16.8% FOR ED VISITS AND 19.6% FOR HOSPITALIZATIONS. FOR SEX, MALES (34.6 PER 100,000 POPULATION) ARE 2 TIMES MORE LIKELY TO GO TO THE ED FOR AN OPIOID OVERDOSE THAN FEMALES. FOR RACE/ETH NICITY, NON-HISPANIC BLACK HAVE THE HIGHEST RATE FOR ED VISIT (39.8 PER 100,000) FOLLOWED BY NON-HISPANIC WHITE (31.2 PER 100,000). FOR AGE GROUPS, 27-44 HAVE THE HIGHEST RATE FOR ED VISITS (49.1 PER 100,000), FOLLOWED BY 18-26 FOR ED VISITS (45.1 PER 100,000). SUICIDE AND SUICIDE ATTEMPTS SUICIDE IS A MAJOR COMPLICATION OF DEPRESSION AND A LEADING CAUSE OF NON-NATURAL DEATH FOR ALL AGES IN SAN DIEGO COUNTY, SECOND ONLY TO MOTOR VEHICLE ACCIDENTS . ACCORDING TO THE COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY THE NUMBER AND RA TE OF PEOPLE WHO DIED BY SUICIDE IN SAN DIEGO COUNTY DECLINED SLIGHTLY IN 2020. IN 2020, W HICH INCLUDED THE FIRST 10 MONTHS OF COVID-19, 419 DIED FROM SUICIDE, 10 FEWER THAN THE PR EVIOUS YEAR'S TOTAL OF 429. HOWEVER, THE CONSEQUENCES OF THE PANDEMIC HAVE BOOSTED DEMAND FOR MENTAL HEALTH SERVICES. TO VIEW THE COMPLETE REPORT, VISIT WWW.SPCSANDIEGO.ORG. AMONG THE 2020 REPORT'S FINDINGS: 1. AFTER A PERIOD IN WHICH THE ANNUAL SUICIDE RATE REMAINED ST EADY FROM 2013 TO 2018, THE SUICIDE RATE DROPPED BY 10% SINCE 2018. 2. THE 2020 SUICIDE RA TE IS THE LOWEST SINCE 2010. 3. WHILE THE SUICIDE NUMBERS DECREASED IN 2020, THE COVID-19 PANDEMIC WAS LIKELY A CONTRIBUTOR FACTOR. 4. SUICIDES CONTINUE TO OUTNUMBER HOMICIDES BY A LARGE MARGIN. 5. THERE WERE ABOUT THREE AND A HALF TIMES AS MANY MALE SUICIDES AS THERE W ERE FEMALE SUICIDES. 6. 53% OF ALL SUICIDES ARE WHITE MALES. 7. WHITE MIDDLE-AGED MALES, W HO ARE DIVORCED OR WIDOWED, HAVE THE HIGHEST RATES OF SUICIDE. 8. MALES ARE MORE LIKELY TO USE FIREARMS WHILE FEMALES ARE MORE LIKELY TO USE DRUGS. 9. THE SAN DIEGO COUNTY SUICIDE CONTINUES TO DECREASE BELOW THE NATIONAL RATE AS IS NOW APPROACHING THE CALIFORNIA STATE R ATE. IN 2010, THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA) LAUNCHED A S UICIDE PREVENTION PLANNING PROCESS, WHICH WAS FORMED BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION AND THE CALIFORNIA STRATEGIC PLAN ON SUICIDE PREVENTION. SCRIPPS IS A MEMBER OF THE COMMUNITY HEALTH IMPROVEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ENT PARTNERS (CHIP), WHICH COLLABORATES WITH THE COUNTY ON THIS INITIATIVE. FOR MORE INFOR MATION ON THE STATUS OF SUICIDE AND SUICIDE PREVENTION IN SAN DIEGO COUNTY: 2020 REPORT CA RD. HTTPS://WWW.SDCHIP.ORG/INITIATIVES/SUICIDE-PREVENTION-COUNCIL/REPORTS-RESO URCES/ THE REPORT CARD BRINGS TOGETHER THE MOST RECENT DATA AVAILABLE FROM MULTIPLE SOURCES (FOR THE YEARS 2015 THROUGH 2020) TO PRESENT A PROFILE OF SUICIDES FOR ALL AGES IN SAN DIEGO COUNTY . INFORMATION FROM THE COUNTY MEDICAL EXAMINER, THE ACCESS & CRISIS LINE, HOSPITAL EMERGEN CY DEPARTMENTS, STUDENT SELF-REPORTS, SUICIDE PREVENTION AWARENESS CAMPAIGNS AND SUICIDE P REVENTION TRAINING PROGRAMS ARE PRESENTED TO PROVIDE A MORE COMPLETE UNDERSTANDING OF THE STATUS OF SUICIDE AND EFFORTS TO PREVENT THEM IN SAN DIEGO COUNTY. IN 2019 THERE WERE 3,02 9 EMERGENCY DEPARTMENT DISCHARGES FOR SELF-INFLICTED CAUSES IN SAN DIEGO COUNTY WHICH IS A RATE OF 90.4 PER 100,000 PEOPLE. THE PERCENT OF STUDENTS WHO SERIOUSLY CONSIDERED SUICIDE IN IN 2020 WAS 14.5%. THE BEHAVIORAL HEALTH PROGRAM AT SCRIPPS MERCY ALSO SUPPORTS COMMUN ITY PROGRAMS TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY. SCRIPPS HEALTH BEHAVIORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SU FFERING FROM ACUTE PSYCHIATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVES OR OTHERS. IN SUCH CASES, HOSPITALIZATION MAY BE THE MOS T APPROPRIATE ALTERNATIVE. THE BEHAVIORAL HEALTH INPATIENT PROGRAM AT SCRIPPS MERCY HOSPIT AL HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNE SS AND RESUME THEIR DAILY LIVES. BEHAVIORAL HEALTH CHALLENGES - LIKE MANY BEHAVIORAL HEALT H PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE W ITH THE COST TO PROVIDE CARE. - IN FISCAL YEAR 2021, THE SCRIPPS MERCY BEHAVIORAL HEALTH P ROGRAM EXPERIENCED A $6.3 MILLION LOSS IN TOTAL OPERATIONS, WITH $4.1 MILLION OF THIS LOSS BEING CAPTURED IN MEDI-CAL/CMS AND CHARITY CARE. - IN FISCAL YEAR 2021, 1.9 PERCENT OF PA TIENTS IN THE INPATIENT UNIT WERE UNINSURED. BEHAVIORAL HEALTH OUTPATIENT PROGRAMS SCRIPPS BEHAVIORAL HEALTH ENTERED INTO AN AGREEMENT IN MAY 2016 TO TRANSITION THE INTENSIVE BEHAV IORAL HEALTH OUTPATIENT PROGRAM TO THE FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) AND EXPA ND OUTPATIENT BEHAVIORAL HEALTH OFFERINGS TO THE POPULATION SERVED. COLLABORATION WITH HOS PITAL PARTNERS SUCH AS NAMI, THE FAMILY HEALTH CENTERS OF SAN DIEGO, THE MCALISTER INSTITU TE AND HAZELDEN BETTY FORD HIGHLIGHT SCRIPPS COMMITMENT TO THE COMMUNITY WE SERVE. SCRIPPS HAS ALSO RECEIVED GRANT MONEY AS PART OF THE BEHAVIORAL HEALTH PILOT PROJECT TO EMBED SUB STANCE USE COUNSELORS IN THE EMERGENCY DEPARTMENT TO FACILITATE LINKAGE TO MEDICATION ASSI STED OUTPATIENT PROGRAMS. SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNE RSHIP SCRIPPS MERCY HAS ESTABLISHED AN INITIATIVE WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) TO CREATE A MORE ROBUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	T BEHAVIORAL HEALTH CARE SYSTEM FOR MEDI-CAL PATIENTS THAT RECEIVE CARE AT SCRIPPS MERCY H OSPITAL. THE GOAL IS TO STRENGTHEN THE CONTINUUM OF INTEGRATED PRIMARY AND MENTAL HEALTH S ERVICES FOR PATIENTS DISCHARGED FROM VARIOUS HOSPITAL SETTINGS (MEDICAL AND BEHAVIORAL HEA LTH INPATIENT AND EMERGENCY CARE) THROUGH A VARIETY OF TIMELY PATIENT ENGAGEMENT STRATEGIE S INCLUDING THE EXPANSION OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES ADJACENT TO THE HO SPITAL. THE PARTNERSHIP INVOLVES PLACING SOCIAL WORKERS AND SUBSTANCE USE DISORDER (SUD) C OUNSELORS IN EMERGENCY DEPARTMENTS TO ASSIST WITH DIVERSIONS TO COMMUNITY RESOURCES OR TO MENTAL HEALTH CARE AS APPROPRIATE. IT IS IMPORTANT TO INVOLVE PATIENTS IN APPROPRIATE OUTP ATIENT CARE BEFORE THEIR BEHAVIORAL HEALTH ISSUES BECOME ACUTE, PREVENTING RETURNS TO THE EMERGENCY DEPARTMENT. MENTAL HEALTH OUTREACH SERVICES, A-VISONS VOCATIONAL TRAINING PROGRA M BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNERSHIP WITH THE SAN DIEGO CHAPTER OF MENTAL HEALTH OF AMERICA ESTABLISHED THE A-VISONS VOCATIONAL TRAINING PROGRAM (SOCIAL REHABILITATION AND PREVOCATIONAL SERVICES FOR PEOPLE LIVING WITH MENTAL ILLNESS) TO HELP DECREASE THE STIGMA OF MENTAL ILLNESS AND OFFER VOLUNTEER AND EMPLOYMENT OPPORTUNITI ES TO PERSONS WITH MENTAL ILLNESS. THIS SUPPORTIVE EMPLOYMENT PROGRAM PROVIDES VOCATIONAL TRAINING FOR PEOPLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALLY LEADING TO GREATER INDE PENDENCE. THIS YEAR, BEHAVIORAL HEALTH SERVICES CONTINUED PARTICIPATING IN THE A-VISIONS P ROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SINCE ITS INCEPTION, 636 INQUIRIES HAVE COME IN, 165 OF THESE RESULTED IN QUALIFIED CANDID ATES WITH 101 VOLUNTEERS AND 54 EMPLOYEES THUS FAR. CURRENTLY, THERE ARE A TOTAL OF 20 ACT IVE CANDIDATES: 19 EMPLOYEES AND ONE VOLUNTEER WHO PARTICIPATE IN THIS SUPPORTIVE EMPLOYME NT PROGRAM. THE AVERAGE LENGTH OF EMPLOYMENT FOR THE 54 EMPLOYEES IS 8.6 YEARS, WITH A RAN GE OF 2 MONTHS TO 14.7 YEARS. THE CURRENT PAID EMPLOYEES HAVE BEEN EMPLOYED BETWEEN 2.2 YE ARS TO 14.3 YEARS, WITH THE AVERAGE LENGTH OF EMPLOYMENT BEING 8.5 YEARS. A-VISIONS PARTIC IPANTS HAVE BEEN EMPLOYED ON A CASUAL/PER DIEM BASIS BY SCRIPPS ENVIRONMENTAL SERVICES, FO OD SERVICES AND CLERICAL SUPPORT FOR HEALTH AND INFORMATION SERVICES, EMERGENCY SERVICES, NURSING RESEARCH, HUMAN RESOURCES, ACCESS, BEHAVIORAL HEALTH, CREDENTIALING, LABOR AND DEL IVERY, LABORATORY, MEDICAL STAFFING, PERFORMANCE IMPROVEMENT, SPIRITUAL CARE AND PALLIATIV E CARE SERVICES. PAID A-VISION'S CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHICH ALLOWS THEM TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFITS, MEDICATIONS A ND ONGOING BEHAVIORAL HEALTHCARE THAT SUPPORTS THEIR WORK. COMMUNITY HEALTH IMPROVEMENT PA RTNERS (CHIP) AND THE SUICIDE PREVENTION COUNCIL THE SAN DIEGO COUNTY SUICIDE PREVENTION C OUNCIL (SPC) IS A COLLABORATIVE COMMUNITY-WIDE EFFORT FOCUSED ON REALIZING A VISION OF ZER O SUICIDES IN SAN DIEGO COUNTY. ITS GOAL IS TO PREVENT SUICIDE AND ITS DEVASTATING CONSEQU ENCES IN SAN DIEGO COUNTY. SINCE 2010, WITH SUPPORT FROM THE COUNTY OF SAN DIEGO BEHAVIORA L HEALTH SERVICES, CHIP PROVIDES DIRECT OVERSIGHT AND GUIDANCE TOWARD THE IMPLEMENTATION O F THE SUICIDE PREVENTION ACTION PLAN. THE CORE STRATEGIES OF THE SUICIDE PREVENTION COUNCI L ARE: - ENHANCING COLLABORATIONS TO PROMOTE A SUICIDE-FREE COMMUNITY - CONDUCTING NEEDS A SSESSMENTS TO IDENTIFY GAPS IN SUICIDE PREVENTION SERVICES AND SUPPORTS - DISSEMINATING VI TAL INFORMATION ON THE SIGNS OF SUICIDE AND EFFECTIVE HELP-SEEKING - PROVIDING RESOURCES T O THOSE AFFECTED BY SUICIDE AND SUICIDAL BEHAVIOR - ADVANCING POLICIES AND PRACTICES THAT CONTRIBUTE TO THE PREVENTION OF SUICIDE PSYCHIATRIC LIAISON TEAM (PLT) THE PSYCHIATRIC LIA ISON TEAM IS A MOBILE PSYCHIATRIC ASSESSMENT TEAM. CLINICIANS PROVIDE MENTAL HEALTH EVALUA TION AND TRIAGE SERVICES TO ACCURATELY ASSESS PATIENTS AND PROVIDE THEM WITH THE BEST AND SAFEST COMMUNITY RESOURCES TO PROMOTE ONGOING CARE. THE TEAM AIMS TO HELP PEOPLE ADHERE TO TREATMENT PLANS, REDUCE HOSPITAL READMISSION RATES, RELIEVE SYMPTOMS AND ULTIMATELY ENSUR E THE LONG-TERM STABILIZATION OF THE PATIENT'S MENTAL HEALTH. SCRIPPS WILL CONTINUE TO PRO VIDE A DEDICATED PSYCHIATRIC LIAISON TEAM AT ALL SCRIPPS HOSPITALS EMERGENCY DEPARTMENTS A ND URGENT CARE SETTINGS (RANCHO BERNARDO AND TORREY PINES). MI PUENTE: "MY BRIDGE" TO BETT ER CARDIOMETABOLIC HEALTH AND WELL BEING SCRIPPS WHITTIER DIABETES INSTITUTE RECEIVED A $2 .4 MILLION STUDY GRANT FROM THE NIH'S NATIONAL INSTITUTE OF NURSING RESEARCH IN 2015 TO EV ALUATE MI PUENTE, A PROGRAM AT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS MERCY CHULA VISTA HOSPITAL THAT USES A "NURSE + VOLUNTEER" TEAM APPROACH TO HELP HOSPITALIZED HISPANIC PATIENTS WITH MULTIPLE CHRONIC DISEASES REDUCE THEIR HOSPITALIZATION S AND IMPROVE THEIR DAY-TO-DAY HEALTH AND QUALITY OF LIFE. INDIVIDUALS OF LOW SOCIOECONOMI C (SES) AND ETHNIC MINORITY STATUS, INCLUDING HISPANICS, THE LARGEST U.S. ETHNIC MINORITY GROUP ARE DISPROPORTIONATELY BURDENED BY CHRONIC CARDIOVASCULAR AND METABOLIC CONDITIONS ("CARDIOMETABOLIC" E.G. OBESITY, DIABETES, HYPERTENSION, HEART DISEASE). HIGH LEVELS OF UNM ET BEHAVIORAL HEALTH IN THIS POPULATION CONTRIBUTE TO STRIKING DISPARITIES IN DISEASE PREV ALENCE AND OUTCOMES. A BEHAVIORAL HEALTH NURSE PROVIDES IN-HOSPITAL COACHING TO PATIENTS, WHO ARE THEN FOLLOWED POST DISCHARGE BY A VOLUNTEER COMMUNITY PEER MENTOR TO ASSIST THEM I N OVERCOMING BARRIERS THAT MAY INTERFERE WITH ACHIEVING AND MAINTAINING GOOD HEALTH. MI PU ENTE AIMS TO IMPROVE CONTINUITY OF CARE AND ADDRESS THE (PHYSICAL AND BEHAVIORAL) HEALTH N EEDS OF THE AT-RISK HISPANIC POPULATION. THIS PROGRAM HOLDS PROMISE FOR IMPACTFUL EXPANSIO N TO OTHER CONDITIONS AND UNDERSERVED POPULATIONS. BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES MANY PEOPLE FIND THAT THE DAY-TO-DAY TASKS ASSOCIATED WITH HAVING DIABET ES TESTING ONE'S BLOOD SUGAR, PLANNING MEALS, GETTING ENOUGH PHYSICAL ACTIVITY AND REMEMBE RING TO TAKE MEDICATIONS CAN BE STRESSFUL. A COMMON CONDITION KNOWN AS "DIABETES DISTRESS" CAN BE THE RESULT OF FEELING LIKE IT'S ALL TOO MUCH. SCRIPPS DIABETES CARE AND PREVENTION HAS A DIABETES BEHAVIORAL SPECIALIST ON STAFF TO HELP PEOPLE MANAGE THEIR DIABETES WITHOU T BEING OVERWHELMED OR UNDULY DISTRESSED. THE BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES IS AN INTEGRATED, INTERDISCIPLINARY APPROACH TO MANAGING THE EMOTIONAL AND BE HAVIORAL NEEDS THAT OFTEN LEADS TO BURNOUT OF INDIVIDUALS WITH TYPE 1 AND TYPE 2 DIABETES. THE COLLOCATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES IN THE SAME FACILITY ALLOW FOR A CONVENIENT, WARM HAND-OFF FROM PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST. IT ALSO AFFORD S OPPORTUNITIES FOR PHYSICIANS, DIABETES EDUCATORS AND OTHERS TO RECEIVE CONSULTATION ON B EHAVIORAL HEALTH CONCERNS, AND IN TURN, MORE COMPREHENSIVELY ADDRESS THE MULTI-FACETED NEE DS OF THEIR PATIENTS WITH DIABETES. MENTAL HEALTH SUPPORT SERVICES AT LOCAL SCHOOL-BASED C LINICS SCRIPPS FAMILY MEDICINE RESIDENCY AND SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER HAVE PARTNERED TO OFFER CLINICAL TRAINING OPPORTUNITIES FOR MASTER SOCIAL WORK STU DENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOUTHWEST AND PALOMAR HIGH SCHOOLS. T HESE STUDENTS WORK WITH LOCAL PROVIDERS THAT ADDRESS THE MENTAL HEALTH NEEDS OF VULNERABLE ADOLESCENTS. A VARIETY OF MENTAL HEALTH ISSUES ARE PRESENT FOR LOCAL HIGH SCHOOL STUDENTS . MANY OF THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND SUICIDE RELATED CONCERNS. THE PROGR AM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-BASED C LINIC. DUE TO COVID-19 THE SCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OOLS WERE CLOSED FOR SEVERAL WEEKS AND THEN TRANSITIONED TO A VIRTUAL SETTING. THIS PROGRA M WILL BEGIN IN THE NEW SCHOOL YEAR 2022. PATIENT COMMUNITY SERVICES: BEHAVIORAL HEALTH PA TIENTS ARE REFERRED FROM SCRIPPS MERCY HOSPITAL CHULA VISTA, FOR ASSISTANCE WITH A WIDE VA RIETY OF BEHAVIORAL HEALTH NEEDS INCLUDING ADDICTION, LOSS, ANXIETY AND OTHER MENTAL HEALT H ISSUES. THE WELL-BEING CENTER OFFERS WEEKLY COUNSELING AND/OR REFER PATIENTS TO LOCAL ME NTAL HEALTH COUNSELING SERVICES. THESE SERVICES ARE OFFERED REMOTELY DUE TO COVID-19. ALCO HOLIC ANONYMOUS SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF ALCOHOLIC ANONYMOUS. A FELLOWSHIP OF MEN AND WOMEN WHO SHARE THEIR EXPERIENCE, STRENGTH AND SUPPORT OF EACH OTH ER. DUE TO COVID-19 MEETINGS WERE NOT HELD MOST OF THE YEAR DUE TO RESTRICTED ACCESS TO TH E HOSPITAL. GRIEF RECOVERY AFTER A SUBSTANCE PASSING (GRASP) SCRIPPS HEALTH PROVIDES MEETI NG SPACE FOR MEMBERS OF GRASP. GRASP WAS FOUNDED TO HELP PROVIDE SOURCES OF HELP, COMPASSI ON AND MOST OF ALL, UNDERSTANDING, FOR FAMILIES OR INDIVIDUALS WHO HAVE HAD A LOVED ONE DI E AS A RESULT OF SUBSTANCE USE OR ADDICTION. DUE TO COVID-19 MEETINGS WERE NOT HELD MOST O F THE YEAR DUE TO RESTRICTED ACCESS TO THE HOSPITAL. NATIONAL ALLIANCE OF MENTAL ILLNESS (NAMI) SIBLINGS SUPPORT SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF NAMI SIBLING S UPPORT. THIS IS A CONFIDENTIAL SUPPORT GROUP FOR SIBLINGS OF PERSON WITH MENTAL ILLNESS AN D ADULT CHILDREN OF PARENTS WITH MENTAL ILLNESS. THESE MEETINGS WERE CANCELLED DUE TO COVI D-19 AND RESTRICTED ACCESS TO THE HOSPITAL. SURVIVORS OF SUICIDE LOSS - SAN DIEGO CHAPTER SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF THE SURVIVORS OF SUICIDE LOSS - SAN D IEGO CHAPTER. THE ORGANIZATION REACHES OUT TO AND SUPPORTS PEOPLE WHO HAVE LOST A LOVED ON E TO SUICIDE. THE GOAL IS TO GIVE SURVIVORS A PLACE WHERE THEY CAN BE COMFORTABLE EXPRESSI NG THEMSELVES, A PLACE TO FIND SUPPORT, COMFORT, RESOURCES AND HOPE IN A JUDGMENT-FREE ENV IRONMENT. THESE MEETINGS WERE CANCELLED DUE TO COVID-19 AND RESTRICTED ACCESS TO THE HOSPI TAL. SCRIPPS DRUG AND ALCOHOL RESOURCES THERE ARE MORE THAN 25 MILLION ILLICIT DRUG USERS IN THE US. THERE ARE AN ESTIMATED 136.9 MILLION CURRENT DRINKERS OF ALCOHOLIC BEVERAGES AN D OF THOSE, APPROXIMATELY 23 PERCENT BINGE DRANK IN THE LAST 30 DAYS AND 6.3 PERCENT ARE C ONSIDERED HEAVY DRINKERS. IT IS ESTIMATED THERE ARE 8.7 MILLION UNDER-AGE DRINKERS. SUBSTA NCE USE, PARTICULARLY OPIOID MISUSE, IS A HEALTH CRISIS THAT HAS REACHED EPIDEMIC PROPORTI ONS BOTH NATIONALLY AND LOCALLY. ACCORDING TO THE CDC DRUG USE WAS ALREADY A BIG PROBLEM B EFORE THE CORONAVIRUS PANDEMIC. OVERDOSE DEATHS INCREASED BY 30% NATIONALLY DURING THE PAN DEMIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES AWARE OF THE IMPACT DRUGS AND ALCOHOL CAN HAVE ON OUR COMMUNITY, SCRIPPS HAS DEVELOPED INNOVATIVE WAYS TO TREATING THIS DESTRUC TIVE DISEASE. SCRIPPS HAS DEPLOYED SPECIALIZED NURSES CERTIFIED IN ADDICTION; THEY SEE PAT IENTS AT THEIR BEDSIDE AND WORK CLOSELY WITH THE PATIENT'S ENTIRE HEALTH CARE TEAM TO HELP FACILITATE A SAFE DETOX WHILE HOSPITALIZED. THE SUBSTANCE USE DISORDER SERVICE (SUDS) NUR SES ACT IN A PROACTIVE AND REACTIVE ROLE IN ALL SCRIPPS HOSPITALS, HELPING TO IDENTIFY PAT IENTS WHO ARE AT RISK, OR ARE CURRENTLY EXPERIENCING WITHDRAWAL FROM ADDICTIVE SUBSTANCES. THIS MOBILE GROUP OF SPECIALLY TRAINED DRUG AND ALCOHOL RESOURCE NURSES PROVIDE EDUCATION , INTERVENTIONS AND DISCHARGE PLACEMENT ASSISTANCE TO PATIENTS IN THE SCRIPPS HOSPITALS. T HE RESOURCE NURSES WORK DIRECTLY WITH THE NURSING STAFF AT EACH OF THE HOSPITALS IN SEARCH OF PATIENTS WHO MAY BE AT RISK FOR ALCOHOL/DRUG WITHDRAWAL AND ASSIST WITH IMPLEMENTING A STANDARDIZED PROTOCOL WITHDRAWAL PROCESS. SCRIPPS HAS CHANGED THE WAY WE DELIVER DRUG AND ALCOHOL TREATMENT BY COLLABORATING WITH OTHERS TO DELIVER A CONTINUUM OF CARE THAT IMPROV ES THE HEALTH OF OUR COMMUNITY. WHEN PATIENTS NEED ADDITIONAL CARE, SCRIPPS HAS LINKED ITS ELF TO TWO SEPARATE TREATMENT PROGRAMS DESIGNED TO MEET THE COMMUNITY NEEDS. BETTY FORD CE NTER IN 2016, SCRIPPS PARTNERED WITH THE BETTY FORD CENTER, WHICH EXPANDED ITS DRUG AND AL COHOL TREATMENT PROGRAMMING INTO SAN DIEGO. THIS TREATMENT CENTER BRINGS WORLD-RENOWNED AL COHOL AND DRUG REHAB TO MORE PEOPLE THROUGH WEEKDAY AND WEEKNIGHT OUTPATIENT SERVICES. FAM ILY HEALTH CENTERS OF SAN DIEGO FAMILY HEALTH CENTERS OF SAN DIEGO PROVIDES AN ARRAY OF SE RVICES, INCLUDING OUTPATIENT DRUG AND ALCOHOL TREATMENT ALONG WITH MEDICATION-ASSISTED TRE ATMENT AND HARM REDUCTION PROGRAMS. THEIR SERVICES ALSO INCLUDE INDIVIDUAL COUNSELING AND ONE-ON-ONE SUPPORT, EDUCATIONAL SESSIONS, HIV RESTING, HEPATITIS B & C TESTING AND TREATME NT. SOCIAL DETERMINANTS OF HEALTH IN ADDITION TO THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA, SOCIAL DETERMINANTS OF HEALTH (SDOH) WERE ALSO IDENTIFIED IN ALL THE COMMUNITY E NGAGEMENT ACTIVITIES. APPROXIMATELY 80 PERCENT OF MODIFIABLE RISKS FOR DISEASES ARE ATTRIB UTABLE TO NON-MEDICAL (UPSTREAM) DETERMINANTS OF HEALTH, SUCH AS HEALTH BEHAVIORS, SOCIOEC ONOMIC STATUS, AND ENVIRONMENTAL CONDITIONS. TO PREVENT CHRONIC CONDITIONS AND PROMOTE HEA LTH, GREATER EMPHASIS SHOULD BE PLACED ON POPULATION HEALTH, WHICH HAS BEEN DEFINED TO FOC US ON OUTCOMES AS WELL AS ON THE BROADER FACTORS THAT INFLUENCE HEALTH AT A POPULATION LEV EL, INCLUDING MEDICAL CARE SYSTEMS, THE SOCIAL ENVIRONMENT, AND THE PHYSICAL ENVIRONMENT. THE CHNA IDENTIFIED ECONOMIC SECURITY AS A PRIORITY SDOH NEED IN THE SECONDARY DATA ANALYS ES AND IN THE COMMUNITY ENGAGEMENT PROCESS. ECONOMIC SECURITY REFERS TO THE ABILITY TO MEE T ESSENTIAL FINANCIAL NEEDS SUSTAINABLY, INCLUDING THOSE FOR FOOD, SHELTER, CLOTHING, HYGI ENE, HEALTH CARE, AND EDUCATIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	N. ECONOMIC INSECURITY IS ASSOCIATED WITH: - POOR MENTAL HEALTH DAYS - VISITS TO THE ED FO R HEART ATTACKS - ASTHMA - OBESITY - DIABETES - STROKE - CANCER - SMOKING - PEDESTRIAN INJ URY ECONOMIC INSECURITY MAY ALSO LEAD TO FOOD INSECURITY, WHICH IS LINKED TO: - FAIR OR PO OR HEALTH, ANEMIA, AND ASTHMA IN CHILDREN - MENTAL HEALTH PROBLEMS, DIABETES, HYPERTENSION , HYPERLIPIDEMIA, AND ORAL HEALTH PROBLEMS IN ADULTS - FAIR OR POOR HEALTH, DEPRESSION, AN D LIMITATIONS IN ACTIVITIES OF DAILY LIVING IN SENIORS ECONOMIC SECURITY IS ALSO LINKED TO WAGES. - EDUCATIONAL ATTAINMENT IS DIRECTLY RELATED TO ECONOMIC INSECURITY BY WAY OF LOW WAGES AND/OR LIMITED ACCESS TO EMPLOYMENT - IN SAN DIEGO, ADULTS WHO HAD LESS THAN A HIGH SCHOOL DIPLOMA WAS HIGHEST IN SOUTH (21.9%) AND CENTRAL (19.9%) REGIONS. FOOD INSECURITY F OOD INSECURITY IS THE INABILITY TO AFFORD ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE. THE HAS D&IC 2019 CHNA IDENTIFIED FOOD INSECURITY AND ACCESS TO HEALTHY FOOD AS A SOCIAL DETERMINA NT IMPACTING SAN DIEGO'S PRIORITY HEALTH NEEDS. STUDIES DEMONSTRATE THAT HUNGER SIGNIFICAN TLY IMPACTS HEALTH. LACK OF ACCESS TO HEALTHY FOOD, OFTEN DUE TO AVAILABILITY AND COST, AR E STRESSORS THAT CONTRIBUTE TO DIABETES, HEART DISEASE, OBESITY, AND OTHER BEHAVIORAL HEAL TH ISSUES IN A MYRIAD OF WAYS: - FOOD INSECURE ADULTS WITH DIABETES HAVE HIGHER AVERAGE BL OOD SUGAR. - FOOD-INSECURE ADULTS ARE MORE LIKELY TO BE OBESE. - FOOD INSECURITY IS SIGNIF ICANTLY MORE PREVALENT IN ADULTS WITH MOOD DISORDERS. - FOOD INSECURITY IS ASSOCIATED WITH INCREASED RISK OF SUICIDAL THOUGHTS AND SUBSTANCE USE IN ADOLESCENTS. - FOOD INSECURE SEN IORS HAVE A SIGNIFICANTLY HIGHER LIKELIHOOD OF HEART DISEASE, DEPRESSION, AND LIMITED ACTI VITIES OF DAILY LIVING. - FOOD-INSECURE ADULTS DELAY THE PURCHASE OF FOOD TO BUY MEDICINES . ACCORDING TO AN ISSUE BRIEF FROM THE SAN DIEGO HUNGER COALITION , THE COVID-19 PANDEMIC AND ECONOMIC CRISIS BOTH INCREASED THE STRAIN ON EXISTING NUTRITION INSECURE POPULATIONS A ND INCREASED THE NUMBER OF INDIVIDUALS EXPERIENCING NUTRITION INSECURITY, MANY OF WHOM EXP ERIENCED NUTRITION INSECURITY FOR THE FIRST TIME AND HAD LITTLE KNOWLEDGE OF AVAILABLE RES OURCES. IN ADDITION, THE SAN DIEGO HUNGER COALITION REPORT HIGHLIGHTS APPROXIMATELY ONE IN THREE SAN DIEGANS EXPERIENCE NUTRITION INSECURITY OR ARE UNABLE TO PROVIDE THREE NUTRITIO US MEALS PER DAY FOR THEMSELVES AND/OR THEIR FAMILIES. THIS IS UP FROM AN ESTIMATED ONE IN FOUR SAN DIEGANS IN 2019, WHICH WAS THE LOWEST RATE SINCE THE GREAT RECESSION AND A 10-YE AR LOW FOR THE COUNTY. OF THOSE EXPERIENCING NUTRITION INSECURITY, 28% WERE NEWLY NUTRITIO N INSECURE IN 2020, WHILE 73% WERE ALREADY STRUGGLING TO MEET THEIR NEEDS BEFORE THE COVID -19 PANDEMIC. NUTRITION INSECURITY DISPROPORTIONATELY IMPACTS THOSE WHO ARE BLACK, INDIGEN OUS, AND PEOPLE OF COLOR (BIPOC). THE MOST RECENT US CENSUS AMERICAN COMMUNITY SURVEY DATA INDICATES THAT, WHILE AN ESTIMATED 25% OF THE POPULATION IN SAN DIEGO WAS NUTRITION INSEC URE IN 2019, 44% OF THE BLACK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	POPULATION AND 37% OF THE INDIGENOUS POPULATION WERE NUTRITION INSECURE. SIMILARLY, 44% OF HISPANIC OR LATINX PEOPLE ACROSS RACES WERE NUTRITION INSECURE. NUTRITION INSECURITY ALSO DISPROPORTIONATELY IMPACTS PEOPLE WITH DISABILITIES. IN 2019, 40% OF PEOPLE WITH DISABILI TIES WERE NUTRITION INSECURE. IT IS ANTICIPATED THESE DISPARITIES HAVE WORSENED DURING THE PANDEMIC. IN 2020, DUE TO THE PANDEMIC, THE PERCENT OF THE POPULATION EXPERIENCING NUTRIT ION INSECURITY IN SAN DIEGO COUNTY INCREASED FROM 25% IN 2019 TO A PEAK OF 39% (1,291,000 PEOPLE) IN APRIL 2020, THEN LEVELED OFF TO 30% (1,015,000 PEOPLE) IN NOVEMBER 2020. AS OF JUNE 2021, NUTRITION INSECURITY CONTINUES TO AFFECT ONE IN THREE PEOPLE IN SAN DIEGO COUNT Y. NUTRITION INSECURITY IS EVEN WORSE AMONG CHILDREN. AS OF MARCH 2021, 284,500 CHILDREN, OR 40% OF CHILDREN IN SAN DIEGO COUNTY WERE NUTRITION INSECURE. NUTRITION INSECURITY IS AL SO PERVASIVE AMONG SENIORS, WITH 146,000, OR 30% OF SENIORS IN SAN DIEGO COUNTY FACING NUT RITION INSECURITY. SAN DIEGO COUNTY MARCH 2021 NUTRITION INSECURITY RATES - TOTAL NUTRITIO N INSECURE POPULATION: 1,035,000 - THIS REPRESENTS 31% OF TOTAL POPULATION (3,347,270), OR 1 IN 3 PEOPLE - NUTRITION INSECURE CHILDREN: 284,500 - THIS REPRESENTS 40% IF THE TOTAL C HILD POPULATION IN SAN DIEGO COUNTY (717,000) OR MORE THAN 2 IN 5 CHILDREN - NUTRITION INS ECURE SENIORS: 146,000 - THIS REPRESENTS 30% OF TOTAL SENIOR POPULATIONS IN SAN DIEGO COUN TY (487,000) FEDERAL CAL-FRESH PROGRAM THE CAL-FRESH PROGRAM, FEDERALLY KNOWN AS THE SUPPL EMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IS THE NATION'S LARGEST NUTRITION ASSISTANCE P ROGRAM AND HELPS FEED 40 MILLION AMERICANS EACH YEAR. THE FEDERAL GOVERNMENT FUNDS SNAP BE NEFITS AND SHARES THE COST WITH THE STATES. SNAP RECIPIENTS RECEIVE FUNDS MONTHLY, WHICH A RE LOADED ONTO AN ELECTRONIC BENEFIT TRANSFER CARD THAT THEY CAN USE TO PURCHASE FOOD FROM PARTICIPATING RETAILERS. SNAP SERVES AS A CRITICAL PIECE OF THE SOCIAL SAFETY NET AND HAS HELPED ENSURE THAT MILLIONS OF AMERICANS HAVE FOOD TO EAT DURING THE PANDEMIC. THE LARGES T SOURCE OF FOOD ASSISTANCE IN SAN DIEGO COUNTY CONTINUES TO BE THE CAL-FRESH (SNAP) PROGR AM. THE TOTAL AMOUNT OF FOOD ASSISTANCE FROM THE CAL-FRESH PROGRAM IN 2020 INCREASED BY AN ESTIMATED 8 MILLION MEALS BETWEEN JANUARY AND NOVEMBER 2020. INCREASES IN CAL-FRESH BENEF ITS AND UNEMPLOYMENT LAST YEAR KEPT FOOD INSECURITY FROM GROWING EXPONENTIALLY DUE TO THE PANDEMIC AND THE ECONOMIC SHUTDOWN, BUT THE CHALLENGE PERSISTS FOR MILLIONS OF PEOPLE AND COULD GROW AS SOME OF THE TEMPORARY BENEFITS ASSOCIATED WITH THE PANDEMIC EXPIRE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM) ACCORDING TO A REPORT RELEASED BY THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE, WWW.SAN DIEGO COUNTYOI.ORG, THE EFFECT OF POVERTY AN D FOOD INSECURITY ON STUDENTS' OVERWEIGHT AND OBESITY RATES CAN MOST PROFOUNDLY BE OBSERVE D WHEN LOOKING AT DISTRICTS WITH HIGH CONCENTRATIONS OF STUDENTS ENROLLED IN THE FEDERAL R EDUCED-PRICE MEALS PROGRAM (FRPM). ALL STUDENTS CAN PARTICIPATE IN SCHOOL NUTRITION PROGRA MS; HOWEVER, STUDENTS WITH FAMILY INCOMES UNDER 130% OF THE FEDERAL POVERTY LEVEL ARE ELIG IBLE FOR FREE MEALS, AND THOSE WITH INCOMES BETWEEN 130% AND 185% OF THE POVERTY LEVEL ARE ELIGIBLE FOR LOW-COST (OR "REDUCED PRICE") MEALS. STUDENTS ENROLLED IN THIS PROGRAM NOT O NLY COME FROM LOWER INCOME HOUSEHOLDS BUT ARE ALSO LIKELY TO BE FOOD INSECURE (CALIFORNIA DEPARTMENT OF EDUCATION, STUDENT POVERTY FRPM DATA). PRE-COVID, HALF OF ALL PUBLIC-SCHOOL STUDENTS - OVER 250,000 CHILDREN WERE ENROLLED IN THE FREE & REDUCED-PRICE MEAL PROGRAM. W HEN SCHOOLS CLOSE, WHETHER FOR A SCHEDULED SCHOOL CLOSURE LIKE SUMMER OR AN UNSCHEDULED SC HOOL CLOSURE LIKE A PANDEMIC OR WILDFIRE, FAMILIES OFTEN STRUGGLE TO ENSURE THEIR CHILDREN HAVE THE NUTRITIOUS FOOD THEY NEED TO LEARN, GROW, AND THRIVE. FOR KIDS WHO DEPEND ON SCH OOL MEALS FOR CONSISTENT NUTRITION, MISSED MEALS MEAN SETBACKS IN PHYSICAL HEALTH, EMOTION AL HEALTH, AND ACADEMIC FULFILLMENT. COVID-19 FORCED SCHOOLS INTO DISTANCED LEARNING, CAUS ING MILLIONS OF CHILDREN NATIONWIDE TO LOSE ACCESS TO FREE AND REDUCED-PRICE SCHOOL MEALS. AS A RESULT, FOOD INSECURITY INCREASED MOST DRAMATICALLY AMONG FAMILIES WITH SCHOOL-AGE K IDS. IN SAN DIEGO COUNTY ALONE, FOOD INSECURITY ROSE FROM 1 IN 5 CHILDREN TO 2 IN 5 CHILDR EN SINCE THE START OF THE PANDEMIC. THE PANDEMIC-EBT (P-EBT) PROGRAM, INTRODUCED IN 2020, WAS QUICKLY RECOGNIZED BY FAMILIES AND ANTI-HUNGER ADVOCATES AS THE MOST DIRECT AND EFFECT IVE WAY TO CLOSE THE CHILD MEAL GAP DURING TIMES OF SCHOOL CLOSURES (SAN DIEGO HUNGER COAL ITION). THE PROGRAMS HIGHLIGHTED BELOW ARE WAYS THAT SCRIPPS HEALTH IS ADDRESSING FOOD INS ECURITY, SCREENINGS AND ELIGIBILITY BENEFITS. SCRIPPS HEALTH CALFRESH SCREENINGS AS HEALTH CARE DELIVERY SYSTEMS MOVES TOWARDS A POPULATION HEALTH PARADIGM THAT INCENTIVIZES KEEPIN G PATIENT'S HEALTHY, HOSPITALS AND CLINICS ARE RECOGNIZING THE SIGNIFICANCE OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH, SUCH AS FOOD INSECURITY (FI). HOSPITALS HAVE BEEN MORE PROA CTIVE IN INTERVENING AT SOME LEVEL OF CARE TO AID THE INDIVIDUALS SUFFERING FROM FI AND TH EIR ABILITY TO GAIN CONTROL OVER THEIR HEALTH. ACCORDINGLY, FOOD ASSISTANCE PROVIDED BY TH E SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)-KNOWN AS CALFRESH IN CALIFORNIA, SIGNIF ICANTLY REDUCES THE RATE AND SEVERITY OF POVERTY THROUGHOUT THE STATE (CALIFORNIA BUDGET & POLICY CENTER, 2018). WHILE SNAP AND WOMEN'S, INFANTS, CHILDREN (WIC) HAVE BEEN SUCCESSFU L IN ASSISTING LOW-INCOME CHILDREN AND THEIR FAMILIES WITH ADDITIONAL FUNDING FOR PURCHASI NG HEALTHY FOODS, THERE IS EVI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	DENCE THAT SUGGESTS SCREENING FOR FI IN HEALTHCARE SETTINGS IS THE BEST INDICATOR FOR PATI ENTS TO ACCESS FOOD-RELATED ASSISTANCE. THE PUBLIC RESOURCE SPECIALIST (PRS) TEAM SCREEN A LL UNINSURED PATIENTS WHO HAVE RECEIVED SERVICES AT ANY OF THE FIVE SCRIPPS HOSPITAL FACIL ITIES. SCRIPPS HEALTH BEGAN SCREENING FOR CALFRESH IN JUNE 2017 THROUGH THE SUPPORT OF THE PRS TEAM. THE TEAM HAS BEEN SUCCESSFUL IN HAVING AN IMPORTANT CONVERSATION ABOUT FOOD INS ECURITY WITH PATIENTS AND IN FISCAL YEAR 2021, THE PRS TEAM SUCCESSFULLY SCREENED 4,551 FO OD INSECURE PATIENTS. OUT OF THOSE SCREENINGS, PRS SUBMITTED 3,418 MEDI-CAL APPLICATIONS T O THE COUNTY AND 31% OF THE APPLICATIONS SUBMITTED WERE FOR BOTH MEDI-CAL AND CALFRESH. SC RIPPS MERCY WIC PROGRAM THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) PROVIDES NUTRITIOUS FOOD, EDUCATION, AND OTHER SUPPORT TO LOW-INCOME PREGN ANT, POSTPARTUM, AND BREASTFEEDING WOMEN AND THEIR CHILDREN UP TO AGE 5. THE $6 BILLION PR OGRAM IS FEDERALLY FUNDED AND ADMINISTERED BY USDA'S FOOD AND NUTRITION SERVICES AND LOCAL AGENCIES. WIC HELPS ADDRESS SOME SDOH BY PROVIDING ITS PARTICIPANTS WITH GREATER FOOD SEC URITY, EDUCATING THEM ABOUT NUTRITION, ASSISTING THEM WITH BREASTFEEDING, AND REFERRING PA RTICIPANTS TO SOCIAL SERVICE AGENCIES THAT MAY HELP THEM WITH HOUSING AND OTHER NEEDS. SCR IPPS MERCY WILL CONTINUE TO OFFER WIC SERVICES THROUGH ITS LARGEST DISTRIBUTION LOCATION B ASED IN THE CITY HEIGHTS COMMUNITY. THE SCRIPPS MERCY WIC PROGRAM, A FEDERALLY FUNDED NUTR ITION PROGRAM TARGETING PREGNANT AND PARENTING WOMEN AND THEIR CHILDREN (AGES 0 TO 5), IS ONE OF FIVE WIC PROGRAMS OPERATING IN SAN DIEGO COUNTY. WIC SERVICES PROVIDE NUTRITION EDU CATION, COUNSELING SERVICES AND FOOD VOUCHERS FOR AN AVERAGE OF 6,200 LOW-INCOME WOMEN, IN FANTS AND CHILDREN MONTHLY. IN FISCAL YEAR 2021, THE WIC PROGRAM SERVED 70,450 CLIENTS. LA CTATION EDUCATION AND SUPPORT SERVICES ARE OFFERED TO IMPROVE BREASTFEEDING AMONG POSTPART UM AND PARENTING WOMEN. THE SCRIPPS MERCY SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANT S AND CHILDREN (WIC) HAS DISTRIBUTION SITES AT LA MAESTRA FAMILY CLINIC/CITY HEIGHTS WELLN ESS CENTER, AS WELL AS LINDA VISTA HEALTH CENTER AND OTHER STOREFRONT FACILITIES IN CENTRA L AND SOUTH SAN DIEGO COUNTY. IN NOVEMBER 2021, SCRIPPS WIC SERVICES MOVED TO A SUITE AT T HE PRICE ENTITIES BUILDING. FOOD FINDERS - RESCUING FOOD, REDUCING HUNGER SCRIPPS CORPORAT E FOOD SERVICE PARTNERED WITH FOOD FINDERS, A MULTI-REGIONAL FOOD BANK AND FOOD RESCUE PRO GRAM THAT CONNECTS BUSINESSES TO CHARITABLE INSTITUTIONS IN NEED OF DONATIONS. FOOD FINDER S CONNECTED SCRIPPS WITH INTERFAITH COMMUNITY SERVICES IN ESCONDIDO, WHICH DISTRIBUTES FOO D TO PEOPLE IN NEED. ALL LEFTOVER FOOD FROM SCRIPPS CORPORATE FACILITIES IS PACKAGED, PICK ED UP EACH DAY AND TRANSFERRED TO THE SCRIPPS 4S RANCH FOOD AND NUTRITION SERVICES FREEZER FOR STORAGE. THE COST IS MINIMAL, AS SCRIPPS USES THE SAME AMOUNT OF LABOR TO PACKAGE THE FOOD AS IT WOULD TO DISPOSE O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	F IT, AND UNSOLD "GRAB AND GO" ITEMS ARE ALREADY PACKAGED. INTERFAITH COMMUNITY SERVICES P ICKS UP THE PACKAGED FROZEN FOOD TWICE PER WEEK AND TRANSPORTS IT TO ONE OF THEIR FACILITI ES TO HELP FEED THE COMMUNITY. THIS PROGRAM IS CURRENTLY ON HOLD DUE TO THE COVID-19 PANDE MIC. COOKING FOR HEALTH SCRIPPS CENTER FOR INTEGRATIVE MEDICINE AND BASTYR UNIVERSITY'S MA STER OF SCIENCE IN NUTRITION FOR WELLNESS PROGRAM COLLABORATE ON OFFERING FREE CLASSES THA T TEACH INDIVIDUALS HOW TO MAKE VEGETARIAN AND VEGAN MEALS THAT ARE DELICIOUS AND EASY TO PREPARE. PARTICIPANTS LEARN HOW TO COOK HEALTHY MEALS AND ARE EDUCATED ON WHY INGREDIENTS ARE CHOSEN AND THE HEALTH BENEFITS. THESE COOKING CLASSES FOCUS ON DISEASE PREVENTION, RED UCING OBESITY AND IMPROVING CHRONIC HEALTH ISSUES. DUE TO COVID-19 CLASSES WERE NOT HELD D UE TO RESTRICTED ACCESS TO THE HOSPITAL. SCRIPPS EMPLOYEE FOOD SHARING PROGRAM EMPLOYEES F ROM ACROSS THE SYSTEM BEGAN REACHING OUT ABOUT FOOD RESOURCES FOR COLLEAGUES AT SCRIPPS. A S A RESULT OF THESE MUTUAL CONCERNS THE SCRIPPS EMPLOYEE FOOD SHARING PROGRAM WAS ESTABLIS HED TO ASSIST SCRIPPS FAMILIES EXPERIENCING FOOD INSECURITY AS THE COVID-19 CRISIS CONTINU ED. A FOOD DISTRIBUTION EVENT WAS HELD ON MARCH 27, 2021. THE SCRIPPS EMPLOYEE FOOD SHARIN G PROGRAM SUCCESSFULLY DISTRIBUTED FOOD TO 127 COLLEAGUES AND 499 FAMILIES WHO FOUND THEMS ELVES IN NEED OF ASSISTANCE DURING THIS COVID-19 CRISIS. FOOD DISTRIBUTED: 8,316 POUNDS OF GROCERIES AND EACH STAFF MEMBER RECEIVED MILK, EGGS, BREAD, FRUIT, VEGETABLES, A BOX OF N ON-PERISHABLE FOOD AND A FRESHLY PREPARED MEAL FROM COLORS CAF. IN ADDITION, 105 GIFT CARD S TOTALING $2,320 WERE DISTRIBUTED AND DONATIONS BY PAYROLL DEDUCTION OF 253 EMPLOYEES DON ATED $15,845. MANY OF THE RECIPIENTS SHARED WORDS OF THANKS AND GRATITUDE TO THEIR SCRIPPS FAMILY. ONE EVEN NOTED HOW THEY WERE APPRECIATIVE TO WORK FOR "SUCH AN AWESOME ORGANIZATI ON THAT IS THERE FOR ME WHEN TIMES ARE TOUGH." MANY DEPARTMENTS WORKED COLLABORATIVELY TO MAKE THIS INITIATIVE A SUCCESS SUCH AS HUMAN RESOURCES, FOOD AND NUTRITION SERVICES, AND S ECURITY AND FACILITIES TO NAME A FEW. THE SCRIPPS LEADERSHIP ACADEMY ALUMNI ALSO VOLUNTEER ED TO HELP PACKAGE AND DISTRIBUTE THE FOOD. MUCH APPRECIATION TO THE EMPLOYEES, PHYSICIANS AND VENDORS WHO DONATED TO THE PROGRAM AS THEIR GENEROSITY HELPED TO MAKE A DIFFERENCE FO R MANY DURING A DIFFICULT TIME. FULL ACCESS AND COORINDATED TRANSPORTATION (FACT) INC. IN 2019, SCRIPPS ENTERED A PARTNERSHIP WITH A LOCAL NONPROFIT- FACILITATING ACCESS TO COORDIN ATED TRANSPORTATION (FACT) INC., FOR ON-DEMAND RIDES FOR PATIENTS. SCRIPPS STAFF RELIES ON FACT TO ARRANGE FOR PATIENTS GET TO APPOINTMENTS AND FOR DISCHARGED PATIENTS TO RETURN HO ME OR GET TO OTHER FACILITIES. THIS COLLABORATIVE SERVICE HAS QUICKLY PROVED TO BE A RELIA BLE, CONVENIENT, AND COST-EFFECTIVE SOLUTION TO ONE OF THE DIFFICULT AND EXPENSIVE CHALLEN GES IN ACCESSING MEDICAL CARE TRANSPORTATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THE PROGRAM STREAMLINES A VARIETY OF MEDICAL TRANSPORTATION OPTIONS THROUGH A SINGLE POINT OF CONTACT AT FACT. FACT PROVIDED RIDES FOR PATIENTS INCLUDING THOSE WHO NEED SPECIALIZED VEHICLES OR PERSONAL ASSISTANCE TO COMPLETE THE TRIP. SCRIPPS STAFF USE A SINGLE TELEPHON E NUMBER TO CONTACT STAFF AT FACT, WHO THEN HANDLE THE SELECTION OF THE APPROPRIATE VEHICL E, EQUIPMENT, AND PERSONNEL, AND DISPATCH THE RIDE. THE PROGRAM PROVIDES SAVINGS IN PROCES SING TIME, COST OF TRANSPORTATION AND IT OFFERS THE RIDER A MORE RELIABLE AND CONVENIENT T RANSPORTATION SERVICE. THE INITIAL PILOT PROJECT WAS PARTLY FUNDED BY A COMMUNITY ENHANCEM ENT GRANT AWARDED TO FACT BY THE COUNTY OF SAN DIEGO. SCRIPPS REALIZED A BENEFIT USING FAC T TRANSPORT AS A COST SAVINGS; RATHER THAN USING TAXI VOUCHERS, AS WELL AS TRIPS THAT COUL D TAKE SCRIPPS STAFF A GREAT DEAL OF TIME TO FIND A VENDOR TO DO AS OTHER VENDORS MAY NOT BE ABLE TO DO TRIPS TO THE BORDER OR IMPERIAL COUNTY AS READILY. FACT IS A CLEARINGHOUSE O F SORTS WITH MULTIPLE VENDORS AND THEREFORE SAVES THE STAFF TIME IN FINDING THE APPROPRIAT E TRANSPORT AT THE RIGHT TIME. SCRIPPS AND FACT RENEWED THEIR AGREEMENT IN 2021 THAT WILL PHASE THIS SERVICE TO ALL SCRIPPS HOSPITALS AND ENABLE STAFF TO SCHEDULE RIDES VIA FACT'S CALL CENTER. TRANSPORTATION IS AVAILABLE 7 DAYS A WEEK FOR SCRIPPS DISCHARGED PATIENTS TO ANY LOCATION WITHIN SAN DIEGO AND BEYOND. MOST RIDES BEGIN AND END AT THE CURBSIDE, HOWEVE R DOOR THROUGH DOOR RIDES, WHEELCHAIR ACCESSIBLE RIDES AND GURNEY RIDES ARE AVAILABLE ON D EMAND. FACT HAS PROVIDED 882 RIDES THROUGH AUGUST 2021 FOR SCRIPPS PATIENTS THROUGHOUT SAN DIEGO AND AS FAR AWAY AS IMPERIAL COUNTY. IN ADDITION, FACT HAS DELIVERED OVER 3,200 FOOD BOXES TO SAN DIEGO HOUSEHOLDS DURING APRIL 2020-MARCH 2021. THIS SERVICE WAS FUNDED BY SA NDAG GRANTS AND PROVIDED IN COLLABORATION WITH THE COUNTY OF SAN DIEGO AND 2-1-1. FACT TRA NSPORTED APPROXIMATELY 300 HOMELESS INDIVIDUALS TO AND FROM SHELTERS/HOTELS AND OTHER LOCA TIONS FOR QUARANTINING AND TESTING DURING MARCH 2020-JANUARY 2021. THIS SERVICE WAS MADE P OSSIBLE THROUGH A PARTNERSHIP WITH THE SAN DIEGO COUNTY HEALTH & HUMAN SERVICES AGENCY (HS SA). OVER 32,000 FREE TRIPS ON RIDEFACT ALSO FUNDED BY SANDAG, WERE PROVIDED FOR ESSENTIAL NEEDS AS WELL AS FOR ESSENTIAL WORKERS DURING THE PANDEMIC (MARCH 2020-FEBRUARY 2021). OV ER 4,000 NEW RIDERS WERE ADDED TO FACT'S CLIENT BASE. THE FOLLOWING ARE THE DIFFERENT TRAN SPORTATION MODALITIES THAT FACT-SD PROVIDES: - AMBULATORY - THE RIDER CAN WALK ALONE TO AN D FROM THE VEHICLE - CURB-TO-CURB - THE RIDER WILL BE PICKED UP AND DROPPED OFF AT THE CUR B OF THE FACILITY/RESIDENCE - DOOR-TO-DOOR - THE RIDER REQUIRES THE DRIVER TO WALK THEM FR OM THE DOOR OF THE FACILITY/RESIDENCE TO THE VEHICLE AND FROM THE VEHICLE TO THE DOOR OF T HE FACILITY/RESIDENCE - DOOR-THROUGH-DOOR - THE RIDER REQUIRES THE DRIVER TO COME INSIDE T HE FACILITY AND TRANSPORT THEM TO THE VEHICLE, THE DRIVER WILL DROP THEM OFF AT THE DOOR O F THE FACILITY OR RESIDENCE -

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ACCESSIBLE VEHICLES AND MOBILITY DEVICES - WALKER, CANE, FOLDING WHEELCHAIR, WHEELCHAIR, S COOTER, AND VEHICLES EQUIPPED WITH RAMP OR LIFT - GURNEY TRANSPORTATION SCRIPPS EMPLOYEE S PONSORED HOLIDAY DRIVES THE HOLIDAYS INSPIRE MANY WITH THE SPIRIT OF GIVING, AND IN A YEAR LIKE NO OTHER, GENEROSITY WAS IN FULL FORCE AT SCRIPPS THROUGHOUT THE HOLIDAY SEASON. EAC H YEAR SCRIPPS STAFF PUT IN TIME AND ENERGY INTO VARIOUS DONATION DRIVES TO HELP THOSE IN OUR COMMUNITY WHO NEED ASSISTANCE. SCRIPPS TEAMS DONATED CLOTHING, HOUSEHOLD NECESSITIES A ND MORE, INCLUDING: - BOYS AND GIRLS CLUB - ADOPTED THREE FAMILIES WHO HAD BEEN DIRECTLY A FFECTED WITH JOB LOSS AND/OR ILLNESS - STANDUP FOR KIDS - HYGIENE AND SNACK PACKS - POLINS KY CHILDREN'S CENTER PROMISE2KIDS CAMPAIGN (ORGANIZATION PROMOTES FOSTER CARE IN CHILDREN) - 38 TOY ITEMS AND 14 MONETARY GIFTS - SOUTH BAY COMMUNITY SERVICES - TOYS AND GIFT CARDS IN ADDITION, SCRIPPS EMPLOYEES "ADOPTED" SEVERAL FAMILIES IN SAN DIEGO WHO WERE EXPERIENC ING A TOUGH YEAR. SCRIPPS MERCY HOSPITAL HELD ITS ANNUAL HOLIDAY TOY DRIVE IN EARLY DECEMB ER TO BENEFIT THE PEDIATRIC PATIENTS OF LA MAESTRA COMMUNITY HEALTH CENTER IN CITY HEIGHTS . LA MAESTRA'S MISSION GOES BEYOND PROVIDING QUALITY HEALTH CARE TO THE COMMUNITIES IT SER VES. THE LA MAESTRA CIRCLE OF CARE BEGINS WITH THE HEALTH OF THE INDIVIDUAL AT ITS CORE AN D EXTENDS OUT INTO THE "WELL-BEING OF THE INDIVIDUAL", WHICH CAPTURES ALL NON-MEDICAL NEED S. DAILY, INDIVIDUALS COME TO LA MAESTRA FOR ONE TYPE OF SERVICE AND END UP IDENTIFYING SE VERAL OTHER SERVICES AVAILABLE TO MEET THEIR GREATER, AND UNRECOGNIZED NEEDS. FOSTERING VO LUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN PEOPLE TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY. FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTE ER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT TO MAKE AN EVEN LARGE R IMPACT ON THEIR COMMUNITY. SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLOYEES AND PH YSICIANS WITH COMMUNITY NEEDS, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND PROVI DING FREE MEDICAL AND SURGICAL CARE FOR PATIENTS IN NEED. IN ADDITION TO THE FINANCIAL COM MUNITY BENEFIT CONTRIBUTIONS MADE DURING FISCAL YEAR 2021, SCRIPPS EMPLOYEES AND AFFILIATE D PHYSICIANS DONATED A SIGNIFICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS SPONSORED COMMUNITY BENEFIT PROGRAMS. WITH CLOSE TO 11,231 HOURS, THE ESTIMATED DO LLAR VALUE OF THIS VOLUNTEER LABOR IS $617,573*, WHICH IS NOT INCLUDED IN THE SCRIPPS FISC AL YEAR 2020 COMMUNITY BENEFIT PROGRAMS AND SERVICES TOTALS. (*CALCULATION BASED UPON AN A VERAGE HOURLY WAGE FOR THE SCRIPPS HEALTH SYSTEM PLUS BENEFITS). PROFESSIONAL EDUCATION & HEALTH RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS. WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HE ALTH CARE PROVIDERS, OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONAL S, THE QUALITY OF HEALTH CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	WILL BE GREATLY DIMINISHED. MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND INNOVATIVE TREATMENTS. EACH YEAR, SCRIPP S ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH, MEDICAL E DUCATION AND HEALTH PROFESSIONAL EDUCATION. DURING FISCAL YEAR 2020 (OCTOBER 2020 TO SEPTE MBER 2021), SCRIPPS INVESTED $33,228,893 IN PROFESSIONAL TRAINING PROGRAMS AND CLINICAL RE SEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES IN SAN DIEGO COUNTY. THIS SECTI ON HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AND HEALTH RESEARCH ACTIVITIES. HEALTH PR OFESSIONS TRAINING SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION A KEY COMPONENT OF SCRIPPS MI SSION IS TO ADVANCE THE EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS AND SPONSOR GRADUATE MEDICAL EDUCATION. BY INVESTING IN THESE AREAS, WE HELP SECURE QUALITY CARE FOR O UR COMMUNITY. SCRIPPS HAS BEEN TRAINING FUTURE PHYSICIANS LONGER THAN ANY OTHER INSTITUTIO N IN SAN DIEGO. FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATION PR OGRAMS HAVE HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION. SCRIPPS HAS A C OMPREHENSIVE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIP PS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL. SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS ARE WELL-KNOWN FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUS ES ON PATIENT-CENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCLUDING INT ERNAL MEDICINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE. IN FISCAL YEAR 20 21, SCRIPPS ENROLLED A TOTAL OF 157 RESIDENTS AND 51 FELLOWS THROUGHOUT THE SCRIPPS HEALTH SYSTEM. MORE DETAILS ON THESE PROGRAMS ARE INCLUDED IN SECTION EIGHT AND NINE OF THE COMM UNITY BENEFIT REPORT. IN ADDITION, SCRIPPS HAS A PHARMACY RESIDENCY PROGRAM WHICH TRAIN RE SIDENTS WITH DOCTOR OF PHARMACY DEGREES. UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICI NE FELLOWHIPS PROGRAM THE UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP P ROGRAM IS A ONE-YEAR PROGRAM DESIGNED FOR PHYSICIANS WHO WISH TO BECOME SUB-SPECIALISTS AN D HAVE A LONG-TERM CAREER IN HOSPICE AND PALLIATIVE MEDICINE. THIS IS A UNIQUE PARTNERSHIP IN WHICH UCSD AND SCRIPPS HEALTH SHARE RESPONSIBILITY FOR THE FELLOWS, WITH TRAINEES SPEN DING EQUAL TIME IN BOTH INSTITUTIONS WITH ALL THE BENEFITS OF BOTH INSTITUTIONS. THE FELLO WSHIP PREPARES TRAINEES TO WORK IN A VARIETY OF ROLES, INCLUDING LEADERSHIP POSITIONS IN T HE FIELD. GRADUATES HAVE SUCCESSFULLY BECOME HOSPICE MEDICAL DIRECTORS AND PALLIATIVE MEDI CINE CONSULTANTS IN OUTPATIENT AND INPATIENT SETTINGS ACROSS THE UNITED STATES. FELLOWS WH O COMPLETE THE UCSD/SCRIPPS HEALTH PROGRAM ARE WELL EQUIPPED TO PRACTICE IN DIVERSE SETTIN GS, INCLUDING ACUTE PALLIATIVE CARE UNITS, INPATIENT CONSULTATION, OUTPATIENT CONSULTATION , PATIENTS' HOMES, AND LONG-TERM CARE FACILITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS CONFERENCE SERVICES AND CONTINUING MEDICAL EDUCATION (CME) SCRIPPS CONFERENCE SERV ICES AND CONTINUING MEDICAL EDUCATION (CME) IS COMMITTED TO IMPROVING THE QUALITY OF HEALT H CARE AND ADVANCING THE PRACTICE OF MEDICINE BY PROVIDING EVIDENCE-BASED, UP-TO-DATE AND CLINICALLY RELEVANT CONTINUING MEDICAL EDUCATION COURSES. CME IS REQUIRED FOR MEDICAL CRED ENTIALING AND MADE AVAILABLE TO PRACTITIONERS ON A COMMUNITY-WIDE BASIS. SCRIPPS HEALTH IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVI DE AMA PRA CATEGORY 1 CREDIT(S) FOR PHYSICIANS. CREDITS FOR OTHER HEALTH PROFESSIONALS ARE ALSO AVAILABLE. IN FISCAL YEAR 2020 SCRIPPS CONTINUING MEDICAL EDUCATION DEPARTMENT PROVI DED A VARIETY OF COURSES AND CONFERENCES WHICH INCLUDED THE FOLLOWING: MELANOMA 2021 31ST ANNUAL CUTANEOUS MALIGNANCY UPDATE DURING THIS COURSE, NATIONALLY RECOGNIZED EXPERTS PRESE NTED INFORMATION ON PREVENTION, RISK ASSESSMENT, EARLY DETECTION, GENETIC FACTORS, AND CUR RENT AND FUTURE TREATMENT CHOICES FOR MELANOMA PATIENTS. ISSUES CONCERNING SURGICAL MANAGE MENT, ADJUVANT THERAPY, ADVANCED DISEASE THERAPY, AND PERSONALIZING THE COURSE OF TREATMEN T FOR INDIVIDUAL PATIENTS WERE ALSO DISCUSSED. THIS COURSE WAS DESIGNED TO PROVIDE INFORMA TION THAT WILL HELP CLINICIANS IN THEIR DECISION MAKING WHEN CARING FOR MELANOMA PATIENTS. SCRIPPS MD ANDERSON CANCER CENTER CLINICAL HEMATOLOGY & ONCOLOGY CONFERENCE THE CLINICAL HEMATOLOGY AND ONCOLOGY CONFERENCE WAS DESIGNED FOR HEMATOLOGISTS, ONCOLOGISTS, SURGEONS, RADIATION ONCOLOGISTS, INTERNISTS, AND OTHERS DESIRING AN UPDATE IN THESE SPECIALTY AREAS. THE PRIMARY OBJECTIVE OF THIS COURSE WAS TO BRING TOGETHER CLINICIANS AND LEADING EXPERTS AFFORDING THEM AN INTIMATE LEARNING ENVIRONMENT IN WHICH TO DISCUSS NEW CLINICAL DEVELOPM ENTS AND SIGNIFICANT ADVANCES IN DIVERSE AREAS OF HEMATOLOGY AND ONCOLOGY. VENTRICULAR ASS IST DEVICE (VAD) SYMPOSIUM FOR COMMUNITY PARTNERS THIS COMMUNITY SYMPOSIUM WAS PLANNED BY CARDIOLOGY PROVIDERS FROM SCRIPPS HEALTH IN PARTNERSHIP WITH SHARP HEALTHCARE AND UC SAN D IEGO. THE SYMPOSIUM WAS DESIGNED TO EDUCATE HEALTH CARE WORKERS WHO DO NOT SPECIALIZE IN C ARDIOLOGY BUT STILL NEED TO TREAT PATIENTS WITH VENTRICULAR ASSIST DEVICES (VAD). CLINICAL ADVANCES IN THE DIAGNOSIS AND MANAGEMENT OF PULMONARY HYPERTENSION THIS CONFERENCE IS UNI QUE IN THAT IT COVERS ALL FORMS OF PULMONARY HYPERTENSION. EXPERT FACULTY REVIEWED THE EPI DEMIOLOGY OF PULMONARY HYPERTENSION (PH), HOW PH IS DIAGNOSED, AND THE POOR OUTCOMES ASSOC IATED WITH PH WHEN LEFT UNTREATED. THE CONFERENCE IS DESIGNED TO PROVIDE A BETTER UNDERSTA NDING OF THE DIFFERENCE BETWEEN PULMONARY ARTERIAL HYPERTENSION (PAH) AND PULMONARY VASCUL AR HYPERTENSION (PVH) AND WHY THE DIFFERENCE MATTERS. THERAPIES FOR PAH AND PVH WERE ALSO DISCUSSED WITH REFERENCE TO CURRENT CLINICAL GUIDELINES. INAUGURAL SCRIPPS ARRHYTHMIA AND CARDIOMYOPATHY IN WOMEN SYMPOSIUM THE ARRHYTHMIAS AND CARDIOMYOPATHY IN WOMEN SYMPOSIUM WA S DESIGNED TO INCREASE COMPETE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NCE REGARDING THE RECOGNITION AND MANAGEMENT OF CARDIOVASCULAR DISEASE IN WOMEN. THE SYMPO SIUM EXPLORED NEW AND EMERGING RISK FACTORS FOR WOMEN'S HEART DISEASE WHILE HIGHLIGHTING A REAS OF DISCREPANCY IN CARE MANAGEMENT RELATED TO GENDER. THE GOAL OF THIS ACTIVITY WAS TO IMPROVE OUTCOMES FOR WOMEN WITH CARDIOVASCULAR DISEASE AND ARRHYTHMIAS AS WELL AS PROVIDE EDUCATIONAL INTERVENTIONS FOR BOTH PRIMARY AND SECONDARY PREVENTION. CLINICAL ADVANCES IN HEART FAILURE AND ARRHYTHMIAS EXPERT FACULTY COVERED A WIDE RANGE OF TOPICS INCLUDING THE DIAGNOSIS, MANAGEMENT, AND STATE-OF-THE-ART TREATMENT OF HEART FAILURE, CARDIAC ARRHYTHMI AS, AND HYPERTENSION. FACULTY ALSO REVIEWED A VARIETY OF CO-MORBID AND CHRONIC CONDITIONS PATIENTS WITH HEART DISEASE MAY FACE. THE GOAL OF THE CONFERENCE WAS FOR PARTICIPANTS TO R ETURN TO THEIR PRACTICE EQUIPPED WITH THE LATEST EVIDENCE BASE AND PRACTICAL INFORMATION T O IMPROVE PATIENT OUTCOMES. BRAIN INJURY REHABILITATION CONFERENCE THE ANNUAL BRAIN INJURY REHABILITATION CONFERENCE WAS DESIGNED TO PROVIDE A CLEAR UNDERSTANDING OF THE NEED FOR M ULTIDISCIPLINARY STRATEGIES IN THE MANAGEMENT OF PATIENTS WITH TRAUMATIC BRAIN INJURIES. A RENOWNED FACULTY OF INTERDISCIPLINARY SPECIALIST PRESENTED THE LATEST RESEARCH AND OUTCOM ES FROM A VARIETY OF MEDICAL PERSPECTIVES. CARDIOVASCULAR ATHEROSCLEROSIS: PREDICTION, PRE VENTION AND MANAGEMENT SCRIPPS HEALTH'S CARDIOVASCULAR ATHEROSCLEROSIS CONFERENCE WAS DESI GNED TO OFFER A COMPREHENSIVE SUMMARY OF NEW INDICATIONS FOR MEDICAL THERAPIES RESULTING F ROM NUMEROUS CLINICAL RIALS CONDUCTED IN THE PAST SEVERAL YEARS DEDICATED TO THE MANAGEMEN T AND TREATMENT OF ATHEROSCLEROSIS AND UNDERLYING RISK FACTORS. THE CONFERENCE ALSO AIMED TO PROMOTE CLINICAL AWARENESS REGARDING PRUDENT LIFESTYLE AND DIETARY CHOICES TO IMPROVE P ATIENT OUTCOMES. SCRIPPS MD ANDERSON'S CANCER CENTERS 2021 ONCOLOGY UPDATE SCRIPPS MD ANDE RSON CANCER CENTER'S 2021 ONCOLOGY UPDATE WAS A ONE-DAY CONFERENCE DESIGNED TO OFFER CLINI CIANS AND ADVANCED PRACTICE PROVIDERS A COMPREHENSIVE OVERVIEW OF THE MOST RECENT ADVANCES IN THE TREATMENT OF VARIOUS ONCOLOGIC MALIGNANCIES. DURING THIS COMPREHENSIVE EDUCATIONAL COURSE, ESTEEMED FACULTY REVIEWED EXCITING AND IMPORTANT ABSTRACTS PRESENTED AT THE AMERI CAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) ANNUAL MEETING AND DISCUSSED THEIR RELEVANCE TO TH E CLINICAL ONCOLOGY PRACTICE. CARDIOMYOPATHY & CARDIO-ONCOLOGY SYMPOSIUM 2021 THE SCRIPPS CARDIOMYOPATHY AND CARDIO-ONCOLOGY SYMPOSIUM WAS DESIGNED TO PROVIDE A COMPREHENSIVE, CASE -BASED CURRICULUM THAT ADDRESSED IMPORTANT CLINICAL TOPICS RELEVANT TO CARDIOMYOPATHY AND CARDIOVASCULAR HEALTH OF CANCER SURVIVORS. CARDIO-ONCOLOGY IS A GROWING FIELD THAT HAS SIG NIFICANT IMPORTANCE AS NEWLY DEVELOPED CANCER TREATMENTS IMPROVE CANCER SURVIVAL RATES BUT CAN BE ASSOCIATED WITH CARDIOVASCULAR TOXICITIES. THE GOAL OF THE CONFERENCE WAS FOR PART ICIPANTS TO RETURN TO THEIR PRACTICE EQUIPPED WITH THE LATEST EVIDENCE BASE AND PRACTICAL INFORMATION TO IMPROVE PATIENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	CARE. NEW TREATMENTS IN CHRONIC LIVER DISEASE THE CONFERENCE REVIEWED NEW MEDICATIONS AND THERAPIES THAT ARE NOW AVAILABLE, OR WILL SOON BE AVAILABLE, AND DISCUSS THEIR COMPARATIV E VALUES. THE RESULTS OF TRIALS AND REAL-WORLD DATA USING ORAL DRUGS TO TREAT CHRONIC VIRA L HEPATITIS B AND C, NON-ALCOHOLIC FATTY LIVER DISEASES, PRIMARY BILIARY CIRRHOSIS, PRIMAR Y SCLEROSING CHOLANGITIS, HEPATOCELLULAR CARCINOMA AND COMPLICATIONS OF END-STAGE LIVER DI SEASE INCLUDING THROMBOCYTOPENIA WERE REVIEWED IN DETAIL. NEW TREATMENTS IN CHRONIC LIVER DISEASE IS A COMPREHENSIVE YET CONCISE PROGRAM FOR UPDATING PHYSICIANS ON THESE AND OTHER COMMONLY ENCOUNTERED PROBLEMS IN THE TREATMENT OF LIVER DISEASES. NEW ADVANCES IN INFLAMMA TORY BOWEL DISEASE (IBD) THE NEW ADVANCES IN INFLAMMATORY BOWEL DISEASE CONFERENCE HIGHLIG HTED THE LATEST CONCEPTS IN THE DIAGNOSIS AND TREATMENT OF IBD. DISEASE COMPLICATIONS, SPE CIAL POPULATION CONSIDERATIONS, AND SURGICAL OPTIONS WERE DISCUSSED. THE COURSE WAS TAUGHT BY NATIONALLY KNOWN EXPERTS WHO ARE ACTIVELY INVOLVED IN CLINICAL TRIALS AND STUDIES RELA TED TO THE MANAGEMENT OF CROHN'S AND COLITIS. PHYSICIANS WERE PROVIDED WITH THE NECESSARY CONTEXT TO INTEGRATE THE RELEVANT INFORMATION INTO THEIR PRACTICES TO IMPROVE THE QUALITY OF LIFE FOR THEIR AFFLICTED PATIENTS. PRIMARY CARE SUMMER CONFERENCE SCRIPPS HEALTH'S PRIM ARY CARE SUMMER CONFERENCE WAS DESIGNED BY PRIMARY CARE PHYSICIANS FOR PRIMARY CARE PHYSIC IANS AND THEIR INTERDISCIPLINARY CARE TEAM AND PRESENTED CONTENT FROM THEIR UNIQUE PERSPEC TIVE. THE 2021 COURSE FEATURED IMPORTANT UPDATES IN INFECTIOUS DISEASE, DERMATOLOGY, AND S LEEP DISORDERS. CURRENT TREATMENTS FOR MIGRAINE AND HEART FAILURE WERE ALSO DISCUSSED AS W ELL AS TOOLS FOR REDUCING BIAS AND CREATING AN LGBTQ INCLUSIVE PRACTICE. IN ADDITION TO AN OVERVIEW OF THE HISTORY AND CURRENT SCIENCE OF A VARIETY OF SPECIALTY AREAS, CONTENT WAS PRESENTED IN A VERY PRACTICAL, PATIENT-FOCUSED MANNER RELEVANT TO THE SPECIFIC PRIMARY CAR E SETTING AND CHALLENGES. SOLID ORGAN TRANSPLANT LECTURE SERIES THE SCRIPPS SOLID ORGAN TR ANSPLANT LECTURE SERIES IS A YEARLONG EVENT FOCUSED ON CURRENT ISSUES IN THE FIELD THAT AR E IN VARIED STATES OF TRANSITION, INCLUDING FACTORS INFLUENCING ORGAN ALLOCATION, THE IMPA CT OF INCREASED OVERSIGHT OF REGULATORY AGENCIES ON QUALITY-OF-CARE MEASURES, AND AREAS TH AT HAVE AN IMPACT ON SPECIAL POPULATIONS. AN ADDITIONAL KEY OBJECTIVE OF THE SERIES IS TO PROVIDE STIMULUS FOR SUBSEQUENT INTERACTIONS BETWEEN REGULATORY AGENCIES, LEADERS IN THE T RANSPLANT COMMUNITY, PATIENT ADVOCATES, AND CLINICIANS TO FOSTER CONTINUED EVOLUTION OF TH ESE DISCUSSIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	REGULARLY SCHEDULED SERIES (RSS) SCRIPPS CME OFFERS A WIDE RANGE OF REGULARLY SCHEDULED SE RIES (RSS) ON ASSORTED TOPICS INCLUDING WEEKLY GRAND ROUNDS FROM OUR HOSPITALS IN LA JOLLA AND HILLCREST-SAN DIEGO. AN IMPORTANT ADDITION TO THE FY21 GRAND ROUNDS SCHEDULE WAS THE INCLUSION OF A NEW SERIES OF LECTURES DESIGNED TO BRING AWARENESS TO CLINICIANS ON THE ROL E OF GENDER DISPARITIES, CULTURAL AND IMPLICIT BIASES, AND RACISM IN CONTRIBUTING TO HEALT HCARE DISPARITIES WITHIN OUR SOCIETY. THESE LECTURES WILL CONTINUE TO BE INCORPORATED INTO THE GRAND ROUNDS SCHEDULE TO ENCOURAGE ONGOING CONVERSATIONS AROUND THESE PROMINENT ISSUE S WITH THE GOAL OF IGNITING LASTING CHANGE, NOT ONLY WITHIN THE SCRIPPS SYSTEM, BUT ALSO S OCIETY. ENDURING MATERIALS/ON DEMAND CME LECTURES A VARIETY OF ON-DEMAND LECTURES AND ENDU RING MATERIALS WERE ALSO AVAILABLE IN FY21 TO HEALTH CARE PROVIDERS. TOPICS INCLUDED: TALK ING WITH OLDER PATIENTS ABOUT SENSITIVE TOPICS, DIETARY SUPPLEMENTS: A FOUNDATION FOR CLIN ICAL PRACTICE, UPDATES IN DIABETES MANAGEMENT, AND IMPROVE PRACTICE EFFICIENCIES AND PATIE NT/PROVIDER JOY BY ASKING, "WHAT MATTERS TO YOU?" AMONG OTHERS. STUDENT EXPERIENCES WITHIN SCRIPPS SCRIPPS COMMITMENT TO ONGOING LEARNING AND HEALTH CARE EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION. OUR STUDENT PROGRAMS HELP PROMOTE HEALTH CARE CAREERS TO A NEW GENERATIO N, SHAPE THE FUTURE WORKFORCE AND DEVELOP FUTURE LEADERS IN OUR COMMUNITY. INTERACTING WIT H HEALTH CARE PROFESSIONALS IN THE FIELD EXPANDS EDUCATION OUTSIDE THE CLASSROOM. SCRIPPS EMPLOYEES PLAY AN IMPORTANT ROLE AS PRECEPTORS BY INVESTING THEIR TIME TO CREATE A VALUABL E EXPERIENCE FOR THE COMMUNITY. IN FISCAL YEAR 2021, SCRIPPS HOSTED 1,086 STUDENTS WITHIN OUR SYSTEM AND PROVIDED 177,079 DEVELOPMENT HOURS SPANNING NURSING AND ALLIED HEALTH SETTI NGS. COLLEGE AND UNIVERSITY AFFILIATIONS SCRIPPS COLLABORATES WITH LOCAL HIGH SCHOOLS, COL LEGES AND UNIVERSITIES TO HELP STUDENTS EXPLORE HEALTH CARE ROLES AND GAIN FIRSTHAND EXPER IENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS. SCRIPPS IS AFFILIATED WITH MORE THAN 110 SC HOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PARTNERSHIPS. LOCAL SCHOOLS INCLUDE , BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), SAN DIEGO STATE UNIVERSI TY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE, GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE. SCRIPPS CONSIDERS NEW PARTNERSHIPS, BASED ON COMMUNITY AND WORKFORCE NEEDS, AND MAINTAINS AN AFFILIATION AGREEMENT COMMITTEE TO REV IEW ALL REQUESTS AND PROVIDE A SYSTEMWIDE APPROACH TO SECURING NEW STUDENTS PLACEMENTS. TH IS INTERDISCIPLINARY COMMITTEE REPRESENTS EDUCATION AND DEPARTMENT LEADERSHIP ACROSS THE S CRIPPS SYSTEM ENSURING A PROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT. TO ENSURE STUDENTS FROM HEALTH CARE PROFESSIONS PROGRAMS HAVE ACCESS TO APPROPRIATE EDUCAT IONAL EXPERIENCES AT SCRIPPS A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ND FOSTER A SMOOTH, EFFICIENT PROCESS FOR STUDENT PLACEMENT REQUESTS RECEIPT AND MANAGEMEN T, SCRIPPS IS A MEMBER OF THE SAN DIEGO NURSING AND ALLIED HEALTH SERVICE EDUCATION CONSOR TIUM AND AMERICAN DATABANK'S COMPLIO ONLINE COMPLIANCE TRACKING SYSTEM. RESEARCH STUDENTS SCRIPPS SUPPORTS GRADUATE RESEARCH FOR MASTER'S AND DOCTORAL STUDENTS AT UNIVERSITIES WITH AFFILIATION AGREEMENTS. NON-PHYSICIAN STUDENTS WHO CONDUCT RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEALTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY, AND NURSING. IN FISCAL YEAR 2021, SCRIPPS HEALTH RESEARCH EFFORTS INCLUDED STUDENTS FROM A VARIETY OF SCHOOLS SUCH AS; UNIVERSITY OF SAN DIEGO, WESTERN GOVERNORS UNIVERSITY, SAN D IEGO STATE UNIVERSITY, UNIVERSITY OF CALIFORNIA SAN DIEGO, LOMA LINDA UNIVERSITY, UNIVERSI TY OF WISCONSIN-MADISON, STANFORD UNIVERSITY SCHOOL OF MEDICINE, SOUTHERN METHODIST UNIVER SITY, RICE UNIVERSITY, WHEATON COLLEGE, UNIVERSITY OF CALIFORNIA BERKELEY, PRINCETON UNIVE RSITY, MIRA COSTA COLLEGE, UNION COLLEGE, NORTH SEATTLE COLLEGE, TULANE UNIVERSITY SCHOOL OF MEDICINE, KECK GRADUATE INSTITUTE, PONCE HEALTH SCIENCES UNIVERSITY, ROYAL COLLEGE OF S URGEONS IRELAND, UNIVERSITY OF PUERTO RICO AND POSTDOCTORAL PHARMACY RESIDENCY PROGRAMS, I NCLUDING THE PGY1 PHARMACY RESIDENCY PROGRAM. SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL) SCRIPPS SPONSORED THE SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL). THIS AN NUAL SUPPORT MAKES IT POSSIBLE TO OFFER MANY QUALITY, COST-EFFECTIVE EDUCATION, PROFESSION AL DEVELOPMENT AND NETWORKING OPPORTUNITIES TO HEALTHCARE LEADERS AND ASPIRING LEADERS IN SAN DIEGO AND IMPERIAL COUNTIES. SCRIPPS MERCY EMERGENCY MEDICAL SERVICES (EMS) THROUGH TH E SCRIPPS MERCY EMERGENCY MEDICAL SERVICES (EMS) BASE HOSPITAL PROGRAM, A VARIETY OF HEALT H PROFESSIONALS PARTICIPATE IN HOSPITAL-BASED CLINICAL INTERNSHIPS AND CONTINUING EDUCATIO N OPPORTUNITIES. THE PROGRAM COLLABORATES WITH LOCAL AND REGIONAL EDUCATIONAL INSTITUTIONS TO PROVIDE HANDS-ON TRAINING TO MULTIPLE LEVELS OF HEALTHCARE PROFESSIONALS SUCH AS: FIRS T RESPONDERS, EMTS, PARAMEDICS, LAW ENFORCEMENT, MILITARY, MOBILE INTENSIVE CARE NURSES, A ND RESIDENT PHYSICIANS. DURING THEIR CLINICAL ROTATIONS AND CONTINUED EDUCATION OFFERINGS, STUDENTS ARE INTRODUCED TO A VARIETY OF EMERGENCY MEDICAL PATIENT CARE TOPICS THAT ARE AP PLICABLE THROUGH THE PREHOSPITAL AND HOSPITAL CARE CONTINUUM. THESE EDUCATIONAL OPPORTUNIT IES ARE DESIGNED TO ENHANCE THE STUDENTS' LEARNING EXPERIENCE, ALLOWING THEM TO BETTER SER VE THEIR PATIENTS AND OUR LOCAL COMMUNITIES. HIGH SCHOOL PROGRAMS SCRIPPS IS DEDICATED TO PROMOTING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH SEVERAL HIGH SCHOOLS TO OF FER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIENCE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS. BELOW IS A SUMMARY OF THE HIGH SCHOOL PROG RAMS SCRIPPS MADE AVAILABLE TO THE COMMUNITY. SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM-HEAL TH AND SCIENCE PIPELINE INITIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	TIVE (HASPI) THIS PROGRAM REACHES OUT TO SAN DIEGO HIGH SCHOOL STUDENTS INTERESTED IN EXPL ORING A CAREER IN HEALTH CARE. DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS VISIT SCRIPPS MERCY CHULA VISTA, SCRIPPS MERCY SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL LA JOLLA, ENCINITAS , AND GREEN HOSPITAL. THE STUDENTS VIEW SURGERIES AND SHADOW HEALTHCARE PROFESSIONALS IN T HE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PHARMACY, AMBULATO RY SERVICES, REHAB THERAPY, PATIENT PLANNING, LAB, AND TRAUMA. THIS PROGRAM IS FUNDED THRO UGH THE GROSSMONT CUYAMACA COLLEGE DISTRICT AUXILIARY. DUE TO COVID-19, THE HIGH SCHOOL EX PLORATION INTERNSHIP PROGRAM WAS PAUSED. UNIVERSITY CITY HIGH SCHOOL COLLABORATION UNIVERS ITY CITY HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVIDE A REAL-LIFE CONTEXT TO THE SCHOOL'S HEALTH CARE ESSENTIALS COURSE. UNIVERSITY CITY HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVID E A REAL-LIFE CONTEXT TO THE SCHOOL'S HEALTH CARE ESSENTIALS COURSE. STUDENTS ARE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRING SEMESTER, TO INCREA SE THEIR AWARENESS OF HEALTH CARE CAREERS. UC HIGH STUDENTS ARE EXPOSED TO DIFFERENT DEPAR TMENTS, EXPLORING CAREER OPTIONS, AND LEARNING VALUABLE LIFE LESSONS ABOUT HEALTH AND HEAL ING. THIS INTERNSHIP PROGRAM WAS CANCELLED FOR FISCAL YEAR 2021, DUE TO THE PANDEMIC. YOUN G LEADERS IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HEALTH CARE TARGETS LOCAL HIGH SCHOOLS' STUDENTS INTERESTED IN EXPLORING HEALTH CARE CA REERS. STUDENTS IN GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVIDES A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNITIES. THE M ISSION OF THE YOUNG LEADERS IN HEALTH CARE IS: - TO PROVIDE A FORUM FOR HIGH SCHOOL'S STUD ENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS BREADTH OF CAREER OPPORTUNITIES. - MENT OR STUDENTS IN THE ACT OF LEADERSHIP GIVING THEM TOOLS TO USE IN THEIR DAILY LIFE CHALLENG ES. - PROVIDE A SERVICE PROJECT TO SATISFY HIGH SCHOOL REQUIREMENTS AND MAKE A POSITIVE IM PACT ON THE COMMUNITY. - PROVIDE A VENUE FOR A STUDENT-RUN COMPETITION WHERE EACH SCHOOL P RESENTS A TOPIC IN LINE WITH THE YEAR'S GOAL. THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEE TINGS AT LOCAL SCHOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS A T SCRIPPS HOSPITAL ENCINITAS. THE PROGRAM MENTORS' STUDENTS ON LEADERSHIP AND PROVIDES TOO LS FOR DAILY CHALLENGES. EACH YEAR THE STUDENTS WORK TOWARD A FINAL PRESENTATION BASED ON THEIR COMMUNITY SERVICE PROJECTS RELATED TO HEALTH CARE AND WELLNESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THE 2021 CLASS TOUCHED A VARIETY OF TOPICS FROM MENTAL ILLNESS TO THE OPIOID CRISIS. MORE THAN 150 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTATIONS ON TYPES OF CANCER A ND TREATMENTS. STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIGIBLE TO APPLY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM. MEETINGS WERE CONDUCTED AS VIRTUAL TEAMS MEETIN GS FOR THE 2020-2021 SCHOOL YEAR. YOUTH EDUCATIONAL PROGRAM ACTIVITIES SCRIPPS IS DEDICATE D TO BUILDING THE FUTURE PIPELINE OF HEALTH PROFESSIONALS. SCRIPPS IMPLEMENTS A WIDE VARIE TY OF YOUTH IN HEALTH CAREER ACTIVITIES. THROUGH SEVERAL INTERNSHIPS AND OTHER EDUCATIONAL PROGRAMS, SCRIPPS COLLABORATES WITH HIGH SCHOOLS TO OFFER STUDENTS OPPORTUNITIES TO EXPLO RE A ROLE IN HEALTH CARE AND GAIN FIRST-HAND EXPERIENCE WORKING WITH SCRIPPS HEALTH CARE P ROFESSIONALS. NURSES AND OTHER CLINICAL AND NON-CLINICAL EMPLOYEES PLAY IMPORTANT ROLES IN THESE EDUCATIONAL EXPERIENCES, AS THE STUDENTS ARE INTERACTING WITH THEM DAILY THROUGH TH E PROGRAMS. A TOTAL OF 2,028 YOUTH PARTICIPATED IN THESE PROGRAMS AND MORE THAN 75% OF YOU TH ARE ON A TRACK FOR A HEALTH CAREER. DUE TO COVID-19 AND IN-PERSON RESTRICTIONS ALL YOUT H ACTIVITIES (MENTORING, CLASSROOM PRESENTATIONS, HOSPITAL TOURS, SURGERY VIEWINGS) WERE T RANSITIONED TO VIRTUAL PLATFORMS FOR DISTANCE LEARNING FOR FISCAL YEAR 2021. TOPICS AND AC TIVITIES CONTINUED TO BE REQUESTED BY THE SWEETWATER SCHOOL DISTRICT TO ENHANCE AND SUPPOR T CLASSROOM CURRICULUM. CAMP SCRIPPS SUMMER ENRICHMENT PROGRAM DESIGNED TO INTRODUCE YOUTH TO HEALTH CAREERS, THIS PROGRAM DEVELOPED A SIX-WEEK VIRTUAL CAMP EXPERIENCE PROGRAM (JUN E 7, 2021 - JULY 16, 2021) TO EDUCATE YOUTH PARTICIPANTS ON THE DUTIES PERFORMED BY HEALTH CARE PROFESSIONALS IN VARIOUS MEDICAL FIELDS AS WELL AS OTHER PUBLIC HEALTH AND SOCIAL SE RVICE TOPICS. PARTICIPANTS PARTICIPATED IN LIVE VIRTUAL CALLS WITH SCRIPPS FAMILY MEDICINE RESIDENTS AND OTHER HOSPITAL AND CLINICAL STAFF AS PART OF THE MENTORING COMPONENT. HANDS -ON LEARNING ACTIVITIES WERE ALSO IMPLEMENTED THIS YEAR. MENTORING PROGRAM DESIGNED TO HEL P HIGH SCHOOL STUDENTS SET A COURSE FOR A SUCCESSFUL CAREER IN HEALTH CARE, PARTICIPANTS A RE PAIRED WITH VARIOUS HEALTH AND SOCIAL SERVICE PROFESSIONALS FOR HOURLY SESSIONS TWICE A WEEK FOR FIVE WEEKS IN THE HOSPITAL SETTING. STUDENTS ARE EXPOSED TO A VARIETY OF DUTIES AND ROLES AND VARIOUS DEPARTMENTS. STUDENTS LEARN FIRST-HAND FROM THEIR MENTORS ABOUT THE PARTICULARS OF THAT DEPARTMENT AND POSITION INCLUDING THE PATH THEY NEED TO TAKE IN ORDER TO ACHIEVE A CAREER GOAL. STUDENTS ALSO RECEIVE PRESENTATIONS ON VARIOUS HEALTH CAREERS AN D JOB READINESS. FAMILY MEDICINE RESIDENTS ARE MENTORS FOR THIS PROGRAM AND MEET WITH THE STUDENTS EACH WEEK. STUDENTS WILL SHADOW RESIDENTS DURING ROUNDS AND THROUGHOUT THE EXPERI ENCE. DUE TO COVID-19 RESTRICTIONS MENTORING TRANSITIONED TO A VIRTUAL PLATFORM AS OF MARC H 2020. HEALTH PROFESSIONALS I

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	N THE CLASSROOM HEALTH CARE PROFESSIONALS, SUCH AS MEDICAL RESIDENTS, DIETICIANS, NURSES A ND DOCTORS, ENLIGHTEN STUDENTS ON HEALTH CARE CAREERS AND HEALTH RELATED TOPICS. THESE ARE INTERACTIVE VIRTUAL SESSIONS ON NURSING 101, DOC 101, HEALTH AND NUTRITION, STROKE PREVEN TION, BREAST HEALTH, TEEN PREGNANCY, SUBSTANCE USE, STDS, HEALTH PROFESSIONS 101 AND MENTA L HEALTH ISSUES THAT IMPACT HIGH SCHOOL STUDENTS. STUDENTS RECEIVE HEALTH CAREER TOOLS/BRO CHURES THAT INCLUDE INFORMATION ON EDUCATION REQUIREMENTS, SCHOLARSHIPS AND WAY TO PAY FOR COLLEGE. DUE TO COVID-19 RESTRICTIONS THE PROGRAM TRANSITIONED TO A VIRTUAL PLATFORM AS O F MARCH 2020. SURGERY VIEWING INTERESTED STUDENTS HAVE AN OPPORTUNITY TO OBSERVE ELECTIVE SURGERIES SUCH AS TOTAL KNEE AND HIP REPLACEMENTS. STUDENTS CAN INTERACT AND ASK ON THE SP OT QUESTIONS OF SURGEONS. THIS PROGRAM HAS BEEN PLACED ON HOLD DUE TO COVID-19. SCHOOL BAS ED CLINICS THREE HEALTH CLINICS AT PALOMAR, SOUTHWEST HIGH SCHOOL AND HOOVER HIGH SCHOOL A RE ESTABLISHED FOR MEDICAL RESIDENTS TO GAIN ADDITIONAL SKILLS IN ADOLESCENT MEDICINE AND FOR YOUTH TO GAIN THE KNOWLEDGE, ATTITUDES, AND SKILLS NECESSARY TO PURSUE HEALTH CAREERS. DESIGNED BY STUDENTS, FAMILY MEDICINE RESIDENTS AND FACULTY BASED ON YOUTH NEEDS ASSESSME NT SURVEYS, RESIDENTS AND STUDENTS INTERACT TWICE PER WEEK AT THE CLINIC PROVIDING ADOLESC ENT MEDICINE. DUE TO COVID-19, THIS PROGRAM WAS PUT ON PAUSE. HEALTH PROFESSIONS EDUCATION , RESIDENT AND STUDENT TRAINING SCRIPPS MERCY CHULA VISTA WELL BEING CENTER WORKS CLOSELY WITH SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM TO PROVIDE AND EXPAND COMMUNITY MEDICINE OP PORTUNITIES FOR RESIDENTS TO DELIVER SERVICES, TO PLACE MEDICAL STUDENTS IN COMMUNITY HEAL TH ACTIVITIES AND TO COORDINATE COMMUNITY EXPERIENCES FOR VISITING/ROTATING RESIDENTS AND MEDICAL STUDENTS. THE WELL BEING CENTER ALSO COORDINATES AND PROVIDES OPPORTUNITIES FOR IN DIVIDUALS TO PARTICIPATE IN HEALTH CAREER TALKS, HEALTH TRAINING COMMUNITY ACTIVITIES AND BALINT SUPPORT GROUPS. A TOTAL OF 1,028 HEALTH PROFESSIONALS HAVE BEEN TRAINED. THE COVID- 19 PANDEMIC BROUGHT SIGNIFICANT CHANGES TO RESIDENT EDUCATION AND PATIENT CARE IN THE SCRI PPS FAMILY MEDICINE RESIDENCY PROGRAM AT SCRIPPS MERCY CHULA VISTA. THE PROGRAM QUICKLY AD APTED TO MEET THE NEEDS OF SOUTH BAY WITH HIGH RATES OF COVID-19 INFECTION. ALL EDUCATIONA L AND TRAINING CONFERENCES SHIFTED TO VIRTUAL MODALITIES. SOME OF THE RESIDENT EDUCATION I NCLUDED PRESENTATIONS AND TOWN HALL STYLE WORKSHOPS THAT ADDRESS PATHOPHYSIOLOGY OF CORONA VIRUS INFECTION IN ADULTS, CHILDREN AND PREGNANT WOMEN, APPROPRIATE PPE USE, TESTING ALGOR ITHMS, AND HEALTH DISPARITIES IN RELATION TO COVID-19 INFECTIONS. THE RESIDENTS HAVE CONTI NUED TO MEET THE NEEDS OF PATIENTS AT THE CLINIC BOTH IN-PERSON AND VIA TELEHEALTH. FAMILY MEDICINE RESIDENTS HAVE PLAYED A SUPPORTING ROLE IN THE CARE OF HOSPITALIZED PATIENTS WIT H COVID-19, INCLUDING IN THE ICU AND LABOR AND DELIVERY. INTERNS AND AREA HEALTH EDUCATION SCHOLARS PROGRAM (AHEC) SCRIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER SERVES AS AN INTERNSHIP PLACEMENT SITE FOR BOTH UNDERGRADUATE AND GRADUATE STUDENTS. THIS EDUCATION TRAINING PROGRAM IS DESIGNED TO RAISE THE NUMBERS, TYPES, DIVERSITY AND RETENTION OF PRIMARY HEALTH AND SOCIAL SERVICE CAR E PROFESSIONALS WORKING IN UNDERSERVED AREAS. A TOTAL OF NINE STUDENTS COMPLETED THEIR INT ERNSHIP. FIELDS OF STUDY INCLUDE UNDERGRAD SOCIAL WORK, UNDERGRAD PUBLIC HEALTH, MASTER'S IN SOCIAL WORK AND MASTER'S IN PUBLIC HEALTH FROM SAN DIEGO STATE UNIVERSITY; FOUR INTERNS ALSO COMPLETED THE AREA HEALTH EDUCATION CENTER SCHOLAR PROGRAM WHICH IS A COMBINATION OF CLINIC AND DIDACTIC ONLINE TRAINING. ENHANCING FAMILY PRACTICE RESIDENCY TRAINING IN OBST ETRICS AND MATERNAL AND CHILD HEALTH AT THE US/MEXICO BORDER OF SAN DIEGO AND IMPERIAL COU NTY SCRIPPS MERCY FAMILY MEDICINE RESIDENCY PROGRAM RECEIVED A $2.85 MILLION IN GRANT FUND ING FROM THE HEALTH SERVICES AND RESOURCES ADMINISTRATION (HRSA). THE RESIDENCY PROGRAM WI LL USE THE FUNDS OVER THE NEXT FIVE YEARS TO DEVELOP AND IMPLEMENT INITIATIVES TO ENHANCE PHYSICIAN TRAINING IN FAMILY MEDICINE OBSTETRICS AND MATERNAL AND CHILD HEALTH ALONG THE U .S/MEXICO BORDER OF SAN DIEGO AND IMPERIAL COUNTIES. THE SCRIPPS TRAINING PROGRAM IS ONE O F 31 MEDICAL RESIDENCY PROGRAMS IN THE U.S RECENTLY SELECTED AS AN AWARD RECIPIENT IN HRSA 'S HIGHLY COMPETITIVE GRANT FUNDING OPPORTUNITY, WHICH WAS OPEN TO PRIMARY CARE RESIDENCY PROGRAMS NATIONWIDE. WITH THE GRANT FUNDING, SCRIPPS AIMS TO INCREASE THE NUMBER OF PRIMAR Y CARE PHYSICIANS TRAINED IN PUBLIC HEALTH, ENHANCED OBSTETRICAL CARE AND GENERAL PREVENTI VE MEDICINE WITH MATERNAL HEALTH CARE EXPERTISE. SEVERAL EXPANDED PHYSICIAN TRAINING OPPOR TUNITIES ARE PLANNED, INCLUDING NEW EDUCATIONAL TRACKS AND CLINICAL ROTATIONS. THE GOAL OF SCRIPPS' EXPANDED RESIDENT AND FELLOW TRAINING IS TO INCREASE THE NUMBER OF RESIDENCY PRO GRAM GRADUATES ABLE TO CARE FOR WOMEN AND CHILDREN TO IMPROVE MATERNAL HEALTH OUTCOMES. TH E RESIDENCY PROGRAM WILL ALSO USE THESE FUNDS TO HELP GIVE UNDERSERVED PATIENTS GREATER AC CESS TO HEALTH EDUCATION AND CARE, INCLUDING EXPANDED PATIENT ACCESS TO PRENATAL CLINICS A ND LABOR-AND-DELIVERY CARE. THE FAMILY MEDICINE RESIDENCY PROGRAM IS BASED AT SCRIPPS MERC Y HOSPITAL CHULA VISTA. FOR MORE THAN 20 YEARS, IT HAS TRAINED PHYSICIAN RESIDENTS TO PROV IDE COMPREHENSIVE AND CULTURALLY SENSITIVE MEDICAL CARE, WITH A FOCUS ON UNDERSERVED POPUL ATIONS OF THE SOUTH SAN DIEGO BORDER REGION. RESIDENTS IN THE THREE-YEAR GRADUATE MEDICAL EDUCATION PROGRAM COMPLETE INPATIENT ROTATIONS AT SCRIPPS MERCY HOSPITAL CHULA VISTA AND O UTPATIENT ROTATIONS AT SAN YSIDRO HEALTH CENTER, ALONG WITH PROVIDING CARE AT OTHER COMMUN ITY CLINICS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING SCRIPPS WHITTIER D IABETES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STATE OF THE ART EDUCATION AND TRAI NING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS. WITH THE RISE IN DIABETES RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIANS WITH THE L ATEST INFORMATION AND CLINICAL SKILLS. THE WHITTIER'S PROFESSIONAL EDUCATION PROGRAM IS LE D BY A TEAM OF EXPERTS, INCLUDING ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSYCHOLOGISTS, AND OTHER DIABETES SPECIALISTS. THESE INDIVIDUALS TRAIN PRACTICING PROFESSIONALS TO DELIVER T HE BEST POSSIBLE CARE FOR THEIR DIABETES PATIENTS. COURSES ARE TAILORED TO THE NEEDS OF AL LIED HEALTH PROFESSIONALS SEEKING TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TYPE 1, TYPE 2 AND GESTATIONAL DIABETES. PROFESSIONAL EDUCATION WAS PROVIDED FOR 119 PEOPLE ON INSULIN MANAGEMENT, INCRETIN THERAPY, AND DIABETES DIET AND DIABETES BASICS DURI NG THE 2020 UPDATES IN DIABETES MANAGEMENT CONFERENCE. PARTICIPANTS CAME FROM LOCAL HEALTH INSTITUTIONS AND THROUGHOUT THE UNITED STATES TO LEARN FROM THE WHITTIER INSTITUTE'S MOST EXPERIENCED DIABETES EXPERTS. OVER THE LAST FISCAL YEAR, THE WHITTIER INSTITUTE'S PROFESS IONAL EDUCATION DEPARTMENT PROVIDED FOUR CME PROGRAMS FOR OVER 200 PHYSICIANS, NURSES, PHA RMACISTS, DIETITIANS, MIDLEVEL PROVIDERS, AND SOCIAL WORKERS AND MADE NUMEROUS ACADEMIC AN D RESEARCH PRESENTATIONS AT PROFESSIONAL ASSOCIATION MEETINGS. TWO PROJECT DULCE TRAINING SESSIONS WERE HELD DURING THE 2021 FISCAL YEAR AND PROVIDED 43 PARTICIPANTS WITH THE CURRI CULUM FOR SUCCESSFUL PROJECT DULCE INTERVENTION. HEALTH RESEARCH TRAUMA RESEARCH GRADUTE S TUDENT INTERNSHIP THE TRAUMA RESEARCH GRADUATE STUDENT INTERNSHIP IS DESIGNED FOR ACTIVE S TUDENTS WITH AN INTEREST IN PUBLIC HEALTH, EPIDEMIOLOGY, TRAUMA AND INJURY PREVENTION, BIO MEDICAL STATISTICS, AND HEALTH POLICY. THIS INTERNSHIP, IN AN EARLIER FORM, BEGAN IN 2005 AS A POST-BACCALAUREATE RESEARCH INTERNSHIP IN COLLABORATION WITH THE JOHNS-HOPKINS POST-B ACCALAUREATE PREMEDICAL PROGRAM. IN 2016, THE TRAUMA RESEARCH PROGRAM BEGAN ACCEPTING MAST ER OF PUBLIC HEALTH STUDENTS FROM SAN DIEGO STATE UNIVERSITY'S GRADUATE SCHOOL OF PUBLIC H EALTH TO PROVIDE PRACTICAL EXPERIENCE IN A RESEARCH SETTING. IN 2018, THIS PROGRAM WAS EXP ANDED TO INCLUDE STUDENTS IN THE UNIVERSITY OF CALIFORNIA, SAN DIEGO MASTER'S IN CLINICAL RESEARCH PROGRAM. STUDENTS LEARN TO CONSTRUCT STUDY SAMPLES, CLEAN DATA, ANALYZE DATA, AND WRITE MANUSCRIPTS FOR SUBMISSION TO MEDICAL JOURNALS. THE ROTATION IS CONDUCTED AT SCRIPP S MERCY HOSPITAL SAN DIEGO. ALL RESEARCHERS HAVE SUBSEQUENTLY RECEIVED AUTHORSHIP FOR PUBL ICATION IN LEADING ACADEMIC JOURNALS. CONTINUOUS GLUCOSE MONITORING STUDY THE NATIONAL INS TITUTES OF HEALTH AWARDED SCRIPPS WHITTIER DIABETES INSTITUTE (SWDI) $3.1 MILLION GRANT TO STUDY THE USE OF WIRELESS CONTINUOUS GLUCOSE MONITORING (CGM) DEVICES AMONG HOSPITALIZED PATIENTS WITH TYPE 2 DIABETES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IN HOPE OF BETTER CONTROLLING THEIR BLOOD SUGAR DURING THEIR ADMISSION. THE NEW STUDY WILL BUILD ON EARLIER RESEARCH CONDUCTED BY SCRIPPS WHITTIER AND ON THE SUBSEQUENT USE OF CGM DEVICES AMONG PATIENTS WITH DIABETES IN SCRIPPS HEALTH HOSPITALS DURING THE COVID-19 PANDE MIC. EARLY IN THE PUBLIC HEALTH CRISIS, THE FOOD AND DRUG ADMINISTRATION CLEARED THE WAY F OR HOSPITALS TO USE THE DEVICES TO REDUCE THE NUMBER OF TIMES A NURSE MUST GO INTO A PATIE NT'S ROOM FOR MORE CONVENTIONAL FINGER PRICKS. WITHOUT CGM, NURSES TYPICALLY ENTER A PATIE NT'S ROOM FOUR TO SIX TIMES A DAY TO CHECK BLOOD GLUCOSE LEVELS. THE 5-YEAR STUDY WILL COM PARE THE USE OF REAL-TIME, CONTINUOUS GLUCOSE MONITORING (CGM) VERSUS STANDARD POINT-OF-CA RE (POC) TESTING PROTOCOLS AT SCRIPPS MERCY CHULA VISTA HOSPITAL. THIS LARGE, N=554 RANDOM IZED CONTROLLED TRIAL WILL BUILD ON THE LESSONS LEARNED FROM SWDI'S EARLIER HOSPITAL CGM P ILOT STUDY THAT WAS PUBLISHED IN DIABETES CARE IN 2020, AND THE MORE RECENT "CGM AS STANDA RD OF CARE" INITIATIVE THAT HAS REACHED MORE THAN 500 PATIENTS AT MERCY SAN DIEGO DURING T HE COVID-19 PANDEMIC. THE PRIMARY OUTCOME IS THE PERCENTAGE OF TIME PATIENTS ARE IN THE TA RGET GLUCOSE RANGE DURING THEIR HOSPITALIZATION. ADDITIONAL ANALYSES WILL COMPARE RATES OF HOSPITAL-ACQUIRED INFECTION BETWEEN THE GROUPS, AS WELL AS COST EFFECTIVENESS, FEASIBILIT Y, AND SATISFACTION FROM PATIENT, NURSING, PHYSICIAN, AND HEALTH SYSTEM LEADERSHIP PERSPEC TIVES. THE TRIAL IS SLATED TO BEGIN ENROLLMENT IN EARLY 2022. MEDICAL ASSISTANT HEALTH COA CHING (MAC) FOR DIABETES IN DIVERSE PRIMARY CARE SETTINGS DIABETES AFFECTS NEARLY 30 MILLI ON INDIVIDUALS IN THE U.S, AND IF CURRENT TRENDS CONTINUE, 1 OF 3 ADULTS WILL HAVE DIABETE S BY 2050. DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME) IS A CORNERSTONE OF EFFEC TIVE CARE THAT IMPROVES CLINICAL CONTROL AND HEALTH OUTCOMES; HOWEVER, DSME PARTICIPATION IS LOW, PARTICULARLY AMONG UNDERSERVED POPULATIONS, AND ONGOING SUPPORT IS OFTEN NEEDED TO MAINTAIN DSME GAINS. IN 2015, THE NATIONAL INSTITUTE OF DIABETES AND DIGESTI VE AND KIDNE Y DISEASES (NIH/NIDDK) GRANTED SCRIPPS WHITTIER DIABETES INSTITUTE $2.1 MILLION TO FUND TH E MAC TRIAL, WHICH IS STUDYING AN INNOVATIVE TEAM CARE APPROACH THAT TRAINS MEDICAL ASSIST ANTS (MAS) TO PROVIDE HEALTH COACHING IN THE PRIMARY CARE SETTING TO PATIENTS WITH POORLY CONTROLLED TYPE 2 DIABETES, HELP THEM PROBLEM SOLVE, AND IMPROVE THEIR DIABETES-RELATED HE ALTH OUTCOMES. THE GOALS INCLUDE IMPROVING DIABETES SELF-MANAGEMENT AND CLINICAL OUTCOMES, SUCH AS BLOOD GLUCOSE LEVELS, CHOLESTEROL, AND BLOOD PRESSURE. THE STUDY IS BEING CONDUCT ED IN TWO DIVERSE SETTINGS: A SCRIPPS HEALTH PRIMARY CARE PRACTICE, AND A COMMUNITY HEALTH CENTER, NEIGHBORHOOD HEALTHCARE. THE INTERVENTIONS FOR THIS STUDY WERE COMPLETED IN FISCA L YEAR 2019 AND THE DATA IS NOW BEING ANALYZED FOR PUBLICATION. FINAL ANALYSIS OF ALL THE RESULTS WILL BE COMPLETED IN 2022. DIGITAL ME: AN ADAPTIVE MHEALTH INTERVENTION FOR UNDERS ERVED HISPANICS WITH DIABETES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	DIABETES IS A FAST-GROWING EPIDEMIC. IN THE U.S., NEARLY 13.6% OF ADULTS WERE LIVING WITH DIAGNOSED DIABETES IN 2021, WHICH REPRESENTED AN ANNUAL ECONOMIC BURDEN OF $414.5 BILLION, WITH AN AVERAGE ANNUAL COST OF $11,779 PER CASE. HISPANICS FACE A HIGHER RISK OF DEVELOPI NG THE DISEASE-13.9 PERCENT COMPARED WITH 7.6 PERCENT FOR NON-HISPANIC WHITES. THE NIH'S N ATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES AWARDED $2.9 MILLION, THE LARGEST NIH AWARD TO SCRIPPS WHITTIER DIABETES INSTITUTE TO DATE, TO STUDY AN INNOVATIVE A PPROACH TO HELPING HISPANICS WITH DIABETES BETTER MANAGE THEIR DISEASE. SCRIPPS WHITTIER H AS SHOWN THAT HEALTH-RELATED TEXT MESSAGES SENT EVERY DAY FOR SIX MONTHS TO LOW-INCOME HIS PANICS WITH TYPE 2 DIABETES HELPED PRODUCE BLOOD SUGAR LEVEL IMPROVEMENTS THAT EQUALED THO SE RESULTING FROM SOME GLUCOSE-LOWERING MEDICATIONS. THE DULCE DIGITAL CLINICAL TRIAL WAS THE FIRST RANDOMIZED CONTROLLED STUDY TO LOOK AT THE USE OF TEXT MESSAGES TO HELP UNDERSER VED HISPANICS BETTER SELF-MANAGE THEIR DIABETES THROUGH GLYCEMIC CONTROL. DIGITAL-ME PROVI DED PATIENTS WITH TOOLS TO HELP THEM MANAGE THEIR DIABETES DAY TO DAY AND IMPROVE THEIR HE ALTH, INCLUDING TEXT MESSAGING, WIRELESS BLOOD GLUCOSE AND MEDICATION MONITORING, DIET AND EXERCISE ASSESSMENTS, AND PERSONALIZED FEEDBACK AND GOAL SETTING. THIS STUDY WAS CONDUCTE D IN COLLABORATION WITH NEIGHBORHOOD HEALTHCARE, SAN DIEGO STATE UNIVERSITY, AND THE UNIVE RSITY OF CALIFORNIA SAN DIEGO. THE PARTICIPANTS RECEIVED HEALTH-RELATED TEXT MESSAGES EVER Y DAY FOR SIX MONTHS AND THEY SAW IMPROVEMENTS IN THEIR BLOOD SUGAR LEVELS THAT EQUALED TH OSE RESULTING FROM SOME GLUCOSE-LOWERING MEDICATIONS. THE DIGITAL-ME CLINICAL TRIAL REPRES ENTS THE FIRST RANDOMIZED CONTROLLED STUDY TO LOOK AT THE USE OF TEXT MESSAGES TO HELP UND ERSERVED HISPANICS BETTER SELF-MANAGE THEIR DIABETES THROUGH GLYCEMIC CONTROL. THE STUDY F INALIZED ITS ENROLLMENT OF PARTICIPANTS AS OF 2020 DUE TO COVID-19. THE STUDY IS NOW IN TH E PROCESS OF FINALIZING THE RESULTS FOR PUBLICATION TO COME OUT IN 2022. SCRIPPS WHITTIER DIABETES DISTRESS STUDY THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEAS ES AWARDED A FIVE-YEAR, $3.3 MILLION GRANT IN 2020 TO SCRIPPS WHITTIER DIABETES INSTITUTE TO STUDY THE INTEGRATION OF MENTAL HEALTH SERVICES IN THE CARE OF PATIENTS WITH TYPE 1 DIA BETES TO BETTER ADDRESS THE EMOTIONAL DISTRESS THAN OFTEN ACCOMPANIES THE CHRONIC DISEASE. RESEARCHERS AT SCRIPPS WHITTIER WILL USE THE FEDERAL FUNDING TO LAUNCH A LARGE-SCALE, RAN DOMIZED, CONTROLLED CLINICAL TRIAL THAT WILL EVALUATE WHETHER THE INTEGRATION OF DIABETES DISTRESS CARE WITH ROUTINE MEDICAL CARE RESULTS IN BETTER MANAGEMENT OF DIABETES AND BETTE R HEALTH-RELATED QUALITY OF LIFE. THE STUDY IS A COLLABORATIVE EFFORT THAT CAPITALIZES ON THE COMPLIMENTARY EXPERTISE OF A CLINICAL PSYCHOLOGIST/ENDOCRINOLOGIST PARTNERSHIP. THE PR OGRAM WILL BEGIN ENROLLMENT OF PARTICIPANTS IN NOVEMBER 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC) THE SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC) TEAM IS A PARTNERSHIP BETWEEN THE SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE AND SCRIPPS HEA LTH (HOUSED IN THE SCRIPPS WHITTER DIABETES INSTITUTE). THE SCRIPPS HUB IS ONE OF 60 SITES AROUND THE COUNTRY THAT ARE SUPPORTED BY THE NIH'S CLINICAL AND TRANSLATIONAL SCIENCE AWA RD (CTSA), WITH A FOCUS ON IMPROVING THE PROCESS OF TRANSLATING RESEARCH FROM BENCH-SIDE T O PRACTICE. WITHIN THIS HUB, THE SHARC TEAM AIMS TO SUPPORT TRANSLATIONAL RESEARCH AT SCRI PPS HEALTH AND THE SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE IN THE FOLLOWING WAYS: RESEARC H NAVIGATION - PROVIDE ASSISTANCE THROUGH THE GRANT PROCESS (FROM PRE- TO POST-AWARD) AND WITH RESEARCH IMPLEMENTATION, ESPECIALLY FOR JUNIOR OR NEW INVESTIGATORS. STATISTICAL SUPP ORT - PROVIDE STATISTICAL SUPPORT FOR DESIGNING THE STUDY, FROM SAMPLE SIZE AND POWER CALC ULATIONS THROUGH DATA ANALYSIS AND PRESENTATION. COMMUNITY ENGAGEMENT - ENCOURAGE BIDIRECT IONAL COMMUNICATION BETWEEN COMMUNITIES AND RESEARCHERS TO FOSTER PARTICIPATION IN RESEARC H, SHARING AND DISCUSSION OF RESEARCH QUESTIONS AND FINDINGS, AND IMPROVE COMMUNITY HEALTH . COVID-19 RESEARCH & EDUCATION THE FOLLOWING ARE COVID-19 RESEARCH EFFORTS THAT GENERATED GENERALIZABLE KNOWLEDGE AND WERE MADE AVAILABLE TO THE PUBLIC. FROM EDUCATION AND PREVENT ION TO RESEARCH NEWS, SCRIPPS IS COMMITTED TO KEEPING THE COMMUNITY UP TO DATE ON THE BATT LE AGAINST COVID-19. PROJECTS ARE BEING LED BY SCRIPPS HEALTH OR CO-LED BY SCRIPPS CLINICA L AND TRANSLATIONAL SCIENCE AWARD (CTSA) SUPPORTED INVESTIGATORS.SCRIPPS WHITTIER DIABETES INSTITUTE - DULCE DIGITAL-COVID AWARE. THE SCRIPPS WHITTIER DIABETES INSTITUTE RECEIVED G RANT APPROVAL IN 2020 BY THE NATIONAL INSTITUTES FOR HEALTH AND NATIONAL INSTITUTE OF DIAB ETES AND DIGESTIVE AND KIDNEY DISEASES (NIH/NIDDK) FOR A 1-YEAR COVID-19 SPECIFIC EXPANSIO N TO THE 5-YEAR "DULCE DIGITAL-ME (DD-ME): AN ADAPTIVE MHEALTH INTERVENTION FOR UNDERSERVE D HISPANICS WITH DIABETES" STUDY. THIS EXPANSION WAS NAMED "DULCE DIGITAL-COVID AWARE (DD- CA)" DISCHARGE TEXTING PLATFORM FOR US/MEXICO BORDER HISPANICS WITH DIABETES + COVID-19." THE PRIMARY GOAL OF DD-CA IS TO USE A TEXTING PLATFORM TO IMPROVE COMMUNICATIONS TO GUIDE RECENTLY DISCHARGED PATIENTS WITH DIABETES. THE DULCE DIGITAL-COVID AWARE (DD-CA) PROGRAM AIMS TO IMPROVE GLUCOSE CONTROL AND REDUCE READMISSION RATES AND COVID-19 TRANSMISSION AFT ER PATIENTS LEAVE THE HOSPITAL. THE PARTICIPANTS RECEIVE HEALTH-RELATED TEXT MESSAGES EVER Y DAY FOR SIX MONTHS AND WIRELESS BLOOD GLUCOSE MONITORS TO TEXT RANGE VALUES IN WHEN PROM PTED. DD-CA COMBINES CULTURALLY AND LINGUISTICALLY RELEVANT DIABETES AND COVID-19 EDUCATIO NAL MESSAGING WITH GLUCOSE MANAGEMENT SUPPORT IN A LOW-COST, EASILY ADOPTABLE PLATFORM TO ADDRESS SPECIFIC BARRIERS IN DIVERSE UNDERSERVED COMMUNITIES. NATIONAL INSTITUTE OF HEALTH (NIH) COMMUNITY ENGAGEMENT ALLIANCE (CEAL) CEAL AWARDS WERE GIVEN TO ELEVEN DIFFERENT STA TEWIDE TEAMS, INCLUDING CALIFO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RNIA. SCRIPPS HEALTH, REPRESENTED BY THE SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC) TEAM, HAS PARTNERED WITH THE SAN DIEGO COUNTY COVID-19 EQUITY TASK FORCE TO REACH SAN DIEGO COMM UNITIES AS PART OF THE CALIFORNIA CEAL TEAM AWARD. THE SHARC TEAM HAS PREVIOUSLY PARTNERED WITH THE TASK FORCE TO DELIVER VIRTUAL COMMUNITY TOWN HALLS ON COVID-19 AND WILL CONTINUE TO PROVIDE OUTREACH THROUGH VIRTUAL EVENTS AND SAFELY REDESIGNED HEALTH AND RESOURCE FAIR S TO ASSESS COVID-19 KNOWLEDGE AND PERCEPTIONS ABOUT CLINICAL TRIALS. SUPPORTING THIS NIH- WIDE EFFORT ARE THE NATIONAL INSTITUTE OF MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD) A ND THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI). COVID RELATED TRAININGS IN RESPO NSE TO THE COVID-19 PANDEMIC AND ITS EFFECT IT HAS HAD ON THE MEDICAL RESIDENTS, SCRIPPS M ERCY CHULA VISTA WELL BEING CENTER OBTAINED FUNDING WITH THE PURPOSE OF PROVIDING SUPPORT AND HELPING BUILD THE MEDICAL RESIDENTS CAPACITY IN TREATMENT AND CARE OF COVID-19 POSITIV E PATIENTS. THREE RESIDENCY TRAININGS WERE IMPLEMENTED TO INCLUDE VARIOUS COVID-19 RELATED TOPICS, UPDATES ON CURRENT CARE FOR COVID-19 POSITIVE PATIENTS, PERSONAL PROTECTIVE EQUIP MENT (PPE) GUIDELINES AND DEMONSTRATION WITH THE SCRIPPS PPE COACHES, AND CURRENT TESTING OPTIONS AND GUIDELINES. TRAINING TOPICS INCLUDED: COVID-19 AND PUBLIC HEALTH, COVID-19: PA TIENT CARE AND COVID-19 AND OUR CURRENT STATE. A TOTAL OF 29 MEDICAL RESIDENTS AND FACULTY WERE TRAINED. ADDITIONAL COVID-19 RELATED WEBINARS WERE DEVELOPED FOR THE CALIFORNIA STAT EWIDE AREA HEALTH EDUCATION CENTER, AND THESE REACHED MORE THAN 1,000 INDIVIDUALS ACROSS T HE STATE. A COLLABORATIVE EFFORT WITH SOUTH BAY COMMUNITY SERVICES IS ESTABLISHED TO OFFER COVID-19 RELATED EDUCATION FOR PROMOTORA'S AND PEER EDUCATORS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS: THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT. IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN CALIFORNIA AND OTHER RELEVANT FACTORS. TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS +4.0% GEOGRAPHIC DIFFERENTIAL AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA. THE PHILOSOPHY STATES: - FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY. THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE +4.0% GEROGRAPHIC DIFFERENTIAL OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL. - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE +4.0% GEOGRAPHIC DIFFERENTIAL OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD. - THE BOARD SELECTS THE 65TH PERCENTILE +4.0% GEOGRAPHIC DIFFERENTIAL FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I.E. THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE +4.0% GEOGRAPHIC DIFFERENTIAL OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL). - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION. THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON DECEMBER 09, 2020, JANUARY 27, 2021, AND MARCH 31, 2021. REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN VALUE OF DEFERRED GIFTS (1,129,067) JOINT VENTURE DISTRIBUTION 1,644,400 ROUNDING 4,594 OTHER CHANGES IN NET ASSETS 46,811 ---------- TOTAL 566,738

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES:513014560

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PURCHASED SVS - NON MED TOTAL FEES:87324608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:68738353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED MEDICAL SERVICES TOTAL FEES:30825031

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ALL OTHER FEES FOR SERVICES TOTAL FEES:54598919

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Horizon Hospice 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0220777	Hospice Care	CA	501(c)(3)	10	Scripps hlth	Yes	
(2) Mercy Hospital Foundation 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 94-2958094	Fundraising	CA	501(c)(3)	12a type I	Scripps hlth	Yes	
(3) Scripps Health Plan Services Inc 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0782099	Hlthcr svcs	CA	501(c)(3)	12a type I	Scripps hlth	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Scripps Encinitas Surgery Center 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 20-5942958	Ambul surgery	CA	Scripps Health	Related	4,543,687	2,715,054		No	0		No	57.400 %
(2) Scripps Memorial Ximed Med Center 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 33-0475481	Real Estate	CA	Scripps Health	Related	1,145,154	6,225,435		No	0	Yes		15.300 %
(3) Scripps Mercy Ambulatory Surgery Center 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 45-0503246	Ambul surgery	CA	Scripps Health	Related	6,537,728	3,423,879		No	0	Yes		73.500 %
(4) ScrippsUSP Surgery Center 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-4952911	Ambul surgery	CA	NA	Related	369,616	1,464,857		No	0		No	50.000 %
(5) Select Medical 9850 GENESEE AVE STE 900 LA JOLLA, CA 92037 26-1466122	LT ACUTE CARE	CA	NA	Related	0	0		No	0	Yes		24.500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Charitable Lead Trust (1) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0796247	Hospital Support	CA	NA	Trust					
(2) Charitable Remainder Trust (35) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-5156965	Hospital Support	CA	NA	Trust					

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Scripps Health Plan Services (SHPS)	m	219,908,803	Accrual
(2) Scripps Health Plan Services (SHPS)	q	32,650,499	Accrual
(3) Scripps Encinitas Surgery Center	a(IV)	401,517	Accrual
(4) Scripps Mercy Ambulatory Surgery Center	a(IV)	328,112	Accrual
(5) Scripps Health Plan Services (SHPS)	j	163,305	Accrual
(6) Scripps Health Plan Services (SHPS)	l	332,274,322	Accrual

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS SCRIPPS ENCINITAS SURGERY CENTER, LLC EIN: 20-5942958 ADDRESS: 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS MEMORIAL - XIMED MEDICAL CENTER, LP EIN: 33-0475481 ADDRESS: 9850 GENESEE AVE, STE 900, LA JOLLA, CA 92037 SCRIPPS MERCY AMBULATORY SURGERY CENTER, LLC EIN: 45-0503246 ADDRESS: 10140 CAMPUS POINT DRIVE, SAN DIEGO, CA 92121 SCRIPPS/USP SURGERY CENTERS, LLC EIN: 20-5942911 ADDRESS: 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SELECT MEDICAL EIN: 26-1466122 ADDRESS: 555 WASHINGTON ST., SAN DIEGO , CA 92103

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Scripps Clinic Billing LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0797749	HLTHCR ADMIN	CA	450,576,316	0	Scripps HLTH
Scripps Mercy Billing LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 87-0737748	HLTHCR ADMIN	CA	59,203,471	0	SCRIPPS HLTH
Imaging Healthcare Specialists LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-3872122	Med Imaging	CA	51,147,723	45,101,306	Scripps HLTH
Scripps Hospital Billing Services LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 61-1677183	HLTHCR ADMIN	CA	8,480,141	0	Scripps HLTH
Scripps Cardio&Thoractic Surgery Billing 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 27-0620996	HLTHCR ADMIN	CA	4,875,999	0	Scripps HLTH
Maxwell H & Muriel Gluck Child Care Ctr 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-1953045	Childcare	CA	1,896,101	1,682,746	Scripps HLTH
Scripps Accountable Care Organization 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 36-4837442	HLTHCR ADMIN	CA	9,665,720	15,435,077	Scripps HLTH
Scripps ASC Management LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-1187975	HLTHCR ADMIN	CA	0	0	IHS Holding
IHS Holding Company LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,779,242	Scripps HLTH
Scripps Behaviorial Health LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-4326624	HLTHCR ADMIN	CA	0	0	Scripps HLTH
Scripps Home Health & Hospice Venture 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 84-1894278	Scripps HLTH	CA	0	0	IHS Holding

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Scripps Health Plan Services (SHPS)	m	219,908,803	Accrual
Scripps Health Plan Services (SHPS)	q	32,650,499	Accrual
Scripps Encinitas Surgery Center	a(IV)	401,517	Accrual
Scripps Mercy Ambulatory Surgery Center	a(IV)	328,112	Accrual
Scripps Health Plan Services (SHPS)	j	163,305	Accrual
Scripps Health Plan Services (SHPS)	l	332,274,322	Accrual