

**Information Return for Tax-Exempt
Private Activity Bond Issues**
(Under Internal Revenue Code section 149(e))
▶ See separate instructions.

Part I Reporting Authority		Check if Amended Return <input type="checkbox"/>
1 Issuer's name Grossmont Healthcare District		2 Issuer's employer identification number 95-6005130
3a Name of person (other than issuer) with whom the IRS may communicate about this return (see instructions)		3b Telephone number of other person shown on 3a
4 Number and street (or P.O. box if mail is not delivered to street address) 9001 Wakarusa Street	Room/suite	5 Report number (For IRS Use Only) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 City, town, or post office, state, and ZIP code La Mesa, CA 91942		7 Date of Issue (MM/DD/YYYY) 06/29/2012
8 Name of Issue Lease Agreement Dated As Of June 1, 2012		9 CUSIP number N/A
10a Name and title of officer or other employee of the issuer whom the IRS may call for more information Tom Saiz, Chief Financial Officer		10b Telephone number of officer or other employee shown on 10a (619) 825-5034

Part II Type of Issue (Enter the issue price)		Issue Price
11 Exempt facility bond:		
a Airport (sections 142(a)(1) and 142(c)) - - - - -		11a
b Docks and wharves (sections 142(a)(2) and 142(c)) - - - - -		11b
c Water furnishing facilities (sections 142(a)(4) and 142(e)) - - - - -		11c
d Sewage facilities (section 142(a)(5)) - - - - -		11d
e Solid waste disposal facilities (section 142(a)(6)) - - - - -		11e
f Qualified residential rental projects (sections 142(a)(7) and 142(d)) (see instructions) - - - - -		11f
Meeting 20-50 test (section 142(d)(1)(A)) <input type="checkbox"/>		
Meeting 40-60 test (section 142(d)(1)(B)) <input type="checkbox"/>		
Meeting 25-60 test (NYC only) (section 142(d)(6)) <input type="checkbox"/>		
Has an election been made for deep rent skewing (section 142(d)(4)(B))?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
g Facilities for the local furnishing of electric energy or gas (sections 142(a)(8) and 142(f)) - - - - -		11g
h Facilities allowed under a transitional rule of the Tax Reform Act of 1986 (see instructions)- - - - -		11h
Facility Type		
1986 Act section		
i Qualified enterprise zone facility bonds (section 1394) (see instructions) - - - - -		11i
j Qualified empowerment zone facility bonds (section 1394(f)) (see instructions) - - - - -		11j
k District of Columbia Enterprise Zone facility bonds (section 1400A) - - - - -		11k
l Qualified public educational facility bonds (sections 142(a)(13) and 142(k)) - - - - -		11l
m Qualified green building and sustainable design projects (sections 142(a)(14) and 142(l)) - - - - -		11m
n Qualified highway or surface freight transfer facilities (sections 142(a)(15) and 142(m)) - - - - -		11n
o Other (see instructions)		
p Qualified New York Liberty bonds (sections 1400L(d))		11p
q Other (see instructions)		11q
12 a Qualified mortgage bond (section 143(a)) - - - - -		12a
b Other (see instructions) - - - - -		12b
13 Qualified veterans' mortgage bond (section 143(b)) (see instructions)- - - - - ▶		13
Check the box if you elect to rebate arbitrage profits to the United States <input type="checkbox"/>		
14 Qualified small issue bond (section 144(a)) (see instructions)- - - - - ▶		14
Check the box for \$10 million small issue exemption. <input type="checkbox"/>		
15 Qualified student loan bond (section 144(b)) - - - - -		15
16 Qualified redevelopment bond (section 144(c)) - - - - -		16
17 Qualified hospital bond (section 145(c)) (attach schedule—see instructions) - - - - -		17 18,000,000
18 Qualified 501(c)(3) nonhospital bond (section 145(b)) (attach schedule—see instructions) - - - - -		18
Check box if 95% or more of net proceeds will be used only for capital expenditures ▶ <input type="checkbox"/>		
19 Nongovernmental output property bond (treated as private activity bond) (section 141(d)) - - - - -		19
20a Other (see instructions) - - - - -		
b New York Liberty Zone advance refunding bond (section 1400L(e)) (see instructions) - - - - -		20b
c Other. Describe (see instructions) ▶		20c

Part III Description of Bonds (Complete for the entire issue for which this form is being filed.)

Table with 5 columns: (a) Final maturity date, (b) Issue price, (c) Stated redemption price at maturity, (d) Weighted average maturity, (e) Yield. Row 21: 06/29/2021, \$18,000,000, \$18,000,000, 4.6825 years, 2.0900%

Part IV Uses of Proceeds of Issue (including underwriters' discount)

Table with 2 columns: Description, Amount. Rows 22-30 detailing proceeds for accrued interest, issue price, bond issuance costs, credit enhancement, reserve, refund, and nonrefunding proceeds.

Part V Description of Property Financed by Nonrefunding Proceeds

Caution: The total of lines 31a through e below must equal line 30 above. Do not complete for qualified student loan bonds, qualified mortgage bonds, or qualified veterans' mortgage bonds.

Table with 2 columns: Description, Amount. Rows 31a-31e detailing property types: Land, Buildings, Equipment, and Other.

32 North American Industry Classification System (NAICS) of the projects financed by nonrefunding proceeds.

Table with 6 columns: NAICS Code, Amount of nonrefunding proceeds, NAICS Code, Amount of nonrefunding proceeds. Rows a and b.

Part VI Description of Refunded Bonds (Complete this part only for refunded bonds.)

- 33 Enter the remaining weighted average maturity of the bonds to be currently refunded
34 Enter the remaining weighted average maturity of the bonds to be advance refunded
35 Enter the last date on which the refunded bonds will be called
36 Enter the date(s) the refunded bonds were issued

Part VII Miscellaneous

- 37 Name of governmental unit(s) approving issue
38 Check the box if you have designated any issue under section 265(b)(3)(B)(i)(III)
39 Check the box if you have elected to pay a penalty in lieu of arbitrage rebate
40a Check the box if you have identified a hedge and enter the following information
41 Check the box if the hedge is superintegrated
42a Enter the amount of gross proceeds invested or to be invested in a guaranteed investment contract (GIC)
43 Check the box if the issuer has established written procedures to ensure that all nonqualified bonds of this issue are remediated
44 Check the box if the issuer has established written procedures to monitor the requirements of section 148.
45a Enter the amount of reimbursement if some portion of the proceeds was used to reimburse expenditures
46 Check the box if the issue is comprised of qualified redevelopment, qualified small issue, or exempt facilities bonds

Part VIII	Volume Caps	Amount
47	Amount of state volume cap allocated to the issuer. Attach copy of state certification.	47
48	Amount of issue subject to the unified state volume cap.	48 -0-
49	Amount of issue not subject to the unified state volume cap or other volume limitations:	49
	a Of bonds for governmentally owned solid waste facilities, airports, docks, wharves, environmental enhancements of hydroelectric generating facilities, or high-speed intercity rail facilities	49a
	b Under a carryforward election. Attach a copy of Form 8328 to this return	49b
	c Under transitional rules of the Tax Reform Act of 1986. Enter Act section ▶	49c
	d Under the exception for current refunding (section 146(i) and section 1313(a) of the Tax Reform Act of 1986)	49d
50a	Amount of issue of qualified veterans' mortgage bonds	50a
	b Enter the state limit on qualified veterans' mortgage bonds	50b
51a	Amount of section 1394(f) volume cap allocated to issuer. Attach copy of local government certification	51a
	b Name of empowerment zone ▶	
52	Amount of section 142(k)(5) volume cap allocated to issuer. Attach copy of state certification.	52

Signature and Consent

Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I consent to the IRS's disclosure of the issuer's return information, as necessary to process this return, to the person that I have authorized above.

▶ *Thomas J. Saiz* 06/29/2012 ▶ Thomas J. Saiz, CFO

Signature of issuer's authorized representative Date Type or print name and title

Paid Preparer Use Only

Print/Type Preparer's name Larry L. Carille	Preparer's signature <u><i>Larry L. Carille</i></u>	Date 06/29/2012	Check <input type="checkbox"/> if self-employed	Preparer's PTIN P01064471
Firm's name ▶ Kutak Rock LLP		Firm's EIN ▶ 47-0597598		
Firm's address ▶ 1801 California Street, Suite 3100 Denver, CO 80202		Phone no. (303) 297-2400		

ATTACHMENT
TO
FORM 8038

GROSSMONT HEALTHCARE DISTRICT
LEASE AGREEMENT
DATED AS OF JUNE 1, 2012

Line 17:

Grossmont Hospital Corporation
Sharp Healthcare

EIN 33-0449527
EIN 95-6077327

KUTAK ROCK LLP

SUITE 3100
1801 CALIFORNIA STREET.
DENVER, CO 80202-2828
303-297-2400
FACSIMILE 303-292-7799
www.kutakrock.com

ATLANTA
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LOS ANGELES
MINNEAPOLIS
OKLAHOMA CITY
OMAHA
PHILADELPHIA
RICHMOND
SCOTTSDALE
WASHINGTON
WICHITA

LARRY L. CARLILE
larry.carlile@kutakrock.com
(303) 297-2400

July 24, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
RECEIPT NO.: 7009 1680 0002 2380 0248

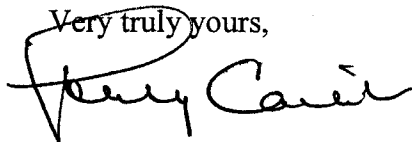
Department of the Treasury
Internal Revenue Service Center
Ogden, Utah 84201

RE: Form 8038 for Grossmont Healthcare District
Lease Agreement Dated As Of June 1, 2012

Ladies and Gentlemen:

Enclosed herein for filing is the original Form 8038, Information Return for Tax-Exempt Private Activity Bond Issues, for the above-captioned transaction.

Very truly yours,



Larry L. Carlile

LLC:sec
Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>DEPARTMENT OF THE TREASURY INTERNAL REVENUE SVC CENTER OGDEN, UTAH 84201</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7009 1680 0002 2380 0248</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent To **IRS (1201701-116) LLC**

Street, Apt. No., or PO Box No.

City, State, ZIP+4 **OGDEN, UT 84201**

PS Form 3800, August 2006 See Reverse for Instructions

7009 1680 0002 2380 0248

KUMAR ROCK LLP
 SUITE 100
 180 CALIFORNIA ST
 OGDEN UT 84202