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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
SHARP HEALTHCARE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
8695 SPECTRUM CENTER BLVD

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 921231489

D Employer identification number
95-3492461

E Telephone number
(858) 499-5150

G Gross receipts \$ 23,411,487

F Name and address of Principal Officer
WILLIAM S LITTLEJOHN
8695 SPECTRUM CENTER BLVD
SAN DIEGO, CA 921231489

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group Exemption Number

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

J Web site: www.sharp.com

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1979

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Provide support and assistance to Sharp HealthCare

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 33

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28

5 Total number of employees (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 100

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 19,890,398 13,595,968

9 Program service revenue (Part VIII, line 2g) 672,674

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 692,956 356,158

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -68,281 1,336

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,515,073 14,626,136

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,578,098 6,350,329

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,159,820 2,562,356

16a Professional fundraising fees (Part IX, column (A), line 11e) 15,217

b (Total fundraising expenses, Part IX, column (D), line 25 2,518,476)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 1,115,595 921,410

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 11,853,513 9,849,312

19 Revenue less expenses Subtract line 18 from line 12 8,661,560 4,776,824

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Year End of Year 50,288,566 58,682,166

21 Total liabilities (Part X, line 26) 10,391,345 12,733,272

22 Net assets or fund balances Subtract line 21 from line 20 39,897,221 45,948,894

Part II Signature Block

Please Sign Here 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

Signature of officer

2010-08-03 Date

William S Littlejohn SVP/CEO FOUNDATION

Type or print name and title

Paid Preparer's Use Only Preparer's signature Ernst & Young US LLP Date San Diego, CA 92122 Check if self-employed Preparer's PTIN (See Gen Inst) EIN Phone no (858) 535-7200 Firm's name (or yours if self-employed), address, and ZIP + 4 4370 La Jolla Village Dr Suite 500

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
To engage in the solicitation, receipt and administration of property, and from time to time to disburse such property and the income therefrom solely to, or for the benefit of, the San Diego Hospital Association for the Donald N Sharp Memorial Community Hospital

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 exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,589,430 including grants of \$ 6,350,329) (Revenue \$ 672,674)
Provided support and assistance to Sharp HealthCare See Schedule O for Community Benefits Report

4b

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

4c

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


















4d

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









4e

Total program service expenses \$ 6,589,430 Must equal Part IX, Line 25, column (B).

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? 	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? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as 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 U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV Checklist of Required Schedules *(Continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a104			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a0			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .				
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d2			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		No
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>CA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Staci Dickerson 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-5150

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

☒ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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	A			
1b Total									0	1,519,900	99,811

	Yes	No
3		No
4	Yes	
5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
presentation design group llc 1010 obie st eugene, OR 97402	SBHCC Donor Wall	277,975
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		1

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a1,435	13,595,968			
	b	Membership dues					
	1b						
	c	Fundraising events	303,860				
	1c						
	d	Related organizations . . .	1d5,234,215				
	e	Government grants (contributions)	1e878,629				
	f	All other contributions, gifts, grants, and similar amounts not included above	7,177,829				
	1f						
g	Noncash contributions included in lines 1a-1f \$ 2,763,985						
h	Total (Add lines 1a-1f)						
Program Service Revenue			Business Code				
	2a	Healthcare Education	900,099	614,909	614,909		
	b	SSA Back-to-Work	900,099	57,765	57,765		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 672,674					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		585,651			585,651
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-229,493			-229,493
	8a	Gross income from fundraising events (not including \$ 138,437 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
		a303,860					
		bLess direct expensesb144,107					
		cNet income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
		a13,325					
		bLess direct expensesb6,319					
	c	Net income or (loss) from gaming activities		7,006			7,006
	10a	Gross sales of inventory, less returns and allowances					
a							
bLess cost of goods soldb							
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14,626,136	672,674	0	357,494	

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	6,271,424	6,271,424		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	78,905	78,905		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	534,219	37,395	106,844	389,980
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,599,772	111,984		1,167,834
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,973	3,288	9,395	34,290
9	Other employee benefits	248,258	17,378	49,651	181,229
10	Payroll taxes	133,134	9,319	26,627	97,188
11	Fees for services (non-employees)				
a	Management	45,168	3,162	9,034	32,972
b	Legal	12,789		3,024	9,765
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	15,217			15,217
f	Investment management fees	54,699		54,699	
g	Other	141,073	9,875	28,215	102,983
12	Advertising and promotion	311,100	21,777	62,220	227,103
13	Office expenses	111,210	7,785	22,241	81,184
14	Information technology	22,904	1,603	4,581	16,720
15	Royalties				
16	Occupancy				
17	Travel	11,985	839	2,397	8,749
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	6,918	484	1,384	5,050
20	Interest	8,453	592	1,691	6,170
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,209	2,185	6,242	22,782
23	Insurance	534		534	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	other	117,519	8,226	23,503	85,790
b	dues and subscriptions	45,849	3,209	9,170	33,470
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,849,312	6,589,430	741,406	2,518,476
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	250	1	
	2	Savings and temporary cash investments	1,072,493	2	4,350,187
	3	Pledges and grants receivable, net	14,886,983	3	15,491,436
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,700	9	22,855
	10a	Land, buildings, and equipment cost basis			
		10a 55,576			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 41,587	15,445	10c	13,989
	11	Investments—publicly traded securities	17,220,763	11	18,763,181
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14	Intangible assets		14		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	17,061,932	15	20,040,518	
16	Total assets. Add lines 1 through 15 (must equal line 34)	50,288,566	16	58,682,166	
Liabilities	17	Accounts payable and accrued expenses	459,333	17	507,360
	18	Grants payable		18	
	19	Deferred revenue	135,978	19	175,406
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>	9,796,034	25	12,050,506
	26	Total liabilities. Add lines 17 through 25	10,391,345	26	12,733,272
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,034,662	27	2,431,023
	28	Temporarily restricted net assets	33,595,444	28	39,019,184
	29	Permanently restricted net assets	4,267,115	29	4,498,687
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	39,897,221	33	45,948,894
	34	Total liabilities and net assets/fund balances	50,288,566	34	58,682,166

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,603,286	9,538,813	14,948,743	19,890,398	13,595,968	73,577,208
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 line 1-3	15,603,286	9,538,813	14,948,743	19,890,398	13,595,968	73,577,208
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						16,314,862
6 Public Support subtract line 5 from line 4						57,262,346

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	15,603,286	413,766	14,948,743	19,890,398	13,595,968	73,577,208
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	287,838	413,766	490,128	567,811	585,651	2,345,194
9 Net income from unrelated business activities, whether or not the business is regularly carried on	332,469	206,738	94,243	170,160	151,762	955,372
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						76,877,774
12 Gross receipts from related activities, etc (See instructions)					12	672,674
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	74.480 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	88.200 %
16a 33 1/3% Test - 2008. 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	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the 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	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 1/3% Tests - 2008. 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			
b33 1/3% Tests - 2007. 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			
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 95-3492461
Name: SHARP HEALTHCARE FOUNDATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Anette asher , vice chair	3 00	X		X				0	0	0
stephen austin , director	2 00	X						0	0	0
john belanich , director	30	X						0	0	0
barbara brown , director	2 00	X						0	0	0
Betty byrnes , director	2 00	X						0	0	0
joy carney , director	20	X						0	0	0
chris cate , director	8 00	X						0	0	0
teri featheringill , director	1 00	X						0	0	0
steve finden , director	1 50	X						0	0	0
judi freeman , director	50	X						0	0	0
peggy golden , director	5 00	X						0	0	0
john hattox md , director	2 00	X						0	0	0
michael r labelle , director	2 00	X						0	0	0
eric linebarger md , director	2 00	X						0	0	0
elizabeth gildred macvea , director	1 00	X						0	0	0
kathryn mccoys-o'neill , director	15 00	X						0	0	0
colleen p mcnally md , director	20 00	X						0	19,950	0
patricia montalbano md , director	2 00	X						0	0	0
michael w murphy , president	2 00	X		X				0	1,044,531	64,509
rebecca pollock , director	2 00	X						0	0	0
christine reeder , director	2 00	X						0	0	0
jim reopelle , director	1 00	X						0	0	0
howard robin md , director	50	X						0	54,400	0
kenneth j roth md , secretary	2 00	X		X				0	12,900	0
richard santore md , director	2 00	X						0	0	0
ted schroeder , director	2 00	X						0	0	0
charles m schuetz md , director	2 00	X						0	0	0
regina smith , director	5 00	X						0	0	0
joseph j strazzeri , treasurer	1 50	X		X				0	0	0
tom tourtellot , director	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
janet vohariwatt , director	2 50	X						0	0	0
gordon l witter jr , chair	2 00	X		X				0	0	0
robert k wolford , director	2 00	X						0	0	0
william s littlejohn , svp/ceo foundations	40 00			X				0	388,119	35,302

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 \$

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

2

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

a

Revenues included in 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 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	6,455,982				
b Contributions	231,572				
c Investment earnings or losses	38,551				
d Grants or scholarships	66,504				
e Other expenditures for facilities and programs	42,682				
f Administrative expenses	0				
g End of year balance	6,616,919				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 000 %

b

Permanent endowment ▶ 99 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,576	41,587	13,989
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				13,989

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

(a) Description	(b) Book value
Deferred planned gifts	15,129,229
planned giving reserves (annuities, PIF)	4,762,564
other receivables	148,725
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	20,040,518

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Deferred planned gift liabilities	6,090,703
Line of credit (SHC)	4,263,013
Intercompany payable	1,696,790
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	12,050,506

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	114,626,136
2	Total expenses (Form 990, Part IX, column (A), line 25)	29,849,312
3	Excess or (deficit) for the year Subtract line 2 from line 1	34,776,824
4	Net unrealized gains (losses) on investments	41,274,849
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	91,274,849
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	106,051,673

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	14,047,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a1,274,849	
b	Donated services and use of facilities2b2,035	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d124,046	
e	Add lines 2a through 2d	2e1,400,930
3	Subtract line 2e from line 1	32,646,742
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 7b4a-5,013	
b	Other (Describe in Part XIV)4b11,984,407	
c	Add lines 4a and 4b	4c11,979,394
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	514,626,136

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	13,651,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a2,035	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d124,046	
e	Add lines 2a through 2d	2e126,081
3	Subtract line 2e from line 1	33,525,229
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 7b4a-5,013	
b	Other (Describe in Part XIV)4b6,329,096	
c	Add lines 4a and 4b	4c6,324,083
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	59,849,312

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Sharp HealthCare Foundation has 24 board designated and permanent endowments restricted for a variety of purposes, such as rehabilitation, emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more
Part XII, Line 2d - Other Adjustments		direct expenses on fundraising events & gaming activities Loss on sale of assets
Part XII, Line 4b - Other Adjustments		temporarily restricted revenue permanently restricted revenue
Part XIII, Line 2d - Other Adjustments		direct expenses on fundraising events & gaming activities Loss on sale of assets
Part XIII, Line 4b - Other Adjustments		temporarily restricted expenses

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(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 in region
Europe			Fundraising		
Totals ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country 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 ►

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule F (Form 990) 2008

Software ID:

Software Version:

EIN: 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Email solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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 activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Wendy P Lam Endsley	Grant Writing and Consulting		No	91,008	2,737	88,271
Carol M Spsychalski	Solicitation, strategies and Program Development		No	10,700	12,480	-1,780
Total ▶						

3

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

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>SMH Golf</u> (event type)	<u>Victories of Spirit</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	187,973	155,372	98,952
	2	Less Charitable contributions	131,800	99,233	72,827
	3	Gross revenue (line 1 minus line 2)	56,173	56,139	26,125
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes	19,740	9,627	29,367
	6	Rent/Facility costs			
	7	Other direct expenses	41,771	56,139	16,830
	8	Direct expense summary Add lines 4 through 7 in column (d)			144,107
	9	Net income summary Combine lines 3 and 8 in column (d).			-5,670

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div>%</div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div>%</div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div>%</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Provide 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?	15a	
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		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
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 ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SHARP HEALTHCARE FOUNDATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
95-3492461

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(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
Sharp Memorial Hospital 8695 Spectrum Center Blvd San Diego, CA 921231489	95-3782169	501(c)3	4,758,051				Program Service Support
Sharp Memorial Hospital 8695 Spectrum Center Blvd San Diego, CA 921231489	95-3782169	501(c)3		25,924	FMV	Contributed Equipment	Contributed Equipment
Sharp Healthcare8695 Spectrum Center Blvd San Diego, CA 921231489	95-6077327	501(c)3	994,707				Program Service Support
Sharp Chula Vista Medical Center8695 Spectrum Center Blvd San Diego, CA 921231489	95-2367304	501(c)3	595,732				Program Service Support
Sharp Chula Vista Medical Center8695 Spectrum Center Blvd San Diego, CA 921231489	95-2367304	501(c)3		90,742	FMV	Contributed Equipment	Contributed Equipment
Sharp Coronado Hospital and Healthcare Center8695 Spectrum Center Blvd San Diego, CA 921231489	95-0651579	501(c)3	6,166				Program Service Support

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization raises funds on behalf of and provides assistance to the Sharp HealthCare system The funds raised may be restricted by the donor for a specific purpose or may be unrestricted Sharp HealthCare, Sharp Memorial Hospital, and Sharp Chula Vista Medical Center submit requests for support based on the availability of these specifically designated funds Funds may also be dispersed to Grossmont Hospital Corporation and Sharp Coronado Hospital and Healthcare Center to affect a system-wide initiative The organization may also utilize unrestricted funds to provide additional support In these instances, a committee comprised of organization management and board members reviews proposals and requests for funding and determines which projects to fund Additionally, the Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I		Questions Regarding Compensation	
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in 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," to line 5a or 5b, describe in Part III		
6	For persons listed in 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," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
michael w murphy	(i)							
	(ii)	773,408	241,583	29,540	52,186	12,323	1,109,040	860,322
william s littlejohn	(i)							
	(ii)	285,131	87,488	15,500	23,027	12,274	423,420	318,937
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2008

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		20,175	Donor Valuation
6 Cars and other vehicles	X	2	9,699	Sale Price
7 Boats and planes	X	1	2,000	Sale Price
8 Intellectual property				
9 Securities—Publicly traded	X	4	959,941	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	X	3	2,330,581	Appraisal
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	3,900	Donor Valuation
19 Food inventory				
20 Drugs and medical supplies	X	6	15,479	Donor Valuation
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe Gift Certs)	X	28	14,065	FMV
Bldg				
26 Other (describe Materials)	X	7	79,782	Donor Valuation
27 Other (describe Equipment)	X	1	395	Donor Valuation
28 Other (describe)				
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				299

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

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Director Michael Labelle is a real estate broker w ho represents companies ow ned by Director Joseph Strazzerı Director Anette Asher has a business relationship w ith Director Ken Roth and Director Eric Linebarger

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Sharp HealthCare (FEIN 95-6077327) is the sole member of Sharp HealthCare Foundation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members Sharp HealthCare also retains the approval rights afforded members for certain significant transactions (e g dissolution or sale or transfer of all or substantially all of the assets)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The final Form 990 is placed on the organization's intranet, prior to the filing date, w here it is view able for comment from all members of the governing body The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Accounting Manager, Corporate Controller, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Executive Officer Additionally, the organization contracts w ith Ernst & Young, an independent accounting firm, for review of the Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Corporation is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp One component of the w ritten conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) are required to submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services w ho w ill review all statements This particular component w as not done in fiscal 2009, but w ill be completed annually going forw ard All other aspects of the conflict of interest policy w ere follow ed and enforced The current Conflict of Interest policy is being amended to add the Vice President level to those currently required to complete a conflict of interest statement annually as this level includes individuals w ho may comprise Key Employees of the organization In connection w ith any transaction or arrangement, w hich may create an actual or possible conflict of interest, the person shall disclose in w riting the existence and nature of his/her financial interest and all material facts Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer (s) shall make such disclosures directly to the Chairman of the Sharp HealthCare Board, and to the members of the committee w ith the board designated pow ers considering the proposed transaction or arrangement Upon disclosure of the financial interest and all materials facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting w hile the financial interest is discussed and voted upon The remaining board or committee members shall decide if a conflict of interest exists In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role w ith an organization w hereby the information that they may obtain from Sharp w ould put them in a consistent conflict w ith their tw o roles, the conflict could call for the individual's removal from the board The bylaw s for the organization provide for the ability to remove directors in accordance w ith Section 5222 of the California Corporations Code This can generally be done on a "for cause" or a "no cause" basis by the action of the member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions w ith like institutions The information is presented to the Personnel Committee of the Board of Directors by the independent consultant The Personnel Committee is comprised of Board members w ho are not physicians and w ho are not compensated in any way by the organization The Personnel Committee approves the total compensation for the President/Chief Executive Officer and review s and approves the compensation and compensation salary ranges for the remainder of the executive team The Personnel Committee presents its decision to the Board of Directors The Personnel Committee retains minutes of its meetings The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees The independent third party compares base salaries to similar positions w ith like institutions The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval The compensation study w as last conducted in November/December 2008

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Policies are considered proprietary information, how ever in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner The annual audited financial statements of the consolidated group are published on the dacbond com website (w w w dacbond com) and are available upon request The annual audited financial statements include combining schedules w hich disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group Quarterly financial statements of Sharp's obligated group are published on the dacbond com website (w w w dacbond com)

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2b		The organization is a member of a consolidated group w hich has its financial statements audited by an independent accountant

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2c		The organization is a member of a consolidated group w hich has an Audit Commttee that assumes the oversight of the audited financial statements and the selection of the independent auditors

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	Professional Fundraisers assisted w ith grant w riting, solicitation, strategies, and program development for the foundation

Identifier	Return Reference	Explanation
Form 990, Part IV, line 12		The organization is a member of a consolidated group w hich did receive audited financial statements in accordance w ith GAAP for the return period

Identifier	Return Reference	Explanation
Form 990, Part V, Line 2a		Sharp HealthCare Foundation employees' salaries and wages are paid under Sharp HealthCare's tax ID number (EIN 95-6077327), and as such are reported on Sharp HealthCare's Form 990

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Hours Per Week Dedicated to Related Organizations	Michael W Murphy - 50-Sharp HealthCare, 2-Sharp Memorial Hospital, 2-Grossmont Hospital Corporation, 2-Sharp Chula Vista Medical Center, 2-Sharp Coronado Hospital and Healthcare Center, 2-Sharp Health Plan Kenneth Roth MD - 10-Sharp HealthCare

Identifier	Return Reference	Explanation
Form 990, Part III, line 4a	Community Benefits Report	<p>An Overview of Sharp HealthCare Sharp is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, tw o affiliated medical groups, 20 medical clinics, five urgent care facilities, three skilled nursing facilities, tw o inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also has a Knox-Keene-licensed health maintenance organization, Sharp Health Plan (SHP) Serving a population of approximately three million in San Diego County, as of September 30, 2009, Sharp is licensed to operate 2,060 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 beds) The largest provider of health care services in south San Diego County, one of the fastest grow ing areas in California Sharp Chula Vista Medical Center (SCVMC) operates the busiest Emergency Department (ED) in San Diego's South Bay and is the closest hospital to the busiest international border in the w orld Sharp Coronado Hospital and Healthcare Center (204 beds) This acute care hospital provides services that include sub-acute and long-term care, rehabilitation therapies, hospice and emergency services Sharp Grossmont Hospital (536 beds) The largest provider of health care services in San Diego's East County, and one of the busiest Emergency Departments in San Diego County Sharp Memorial Hospital (643 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopaedics, organ transplantation, cardiology and rehabilitation THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & New borns (169 beds) A freestanding w omen's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care Sharp Mary Birch Hospital for Women & New borns (SMBHWN) delivers more babies than any other private hospital in California Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California and a premier provider of psychiatric services Sharp Vista Pacifica Hospital (16 beds) Sharp Vista Pacifica (SVP) is San Diego County's only licensed chemical dependency recovery hospital Collectively, the operations of SMH, SMBHWN, SMV, and SVP are reported under the nonprofit public benefit corporation of SMH The operations of Sharp Rees-Stealy Medical Centers (SRS) are reported w ithin the nonprofit public benefit corporation of Sharp, the parent organization The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation Mission Statement It is Sharp's mission to improve the health of those it serves w ith a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective, and accessible manner Vision Sharp's vision is to transform the health care experience through a culture of caring, quality, service, innovation, and excellence Sharp w ill be recognized by employees, physicians, patients, volunteers, and the community as the best place to w ork, the best place to practice medicine, and the best place to receive care Sharp w ill be know n as an excellent community citizen, embodying an organization of people w orking together to do the right thing every day to improve the health and w ell being of those it serves Sharp w ill become the best health system in the universe Values * Integrity - Trustw orthiness, Respect, Commitment to Organizational Values, and Decision Making * Caring - Service Orientation, Communication, Teamw ork and Collaboration, Serving and Developing Others, and Celebration * Innovation - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development * Excellence - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability Awards Sharp recently received the follow ing aw ards * Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Aw ard, the nation's highest Presidential honor for quality and organizational performance excellence Sharp is the first health care system in California and eighth in the nation to receive this recognition * Sharp w as named the No. 1 "best integrated health-care netw ork" in Southern Calif and No. 6 nationally by Modern Healthcare magazine in 2010 The rankings are part of the "Top 100 Most Highly Integrated Healthcare Netw orks (IHN)", an annual survey conducted by health care data analyst SDI This is the tw elfth year running that Sharp has placed among the top in the state in the survey * Sharp w as ranked 47th by Modern Healthcare in its 2008 "100 Best Places to Work " The awards and honors program recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers w ith the best possible care and services * Sharp w as named "Best Hospital" by San Diego Union-Tribune readers participating in the paper's "Best of San Diego" Readers Poll published August 2, 2009 * SGH and SMH have both received MAGNET Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence * Sharp w as named one of the nation's "Most Wired" health care systems for the eleventh consecutive year by Hospitals & Health Netw orks magazine in the annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Culture The Sharp Experience For more than nine years, Sharp has been on a journey to transform the health care experience Through a sw eeping organizational improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, w orthw hile w ork and making a difference, and to the fundamentals that have made Sharp one of the nation's top-ranked health care systems This renewed sense of direction has added discipline and focus to every part of the organization Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be * The best place to w ork Attracting and retaining highly skilled and passionate staff members w ho are focused on providing quality health care and building a culture of teamw ork, recognition, celebration, and professional and personal grow th This commitment to serving patients and supporting one another w ill make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in w hich physicians enjoy positive, collaborative relationships w ith nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's preeminent medical institution * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals w ho see it as their privilege to exceed the expectations of every patient - treating them w ith the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through all of this transformation, Sharp w ill continue to live its mission to care for all people, w ith special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century Pillars of Excellence The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas Quality - Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations Service - Create exceptional experiences at every touch point for customers, physicians, and partners by demonstrating service excellence People - Create a workforce culture that attracts, retains, and promotes the best and brightest people, w ho are committed to Sharp's mission, vision, and values</p>

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		<p>Finance - Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology, and investment in the organization Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements, and support innovative development Community - Be an exemplary community citizen Patient Financial Assistance Program Sharp offers financial assistance for medically necessary services provided to uninsured patients with no ability to pay or insured patients with inadequate coverage and no ability to pay No patient requiring emergency medical care is refused service at Sharp Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid, and career pipeline programs There were nearly 4,700 student interns within the Sharp system in FY 2009, providing more than 528,000 hours in disciplines including nursing, allied health, and professional educational programs Sharp provides education and training programs for students in the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, and wound care) and allied health professions such as rehab therapies (speech, physical, occupational, and recreational therapy), pharmacy, dietetics, lab, imaging (all the radiology professions), social work, psychology, and public health Students from local community colleges, such as Grossmont College and Southwestern College (SWC), local and national university campuses, such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU), and vocational schools, such as Kaplan College, participate in Sharp's health professions training College Collaborations Sharp's partnership with the University of Oklahoma (OU) College of Nursing, SDSU and SWC provides clinical, real-world experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree Bachelor of Science in Nursing (BSN) Program and the OU Career Mobility Registered Nurse (RN) to BSN Program The partnership seeks to boost the number of new nurse graduates by offering programs with increased flexibility and access for students The Accelerated Second Degree BSN Program is for individuals with a bachelor's degree or higher in a non-nursing major The program includes over 600 hours of online course work and nearly 900 hours of clinical experience at Sharp facilities Candidates may earn a BSN from OU in 14 months, as well as become eligible to sit for the National Council Licensing Examination for Registered Nurses (NCLEX-RN) The Career Mobility RN to BSN Program offers licensed RNs an accelerated education to achieve a BSN from OU within nine months, providing them with greater opportunity for career mobility and advancement The Career Mobility RN to BSN Program began in May 2006, and the OU Online Accelerated Second Degree BSN Program began in August 2007 The first Career Mobility RN to BSN class graduated students in May 2007 In December 2008, the first Accelerated Second Degree BSN class graduated students The Health Academy The SCVMC Health Academy educates the next generation of health care professionals by introducing local elementary school students to a wide variety of health care careers Since 2005, this program has provided hospital tours to hundreds of fifth graders, who have benefited from interactive learning in various areas of the hospital, including the laboratory, pharmacy, and billing departments In the fall of 2008, a two-year grant from the California Endowment allowed for the expansion of the program to provide a diversity initiative to high school students The Health Care Career Pipeline Partnership (HCCPP) is a collaboration among the hospital, Barrio Logan College Institute (BLCI), San Ysidro High School (SYH), SWC, and the San Diego chapter of the National Association of Hispanic Nurses The program has had tremendous success since its inception, and in FY 2009, SCVMC won a partnership award from the San Diego Science Alliance for its work in the HCCPP The award recognizes a San Diego business or employer that partners with the youth in the community Health Sciences High and Middle College Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care During FY 2009, 294 HSHMC students participated on Sharp campuses for a total of 89,837 student hours The collaboration between Sharp and HSHMC prepares high school students to consider and enter health science and medical technology careers within the following five career pathways Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services, and Therapeutic Services During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, ob/gyn, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services, and operations HSHMC students not only receive hands-on experience in patient care, but also guidance from Sharp staff on professionalism, career ladder development, and job/education requirements HSHMC students earn high school diplomas, complete college entrance requirements, and have opportunities to earn community college credits, degrees, or vocational certificates With the HSHMC program, Sharp is linking students with health care professionals through job shadowing and internships, to explore real-world applications of their school-based knowledge and skills The program began with HSHMC students on the campuses of SGH and SMH, and in FY 2009 expanded to include SMV and SMBHVN Also in FY 2009, the program at SMH expanded to include all levels of high school students (grades nine through 12) Lectures and Continuing Education Sharp also contributes to the academic environment of many colleges and universities in San Diego In FY 2009, Sharp staff committed more than 500 hours providing lectures, courses, and presentations on numerous college/university campuses throughout San Diego Through the delivery of a variety of guest lectures, including, "The Role of the Clinical Nurse Specialist" at PLNU, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community Sharp's Office of Continuing Medical Education (CME) assesses, designs, implements, and evaluates educational and training initiatives for Sharp's affiliated physicians, pharmacists, and other health professionals in order to better serve the health care needs of the San Diego community In FY 2009, the professionals at Sharp's Office of CME invested approximately 1,200 hours in myriad CME activities open to San Diego health care providers, ranging from annual conferences in diabetes, coagulation therapy, and psychiatry, to presentations on patient safety, clinical effectiveness, and quality improvement Volunteer Service Sharp Lends a Hand In FY 2009, Sharp continued its system-wide community service program, Sharp Lends a Hand, in order to further support the San Diego communities it serves In March 2009, Sharp promoted the program both internally and in the community, requesting project ideas that focused on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp for volunteer labor only, supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County, and had a completion date by September 30, 2009 Sharp employees voted on the qualified projects posted on Sharp's internal website, SharpNET They selected five projects Stand Down for Homeless Veterans, San Diego Food Bank, San Diego River Clean-up, Fourth of July Beach Clean-up, and San Diego Habitat for Humanity In support of these projects, more than 1,400 Sharp employees, family members, and friends volunteered more than 5,500 hours During three days in July 2009, 563 Sharp employees, family members, and friends provided support, including food, clothing, medical services, and companionship, to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego</p>

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		<p>The San Diego Food Bank feeds people in need throughout San Diego County, and advocates and educates the public about hunger-related issues During March, May, and August 2009, 566 Sharp Lends a Hand volunteers inspected and sorted donated food, assembled boxes, and cleaned the San Diego Food Bank warehouse Habitat for Humanity coordinated a summer "Building Blitz" in which construction companies donated materials and labor to construct homes for needy San Diego families In July 2009, 165 Sharp volunteers supported the builders by directing traffic, serving meals, keeping the site clean, and organizing workers Finally, Sharp helped put the sparkle back in San Diego communities in 2009 with 145 employees, families, and friends volunteering to clean local beaches following the revelry of July 4th, and working with Love a Clean San Diego and the San Diego River Park Foundations to help keep San Diego's watershed beautiful and pollution-free Volunteers scoured the beaches and river for garbage and debris Sharp Humanitarian Service Program In FY 2009, three Sharp employees were funded through Sharp's Humanitarian Service Program This program allows employees to participate in service programs that provide health care and/or other supportive services to underserved or adversely affected populations In FY 2009, Sharp employees devoted their time and energy to organizations that included Cross-Cultural Solutions, which provides a variety of international volunteer opportunities in caregiving, teaching, health care, and community development, and Opportunity International, which provides basic microfinance services - lending, savings, and insurance - as well as transformational training to empower people in underdeveloped communities to work their way out of chronic poverty In addition, in FY 2009, a Sharp-affiliated surgeon led a team of ninety-four medical and surgical professionals from Southern California on a medical mission trip to Joyaba, Guatemala through HELPS International, a nonprofit relief organization The medical/surgical team delivered needed medical care to rural Guatemala during their 10-day medical mission The team built six operating rooms, a pharmacy, and specialty clinics in the impoverished Guatemalan community Over the remaining days, the Sharp-led team delivered a range of critical services, both basic and complex, including treatments for a variety of infections and diseases such as cancer, an array of surgeries, including cataract surgery and amputation, and a multitude of screenings and diagnoses for patients who had not seen a physician in years - many in their entire lives A documentary on the project, 10 Days in Guatemala, aired on Cox Cable's Channel 4 this past year Sharp funded the production costs of the documentary Community Walks In April 2009, more than 500 Sharp team members, families, and friends participated in the annual March of Dimes March for Babies Sharp is a strong supporter of the event and raised nearly \$85,000 for the organization Sharp is a proud supporter of the American Heart Association annual Heart Walk In September 2009, more than 800 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park Sharp was the No. 2 Heart Walk team in San Diego, raising more than \$125,000 for the American Heart Association Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people, and assist programs ranging from pediatrics to Senior Resource Centers Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events, and initiatives Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation Sharp employees also donate time to Sharp as volunteers for the Sharp organization In FY 2009, there were 2,764 total volunteers at Sharp, contributing 231,299 hours of their time in service to Sharp and its initiatives Over 13,000 of these hours were provided externally to the San Diego community, through activities such as delivering meals to homebound seniors and assisting with health fairs and events Table 1 details the number of individual volunteers and the hours provided in service to each entity Volunteers spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament, the SMBHWN Stewardship Committee, galas held for SCVMC, Sharp Coronado Hospital and Healthcare Center (SCHHC), and SGH, and other events in support of Sharp entities and services Sharp Volunteers and Volunteer Hours - FY 2009 Sharp Entity Number of Volunteers (Individuals) Volunteer Hours Sharp Chula Vista Medical Center 360 46,269 Sharp Coronado Hospital and Healthcare Center 170 8,627 Sharp Grossmont Hospital 1,200 115,746 Sharp Mary Birch Hospital for Women & Newborns 146 10,511 Sharp Memorial Hospital 838 44,247 Sharp Mesa Vista Hospital 14 2,007 Sharp Rees-Stealy 36 3,892 ALL ENTITIES 2,764 231,299 Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmont Imaging LLC Board, and the SCVMC - SDI Imaging Center Executive Summary This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in FY 2009 (October 1, 2008 through September 30, 2009) In addition, the economic value of community benefits provided by Sharp, according to the framework specifically identified in Senate Bill 697, is reported for the following * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital * Sharp Health Plan Community Benefits Planning at Sharp HealthCare Sharp bases its community benefits planning on the triennial community health needs assessment conducted by the Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital Listing of Community Needs Addressed in This Community Benefits Report The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report * Access to care for individuals without a medical provider * Focused education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries, and behavioral health * Health education and screening activities for seniors * Outreach for flu vaccinations * Special support services for hospice patients and their families, and the community * Support of community nonprofit health organizations * Education and training of health care professionals * Collaboration with local schools to promote interest in health care careers * Welfare of seniors and disabled people * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their families * Mental health and substance abuse education for the community Highlights of Community Benefits Provided by Sharp in FY 2009 Some examples of community benefits programs and services provided by Sharp hospitals or entities in FY 2009 include * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and (TRICARE) - the regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors, and unreimbursed costs of workers' compensation programs Also included is financial support for onsite workers to process Medi-Cal eligibility forms</p>

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		<p>* Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, financial and other support to community clinics to assist in providing health services, and improving access to health services, Project HELP, a fund that provided monies for medications, transportation, and other needs to assist patients who cannot afford to pay, Project CARE (Community Action to Reach the Elderly), a community program that places computerized telephone calls to seniors and disabled individuals to ensure they are safe in their homes, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy</p> <p>* Other Benefits for the Broader Community, including health education and information, participation in community health fairs and events addressing the unique needs of the community, providing flu vaccinations, and health screenings</p> <p>Sharp collaborated with local schools to promote interest in health care careers, the use of Sharp facilities by community groups at no charge, and executive leadership and staff actively participated in numerous community organizations, committees, and coalitions to improve the health of the community</p> <p>* Health Research, Education, and Training Programs, including education and training programs for medical, nursing, and other health care professionals</p> <p>To increase the pool of nursing graduates, Sharp and other area health care providers continued sponsorship of health-related programs, classes, and professors at SDSU (Nurses Now Partnership) and UCSD</p> <p>Sharp also partnered with SWC, SDSU, and OU College of Nursing to provide clinical experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree BSN Program</p> <p>Additionally, Sharp continued its five-year agreement with SDSU for financial support of the Sharp Human Patient Simulation Center, to provide specialized education to nursing students</p> <p>Sharp again collaborated with Rady Children's Hospital - San Diego and Scripps Health in support of the National Partnership for Smoke-Free Families, a program designed to help pregnant smokers quit to improve their health and protect the health of their unborn babies</p> <p>Economic Value of Community Benefits Provided in FY 2009</p> <p>In FY 2009, Sharp provided a total of \$342,530,870 in community benefits programs and services that were unreimbursed</p> <p>Table 1 shows a listing of these unreimbursed costs provided by each Sharp entity</p> <p>Table 1 Total Economic Value of Community Benefits Provided Sharp HealthCare Entities - FY 2009</p> <p>Sharp HealthCare Entity Estimated FY 2009 Unreimbursed Costs</p> <p>Sharp Chula Vista Medical Center \$54,126,954</p> <p>Sharp Coronado Hospital and Healthcare Center \$12,893,531</p> <p>Sharp Grossmont Hospital \$112,169,265</p> <p>Sharp Mary Birch Hospital for Women & Newborns \$14,142,167</p> <p>Sharp Memorial Hospital \$143,764,626</p> <p>Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital \$5,227,313</p> <p>Sharp Health Plan \$207,014</p> <p>ALL ENTITIES \$342,530,870</p> <p>Table 2 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in Senate Bill 697</p> <p>As shown in Table 2, Sharp leads the community in unreimbursed medical care services, among San Diego County's Senate Bill 697 hospitals and health care systems</p> <p>Table 2 FY 2009 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories</p> <p>Sharp HealthCare Entity SENATE BILL 697 CATEGORY Estimated FY 2009 Unreimbursed Costs</p> <p>Medical Care Services</p> <p>Other Benefits for Vulnerable Populations</p> <p>Other Benefits for the Broader Community</p> <p>Health Research, Education, and Training Programs</p> <p>Sharp Chula Vista Medical Center \$52,813,462 \$260,472 \$513,512 \$539,508 \$54,126,954</p> <p>Sharp Coronado Hospital and Healthcare Center \$12,468,646 \$22,901 \$131,274 \$270,710 \$12,893,531</p> <p>Sharp Grossmont Hospital \$109,834,421 \$622,649 \$841,274 \$870,921 \$112,169,265</p> <p>Sharp Mary Birch Hospital for Women & Newborns \$13,426,245 \$34,583 \$351,614 \$329,725 \$14,142,167</p> <p>Sharp Memorial Hospital \$141,570,894 \$725,827 \$775,897 \$692,008 \$143,764,626</p> <p>Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital \$4,365,401 \$639,173 \$183,205 \$39,534 \$5,227,313</p> <p>Sharp Health Plan \$0 \$18,181 \$174,670 \$14,163 \$207,014</p> <p>ALL ENTITIES \$334,479,069 \$2,323,786 \$2,971,446 \$2,756,569 \$342,530,870</p> <p>Community Benefits Planning Process</p> <p>Each year, Sharp bases its community benefits planning on findings from the community health needs assessments conducted by CHIP and the expertise in programs and services of each Sharp hospital</p> <p>Methodology to Conduct the 2007 Community Needs Assessment</p> <p>Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals, health care organizations and community agencies - to conduct a triennial community needs assessment</p> <p>In 2007, the CHIP Needs Assessment Committee, under the direction of the CHIP Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following sources</p> <p>* Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by data from the California Health Interview Survey (CHIS), the California OSHPD and the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and Behavior Risk Surveillance System</p> <p>* Review of health-related scientific literature</p> <p>* Review of results of facilitated discussions held with seven focus groups representing a cross-section of the San Diego County community</p> <p>* Results of a process used by members of CHIP to set priorities among various health issues</p> <p>Determination of Priority Community Needs</p> <p>Sharp HealthCare</p> <p>The 2007 Community Health Needs Assessment conducted by CHIP was reviewed by each Sharp hospital and used to determine priority needs for their communities</p> <p>In identifying these priorities, each entity considered the expertise and mission of the hospital in providing services, in addition to the unique regional, age group, and/or health topics that comprise the entity's service area</p> <p>For example, the specialty hospitals - SMBHWN, SMV, and SVP - reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively</p> <p>Sharp's general acute care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region</p> <p>Steps Completed to Prepare an Annual Community Benefits Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefits Report</p> <p>* Establishes and/or reviews hospital-specific measurable objectives</p> <p>* Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs</p> <p>* Reports on activities conducted in the prior fiscal year - FY 2009 Report of Activities</p> <p>* Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2010 Plan</p> <p>* Reports and categorizes the economic value of community benefits provided in FY 2009, according to the framework specifically identified in Senate Bill 697</p> <p>* Reviews and approves a Community Benefits Plan</p> <p>* Distributes the Community Benefits Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year</p> <p>Ongoing Commitment to CHIP</p> <p>In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp remains active in CHIP efforts</p> <p>In addition to the CHIP Board, Sharp executive leadership and other staff are actively involved in the following CHIP committees and work teams</p> <p>Public Policy Committee, Care Coordination Work Committee, Steering Committee, Needs Assessment Committee, Access to Care Committee, Access to Care Health Literacy Initiative, Behavioral Health Work Team, Immunize San Diego Coalition, San Diego Diabetes Coalition, San Diego Childhood Obesity Initiative (SDCOI), SDCOI Healthy Eating, Active Communities, and Safety Net Connect</p>

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		<p>Appendix A Sharp HealthCare Involvement in Community Organizations Involvement in community organizations and coalitions in Fiscal Year 2009 by executive leadership and other staff with Sharp is presented below Community organizations are listed alphabetically * 211 San Diego Board * Academy of Medical-Surgical Nurses * ACS * AIS * American Association of Critical Care Nurses San Diego Chapter * American College of Healthcare Executives (ACHE) * American Health Information Management Association * American Heart Association * American Hospital Association * American Lung Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Association for Ambulatory Behavioral Health Care (National) * Association for Ambulatory Behavioral Health Care of Southern California * Association of California Nurse Leaders * AWHONN * BLCI * Boys and Girls Club of San Diego * Breast Health Coordinators * California Association of Health Plans * California Association of Medical Staff Services * California Association of Physician Groups * California Dietetic Association, Member Council * CHA * California Society of Health System Pharmacists * California State Bar, Health Subcommittee * California Women Lead * CHIP Access to Care Committee * CHIP Access to Care Committee Health Literacy * CHIP Access to Care Gift of Health * CHIP Behavioral Health Work Team * CHIP Board * CHIP Needs Assessment Committee * CHIP Public Policy Committee * CHIP Steering Committee * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * CCWSD * City of Pow ay - Housing Commission * College Area Pregnancy Services * Community Emergency Response Team * Coronado Chapter of Rotary International * Coronado Christmas Parade * Coronado Flower Show * CWISH * Cycle Eastlake * DOVIA * East County Senior Service Providers * Ecolife Foundation * El Cajon Rotary * Emergency Nurses Association, San Diego Chapter * First Five Commission * Gay Men's Spiritual Retreat Board * Grossmont College * Grossmont Healthcare District * Health Care Communicators Board * Healthcare Financial Management Association San Diego/Imperial Chapter * Hospital Association of San Diego and Imperial Counties * HSHMC Board * Huntington's Disease Society of America * Immunize San Diego Coalition * Institute of Internal Auditors San Diego Chapter Board * Kiwanis Club of Bonita * Komen Board * Komen Breast Cancer Coalition Committee * Komen Race for the Cure Committee * La Mesa Lion's Club * La Mesa Parks and Recreation Finance Committee * La Mesa Parks and Recreation Foundation Board * LEAD, San Diego, Inc * March of Dimes * Meals-on-Wheels East County * Medical Library Group of Southern California and Arizona * Mental Health America Board * Mesa College * Mountain Health and Community Services, Inc Board * NAMI * NAMI Schizophrenics in Transition Board of Directors * NANN * National Association of Hispanic Nurses, San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Foundation for Trauma Care * National Ovarian Cancer Coalition * National Perinatal Information Center * National Trauma Foundation Board * Neighborhood Healthcare Community Clinic - Board of Directors * NurseWeek * Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable) * Peninsula Shepherd Senior Center * Planetree Board of Directors * Planned Parenthood of San Diego and Imperial Counties * Port of San Diego Marketing Committee * Premier, Inc HIT Collaborative * Premier, Inc Medication Use Committee * Professional Oncology Network * Project CARE Council * Recovery Innovations of California * Regional Perinatal System * Residential Care Council * SAFE Foundation * Safety Net Connect * San Diegans for Healthcare Coverage * San Diego Healthcare Disaster Council * San Diego Asian Film Festival Foundation * San Diego Association for Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association for Healthcare Recruitment * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Breastfeeding Coalition * San Diego Center for Patient Safety Task Force * San Diego Chapter of Rotary International * San Diego City Parks and Recreation * San Diego Committee on Employment of People with Disabilities * San Diego Council of Hospital Volunteers * San Diego County Pharmacists Association * San Diego County Safety Net Workgroup * San Diego County Social Services Advisory Board * San Diego County Taxpayer Association * San Diego Delta Leadership Academy * San Diego Diabetes Coalition * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Board * San Diego Emergency Medical Care Committee * San Diego Eye Bank * San Diego Foundation * San Diego Health Information Association * San Diego Immigrants Rights Consortium * San Diego Mental Health Coalition * San Diego North Chamber of Commerce * San Diego Nutrition Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Regional Energy Office * San Diego Regional Homecare Council * San Diego Restorative Justice Mediation Program * San Diego Society for Human Resource Management * San Diego Society of Hospital Pharmacists, California Society of Health System Pharmacists Chapter * San Diego Urban League * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * Santee Chamber of Commerce * Santee-Lakeside Rotary * SDCOI * SDSU * SDSU Nursing Evidence-Based Practice Institute * Senior Community Centers of San Diego * Serra Foundation * Sidney Kimmel Cancer Center * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South Bay Community Services, Baby First Program * South County Economic Development Council * South County Education Board and Policy Committee * Southern California Association of Neonatal Nurses * Southern California Society of Gastroenterology Nurses and Associates * Susan G Komen Breast Cancer Foundation * SYH * The Meeting Place Clubhouse * The Polinsky Center * Trauma Intervention Programs of San Diego County, Inc * Trauma Managers Association of California * Union of Pan Asian Communities * United Behavioral Health Medical Credentials Committee * United Way of San Diego County * UCSD * Wellpoint/US Behavioral Health Clinical Advisory Board * YMCA * YWCA Board of Directors * YWCA Executive Committee * YWCA In the Company of Women Luncheon * YWCA TWIN Event</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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					
(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
Sharp HealthCare 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327	Parent corporation of Sharp HealthCare system	CA	Section 501(c)(3)	3	N/A
Sharp Memorial Hospital 8695 Spectrum Center Blvd san Diego, CA921231489 95-3782169	Hospital	CA	section 501(c)(3)	3	Sharp HealthCare
Grossmont Hospital Corporation 8695 Spectrum Center Blvd san Diego, CA921231489 33-0449527	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Chula Vista Medical Center 8695 Spectrum Center Blvd san Diego, CA921231489 95-2367304	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Coronado Hospital and Healthcare Center 8695 Spectrum Center Blvd san Diego, CA921231489 95-0651579	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Health Plan 8695 Spectrum Center Blvd san Diego, CA921231489 33-0519730	Health insurance company	CA	Section 501(c)(4)		sharp HealthCare

Part III

Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(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
Continuous Quality Insurance SPC 23 Lime Tree Bay Avenue PO Box 1 Grand Cayman CJ	Captive Insurance Company	CJ	N/A	C			
Sharp S&D Corporation 8695 Spectrum Center Blvd San Diego, CA92123	No activity	CA	N/A	C			

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

Yes

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Sharp Memorial Hospital	B	4,783,975
(2) Sharp Chula Vista Medical Center	B	686,474
(3) Sharp Health Plan	C	2,002,700
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Software ID:

Software Version:

EIN: 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Sharp HealthCare 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327	Parent corporation of Sharp HealthCare system	CA	Section 501(c)(3)	3	N/A
Sharp Memorial Hospital 8695 Spectrum Center Blvd san Diego, CA921231489 95-3782169	Hospital	CA	section 501(c)(3)	3	Sharp HealthCare
Grossmont Hospital Corporation 8695 Spectrum Center Blvd san Diego, CA921231489 33-0449527	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Chula Vista Medical Center 8695 Spectrum Center Blvd san Diego, CA921231489 95-2367304	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Coronado Hospital and Healthcare Center 8695 Spectrum Center Blvd san Diego, CA921231489 95-0651579	hospital	CA	section 501(c)(3)	3	sharp HealthCare
Sharp Health Plan 8695 Spectrum Center Blvd san Diego, CA921231489 33-0519730	Health insurance company	CA	Section 501(c)(4)		sharp HealthCare