



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

2008

Open to Public Inspection

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

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Sharp Memorial Hospital
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 8695 Spectrum Center Blvd
Room/suite
City or town, state or country, and ZIP + 4: San Diego, CA 921231489

D Employer identification number: 95-3782169
E Telephone number: (858) 499-5150
G Gross receipts \$ 789,671,047

F Name and address of Principal Officer: Tim Smith, 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
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 1981 M State of legal domicile CA

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include 1-19 (Activities & Governance, Revenue, Expenses) and 20-22 (Net Assets or Fund Balances).

Part II Signature Block

Please Sign Here: Declaration of preparer, Signature of officer (Kevin Thompson CFO), Date (2010-08-11)

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's PTIN, Firm's name (Ernst & Young US LLP), EIN, Phone no (858) 535-7200

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission
See schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 637,765,545 including grants of \$ 100,246) (Revenue \$ 722,770,648)
The hospital provides inpatient and outpatient healthcare services to the community. For fiscal year 2009, patient days totaled 198,254 and outpatient visits totaled 284,668. See Community Benefits Report on Schedule O.


















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 \$ 637,765,545 *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)? <i>If "Yes," complete Schedule A</i>  | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>  | Yes | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  | | No |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | | No |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>  | 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>  | | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | | No |
| 14b | 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 ? <i>If "Yes," complete Schedule F, Part I</i> | | No |
| 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? <i>If "Yes," complete Schedule F, Part II</i> | | 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? <i>If "Yes," complete Schedule F, Part III</i> | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | Yes | |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>  | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i>  | | No |
| 25b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>  | | 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? <i>If "Yes," complete Schedule L, Part II</i>  | Yes | |
| 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? <i>If "Yes," complete Schedule L, Part III</i>  | | 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>  | Yes | |
| 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 | | |
| 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 1c | | | |
| 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 | | |
| 2a | 0 | | |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | | |
| 2b | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | Yes | |
| 3a | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | Yes | |
| 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)? | | No |
| 4a | | | |
| 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? | | No |
| 5a | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5b | | | |
| 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? | | No |
| 6a | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 6b | | | |
| 7 | <i>Organizations that may receive deductible contributions under section 170(c).</i> | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | | No |
| 7a | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7c | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7f | | | |
| 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 | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 8 | | | |
| 9 | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i> | | |
| 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 | <i>Section 501(c)(7) organizations.</i> 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 | <i>Section 501(c)(12) organizations.</i> 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 | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 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 | a the governing body? | Yes | |
| 8b | b 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 | a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | No |
| 12c | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 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 | a The organization's CEO, Executive Director, or top management official? | Yes | |
| 15b | b 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 | b 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 CA
- 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.
 own website another's website 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 921231489
 (858) 499-5150

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 | 100,246 | 100,246 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 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 | 2,901,766 | 866,915 | 2,034,851 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 39,088 | 39,088 | | |
| 7 | Other salaries and wages | 273,468,556 | 269,791,667 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 8,621,753 | 8,427,288 | 194,465 | |
| 9 | Other employee benefits | 31,792,322 | 31,075,242 | 717,080 | |
| 10 | Payroll taxes | 20,314,348 | 19,965,565 | 348,783 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 16,424,666 | 15,364,899 | 1,059,767 | |
| b | Legal | 1,289,490 | 120,155 | 1,169,335 | |
| c | Accounting | 6,561,137 | | 6,561,137 | |
| d | Lobbying | 100,926 | | 100,926 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 20,643 | | 20,643 | |
| g | Other | 54,923,816 | 51,795,067 | 3,128,749 | |
| 12 | Advertising and promotion | 7,746,722 | 117,868 | 7,628,854 | |
| 13 | Office expenses | 125,739,854 | 125,109,785 | 630,069 | |
| 14 | Information technology | 24,032,669 | 22,831,036 | 1,201,633 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 13,967,156 | 11,813,721 | 2,153,435 | |
| 17 | Travel | 692,712 | 668,376 | 24,336 | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | 426,692 | 94,639 | 332,053 | |
| 20 | Interest | 13,577,278 | 13,227,733 | 349,545 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 32,074,325 | 30,724,179 | 1,350,146 | |
| 23 | Insurance | 5,491,782 | 4,978,995 | 512,787 | |
| 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 management servc | 18,799,298 | 10,690,235 | 8,109,063 | |
| b | Bad debt | 11,709,766 | 11,709,766 | | |
| c | Repairs and maintenance | 7,712,935 | 7,188,886 | 524,049 | |
| d | Licenses and taxes | 961,315 | 435,741 | 525,574 | |
| e | Dues and subscriptions | 785,510 | 391,055 | 394,455 | |
| f | All other expenses | 5,235,150 | 237,398 | 4,997,752 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 685,511,921 | 637,765,545 | 47,746,376 | 0 |
| 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 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 . . . 1a _____ | | | | | |
| | b Membership dues 1b _____ | | | | | |
| | c Fundraising events 1c _____ | | | | | |
| | d Related organizations . . . 1d 4,783,975 | | | | | |
| | e Government grants (contributions) 1e _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ 25,924 | | | | | |
| | h Total (Add lines 1a-1f) | 4,783,975 | | | | |
| Program Service Revenue | 2a Patient Services Business Code 900,099 | 505,132,529 | 505,132,529 | | | |
| | b Medicare/Medicaid 900,099 | 215,811,623 | 215,811,623 | | | |
| | c Medical Office Rent 532,000 | 1,164,043 | 1,164,043 | | | |
| | d Parking 812,930 | 843,131 | | 843,131 | | |
| | e Other prog svc rev and 900,099 | 804,315 | 194,707 | 609,608 | | |
| | f All other program service revenue | 467,746 | 467,746 | | | |
| | g Total. Add lines 2a-2f | | | | | |
| | g \$ 724,223,387 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest other similar amounts) | 3,419,087 | | | 3,419,087 | |
| | 4 Income from investment of tax-exempt bond proceeds | 579,934 | | | 579,934 | |
| | 5 Royalties | | | | | |
| | 6a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 55,440,349 | 98,633 | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | 54,578,827 | 115,065 | | |
| | | c Gain or (loss) | 861,522 | -16,432 | | |
| | d Net gain or (loss) | 845,090 | | | 845,090 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a | | | | | |
| | | b Less direct expenses . . . b _____ | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a | | | | | | |
| | b Less direct expenses . . . b _____ | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances . . . a | | | | | | |
| | b Less cost of goods sold . . . b _____ | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue Business Code | | | | | | |
| 11a Women's/Infant Store 446,199 | 439,699 | | 439,699 | | | |
| b Cash Discounts 900,099 | 126,294 | | 126,294 | | | |
| c Nutrition Services 722,320 | 82,686 | | 82,686 | | | |
| d All other revenue _____ | 477,003 | | 477,003 | | | |
| e Total. Add lines 11a-11d | | | | | | |
| \$ 1,125,682 | | | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | 734,977,155 | 722,770,648 | 609,608 | 6,812,924 | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--|---|------------------------|-------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,725,117 | 1 | 2,463,332 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 83,527,822 | 4 | 91,506,901 |
| | 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 | 18,333 |
| | 7 Notes and loans receivable, net | 4,457 | 7 | 230,091 |
| | 8 Inventories for sale or use | 10,856,290 | 8 | 11,698,871 |
| | 9 Prepaid expenses and deferred charges | 2,383,894 | 9 | 2,936,628 |
| | 10a Land, buildings, and equipment cost basis | | | |
| | | 10a 666,610,407 | | |
| | b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | | | |
| | | 10b 294,954,958 | 328,335,000 | 10c 371,655,449 |
| | 11 Investments—publicly traded securities | 9,206,975 | 11 | 48,495,326 |
| | 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 | 679,175 | 14 | 656,152 | |
| 15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | 375,572,812 | 15 | 450,028,398 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 812,291,542 | 16 | 979,689,481 | |
| Liabilities | 17 Accounts payable and accrued expenses | 45,543,085 | 17 | 57,231,806 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 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> | 274,915,607 | 25 | 391,206,768 |
| | 26 Total liabilities. Add lines 17 through 25 | 320,458,692 | 26 | 448,438,574 |
| 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 | 491,832,850 | 27 | 531,250,907 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 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 | 491,832,850 | 33 | 531,250,907 | |
| 34 Total liabilities and net assets/fund balances | 812,291,542 | 34 | 979,689,481 | |

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? | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? | | No |
| 2c | 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? | | |
| 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? | | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? | | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An 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 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 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 Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

- (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 Provide the following information about the organizations the organization supports

| (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.") | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |
| 6 Public Support subtract line 5 from line 4 | | | | | | |

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 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total Support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | |
| 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 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 III Support 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Total of lines 7a and 7b | | | | | | |
| 8 Public 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 |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total Support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

| | | |
|---|-----------|--|
| 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | |

- 19a 33 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
- b 33 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **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 |
| |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|--|---|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: | | |
| Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | \$1,000,000 | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a Enter -0- if line g is more than line a | | |
| i Subtract line 1f from line 1c Enter -0- if line f is more than line c | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines c through i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | |
| i Other activities If "Yes," describe in Part IV | Yes | | 100,926 |
| j Total lines 1c through 1i | | | 100,926 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes" enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes" enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|-----------------------------------|------------------|--|
| Part IV, Supplemental Information | | Sharp Memorial Hospital (SMH) pays annual dues to the California Healthcare Association (CHA) and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA & AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2009, SMH's annual dues calculated to have been used for lobbying purposes was \$100,926. |
| | | |
| | | |
| | | |
| | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

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) | 1 | 734,977,155 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 685,511,921 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 49,465,234 |
| 4 | Net unrealized gains (losses) on investments | 4 | 3,513,424 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -13,560,601 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -10,047,177 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 39,418,057 |

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 735,584,155 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 3,513,424 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 977,841 |
| e | Add lines 2a through 2d | 2e | 4,491,265 |
| 3 | Subtract line 2e from line 1 | 3 | 731,092,890 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 20,643 |
| b | Other (Describe in Part XIV) | 4b | 3,863,622 |
| c | Add lines 4a and 4b | 4c | 3,884,265 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 734,977,155 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 685,266,733 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 685,266,733 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 20,643 |
| b | Other (Describe in Part XIV) | 4b | 224,545 |
| c | Add lines 4a and 4b | 4c | 245,188 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 685,511,921 |

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 XI, Line 8 i (\$14,006,770) - Change in Minimum Pension Liability ii (\$531,672)- Change in Fair Value of Interest Rate Swaps Part XII, Line 2d \$977,841 - Bone Marrow Program reported on Sharp HealthCare's Form 990 Part XII, Line 4b i \$3,477,412 - Donated Capital ii \$386,120 - Medical Staff/Gift Shop Revenue Part XIII, Line 4b \$224,545 - Medical Staff/Gift Shop Expenses |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

- 1a Does the organization have a charity care policy?
1b If "Yes," is it a written policy?
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients
3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals?
3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals?
4 If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care
5a Does the organization's policy provide free or discounted care to the "medically indigent"?
5b Does the organization budget amounts for free or discounted care provided under its charity care policy?
5c If "Yes," did the organization's charity care expenses exceed the budgeted amount?
6a Does the organization prepare an annual community benefit report?
6b If "Yes," does the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

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

7 Charity Care and Certain Other Community Benefits at Cost

Main table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part III Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

| | | Yes | No |
|----------|--|-----|----|
| 1 | Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit. | | |

Section B—Medicare

| | | | |
|----------|--|----------|--|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | |
| 7 | Enter line 5 less line 6—surplus or (shortfall) | 7 | |
| 8 | Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C—Collection Practices

| | | | |
|-----------|---|-----------|--|
| 9a | Does the organization have a written debt collection policy? | 9a | |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b | |

Part IV Management Companies and Joint Ventures (Optional for 2008)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part V Facility Information (Required for 2008)

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-------------------------------------|
| Sharp Memorial Hospital 7901 Frost Street San Diego, CA 92123 | X | X | | | | | X | | |
| Sharp Mary Birch Hospital for Women 3003 Health Center Drive San Diego, CA 92123 | X | X | | | | | | | |
| Sharp Mesa Vista Hospital 7850 Vista Hill Avenue San Diego, CA 92123 | X | | | | | | | | |
| Sharp Vista Pacific 7989 Linda Vista Road San Diego, CA 92111 | X | | | | | | | | |
| Sharp Home Care 8080 Dagget Street San Diego, CA 92111 | | | | | | | | | Home Health |
| Sharp Cabrillo Hospital 3475 Kenyon Street San Diego, CA 92110 | X | | | | | | | | Skilled Nursing Facility |
| Senior Health Center 4320 Genesee Avenue Suite 104 San Diego, CA 92111 | | | | | | | | | Senior Health Center |
| Behavioral Health Outpatient Center 4275 El Cajon Blvd Suite 100 San Diego, CA 92105 | | | | | | | | | Behavioral Health Outpatient Center |
| Behavioral Health Outpatient Center 343 E Lexington El Cajon, CA 92020 | | | | | | | | | Behavioral Health Outpatient Center |
| Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123 | | | | | | | | | Outpatient Care |
| Senior Health Center 956 10th Avenue San Diego, CA 92101 | | | | | | | | | Senior Health Center |
| Renal Transplant 7920 Frost Street Suite 300 San Diego, CA 92123 | | | | | | | | | Outpatient Services |
| UCP Building 7947 Birmingham Drive San Diego, CA 92123 | | | | | | | | | Outpatient Services-Orthopedic |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule I (Form 990)

OMB No 1545-0047

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

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

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?
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for San Diego Family Care, Mental Health America, and California Institute for Nursing and Health Care.

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

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 Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I Questions Regarding Compensation

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | 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.

| | |
|--|--|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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.

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?

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.

| | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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.

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.

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 | | | | |
| Daniel Gross | (i) | | | | | | | |
| | (ii) | 579,200 | 207,934 | 36,000 | 47,474 | 9,073 | 879,681 | 681,702 |
| Thomas Hessling MD | (i) | 153,732 | | | | | 153,732 | |
| | (ii) | 153,732 | | | | | 153,732 | |
| Jennifer Jacoby | (i) | | | | | | | |
| | (ii) | 185,601 | 32,046 | 23,383 | 12,740 | 5,923 | 259,693 | 192,963 |
| Richard Santore MD | (i) | 60,200 | | | | | 60,200 | |
| | (ii) | 60,200 | | | | | 60,200 | |
| Susan Stone | (i) | | | | | | | |
| | (ii) | 141,293 | 28,618 | 22,119 | 10,986 | 12,576 | 215,592 | 149,467 |
| Michael Murphy | (i) | | | | | | | |
| | (ii) | 773,408 | 241,583 | 29,540 | 52,186 | 12,323 | 1,109,040 | 860,322 |
| Carlisle C Lewis III | (i) | | | | | | | |
| | (ii) | 401,638 | 128,850 | 36,000 | 33,964 | 11,657 | 612,109 | 465,884 |
| Ann Pumpian | (i) | | | | | | | |
| | (ii) | 441,821 | 168,130 | 36,000 | 34,543 | 12,323 | 692,817 | 536,198 |
| Timothy Smith | (i) | | | | | | | |
| | (ii) | 459,828 | | | 22,500 | 12,323 | 494,651 | 353,223 |
| Kevin Thompson | (i) | | | | | | | |
| | (ii) | 184,016 | 37,023 | 36,636 | 12,909 | 9,062 | 279,646 | 202,416 |
| Mary Henrikson | (i) | | | | | | | |
| | (ii) | 233,407 | 52,308 | 36,000 | 22,090 | 8,956 | 352,761 | 259,064 |
| Patricia Khaleghi | (i) | | | | | | | |
| | (ii) | 167,655 | 20,146 | 4,572 | 8,184 | 8,683 | 209,240 | |
| Janie Kramer | (i) | | | | | | | |
| | (ii) | 150,046 | 32,134 | 46,342 | 11,997 | 9,495 | 250,014 | 174,240 |
| Kathleen Lencioni | (i) | | | | | | | |
| | (ii) | 231,996 | 51,846 | 35,500 | 19,420 | 1,038 | 339,800 | 257,006 |
| Loraine Wells | (i) | | | | | | | |
| | (ii) | 143,866 | 30,162 | 32,226 | 8,559 | 5,728 | 220,541 | 165,796 |
| | (ii) | | | | | | | |

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

| (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 | | | | |
| Daniel Gross | (i) | | | | | | | |
| | (ii) | 579,200 | 207,934 | 36,000 | 47,474 | 9,073 | 879,681 | 681,702 |
| Thomas Hessling MD | (i) | 153,732 | | | | | 153,732 | |
| | (ii) | 153,732 | | | | | 153,732 | |
| Jennifer Jacoby | (i) | | | | | | | |
| | (ii) | 185,601 | 32,046 | 23,383 | 12,740 | 5,923 | 259,693 | 192,963 |
| Richard Santore MD | (i) | 60,200 | | | | | 60,200 | |
| | (ii) | 60,200 | | | | | 60,200 | |
| Susan Stone | (i) | | | | | | | |
| | (ii) | 141,293 | 28,618 | 22,119 | 10,986 | 12,576 | 215,592 | 149,467 |
| Michael Murphy | (i) | | | | | | | |
| | (ii) | 773,408 | 241,583 | 29,540 | 52,186 | 12,323 | 1,109,040 | 860,322 |
| Carlisle C Lewis III | (i) | | | | | | | |
| | (ii) | 401,638 | 128,850 | 36,000 | 33,964 | 11,657 | 612,109 | 465,884 |
| Ann Pumpian | (i) | | | | | | | |
| | (ii) | 441,821 | 168,130 | 36,000 | 34,543 | 12,323 | 692,817 | 536,198 |
| Timothy Smith | (i) | | | | | | | |
| | (ii) | 459,828 | | | 22,500 | 12,323 | 494,651 | 353,223 |
| Kevin Thompson | (i) | | | | | | | |
| | (ii) | 184,016 | 37,023 | 36,636 | 12,909 | 9,062 | 279,646 | 202,416 |
| Mary Henrikson | (i) | | | | | | | |
| | (ii) | 233,407 | 52,308 | 36,000 | 22,090 | 8,956 | 352,761 | 259,064 |
| Patricia Khaleghi | (i) | | | | | | | |
| | (ii) | 167,655 | 20,146 | 4,572 | 8,184 | 8,683 | 209,240 | |
| Janie Kramer | (i) | | | | | | | |
| | (ii) | 150,046 | 32,134 | 46,342 | 11,997 | 9,495 | 250,014 | 174,240 |
| Kathleen Lencioni | (i) | | | | | | | |
| | (ii) | 231,996 | 51,846 | 35,500 | 19,420 | 1,038 | 339,800 | 257,006 |
| Loraine Wells | (i) | | | | | | | |
| | (ii) | 143,866 | 30,162 | 32,226 | 8,559 | 5,728 | 220,541 | 165,796 |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$ 18,333

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 25 shows 'Equipment' with 12 contributions and 25,924 in revenue.

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

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution policies and reporting.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

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.

| | |
|--|---|
| Name of the organization Sharp Memorial Hospital | Employer identification number 95-3782169 |
|--|---|

| Identifier | Return Reference | Explanation |
|----------------------------|-----------------------------|--|
| Form 990, Part III, line 3 | Changes in Program Services | Sharp Memorial Hospital discontinued its skilled nursing services on February 17, 2009 |

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

| 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, where 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 Financial Officer Additionally, the organization contracts with 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 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 who will review all statements 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 who may comprise Key Employees of the organization Part VI, line 12b is answered no because some Key Employees are not currently required to complete a conflict of interest statement annually In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Sharp HealthCare Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement Upon disclosure of the financial interest and all 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 while the financial interest is discussed and voted upon The remaining board or committee members shall decide if a conflict of interest exists In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code This can generally be done on a "for cause" or a "no cause" basis by the action of the member |

| 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 with like institutions The information is presented to the Personnel Committee of the Board of Directors by the independent consultant The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team The Personnel Committee presents its decision to the Board of Directors The Personnel Committee retains minutes of its meetings The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees The independent third party compares base salaries to similar positions with like institutions The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval The compensation study was last conducted in November/December 2008 |

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

| Identifier | Return Reference | Explanation |
|-----------------------|---------------------------------|--|
| Form 990, Part XI, 2b | Audit by Independent Accountant | The organization is a member of a consolidated group which has its financial statements audited by an independent accountant |

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

| Identifier | Return Reference | Explanation |
|----------------------------|------------------|--|
| Form 990, Part III, line 1 | | The corporation shall, at all times, operate a hospital under the name Donald N Sharp Memorial Community Hospital. The purpose of the corporation shall be to promote and to oversee the quality of care rendered in the hospital, to act as the governing board authority in matters of medical staff relations, clinical issues, credentialing, physician discipline and Joint Commission on Accreditation of Hospital requirements, and to establish policies to support those purposes |

| Identifier | Return Reference | Explanation |
|----------------------------|------------------------------|---|
| Form 990, Part IV, line 12 | Audited Financial Statements | The organization is a member of a consolidated group which did receive audited financial statements in accordance with GAAP for the return period |

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

| Identifier | Return Reference | Explanation |
|---------------------------|---------------------|---|
| Form 990, Part V, Line 2a | Number of Employees | Sharp Memorial Hospital 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 | The following officers and directors dedicated hours to the following organizations which are related to Sharp Memorial Hospital: Michael Murphy - 50-Sharp HealthCare, 2-Grossmont Hospital Corporation, 2-Sharp Chula Vista Medical Center, 2-Sharp Coronado Hospital and Healthcare Center, 2-Sharp Health Plan, 2-Sharp HealthCare Foundation; Carlisle C Lewis III - 40-Sharp HealthCare, 2-Grossmont Hospital Corporation, 2-Sharp Chula Vista Medical Center, 2-Sharp Coronado Hospital and Healthcare Center; Ann Pumpian - 45-Sharp HealthCare, 3-Grossmont Hospital Corporation, 3-Sharp Chula Vista Medical Center, 3-Sharp Coronado Hospital and Healthcare Center, 3-Sharp Health Plan; Daniel Gross - 40-Sharp HealthCare, 2-Sharp Memorial Hospital; Susan Stone - 46-Sharp Coronado Hospital and Healthcare Center |

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

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

| Identifier | Return Reference | Explanation |
|-----------------------------|--------------------------|---|
| Form 990, Part III, line 4a | Community Benefit 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, two affiliated medical groups, 20 medical clinics, five urgent care facilities, three skilled nursing facilities, two 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</p> <p>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 growing 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 world 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</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & New borns (169 beds) A freestanding women'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 within 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</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective, and accessible manner</p> <p>Vision Sharp's vision is to transform the health care experience through a culture of caring, quality, service, innovation, and excellence Sharp will be recognized by employees, physicians, patients, volunteers, and the community as the best place to work, the best place to practice medicine, and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well being of those it serves Sharp will become the best health system in the universe</p> <p>Values * Integrity - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making * Caring - Service Orientation, Communication, Teamwork 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 following awards * Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, 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 was named the No. 1 "best integrated health-care network" 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 Networks (IHN)", an annual survey conducted by health care data analyst SDI This is the twelfth year running that Sharp has placed among the top in the state in the survey * Sharp was 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 with the best possible care and services * Sharp was 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 was named one of the nation's "Most Wired" health care systems for the eleventh consecutive year by Hospitals & Health Networks magazine in the annual Most Wired Survey and Benchmark Study</p> <p>"Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff</p> <p>Culture The Sharp Experience For more than nine years, Sharp has been on a journey to transform the health care experience Through a sweeping organizational improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, worthwhile work 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</p> <ul style="list-style-type: none"> * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth * This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe" * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's 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 who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate <p>Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century</p> <p>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</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>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, who are committed to Sharp's mission, vision, and values 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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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)</p> <p>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</p> <p>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</p> |

| Identifier | Return Reference | Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|---|--------|------------------------------------|-----------------|----------------------------------|-----|--------|---|-----|-------|--------------------------|-------|---------|--|-----|--------|-------------------------|-----|--------|---------------------------|----|-------|-------------------|----|-------|---------------------|--------------|----------------|
| | | <p>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. 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 I 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.</p> <p>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.</p> <p>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.</p> <p>Sharp Volunteers and Volunteer Hours - FY 2009</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Number of Volunteers (Individuals)</th> <th>Volunteer Hours</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center</td> <td>360</td> <td>46,269</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>170</td> <td>8,627</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>1,200</td> <td>115,746</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns</td> <td>146</td> <td>10,511</td> </tr> <tr> <td>Sharp Memorial Hospital</td> <td>838</td> <td>44,247</td> </tr> <tr> <td>Sharp Mesa Vista Hospital</td> <td>14</td> <td>2,007</td> </tr> <tr> <td>Sharp Rees-Stealy</td> <td>36</td> <td>3,892</td> </tr> <tr> <td>ALL ENTITIES</td> <td>2,764</td> <td>231,299</td> </tr> </tbody> </table> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> * 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 | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>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</p> <ul style="list-style-type: none"> * 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 <p>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</p> <ul style="list-style-type: none"> * 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 * 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 * 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>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> <ul style="list-style-type: none"> * Health Research, Education, and Training Programs, including education and training programs for medical, nursing, and other health care professionals <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 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 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 In FY 2009, Sharp provided a total of \$342,530,870 in community benefits programs and services that were unreimbursed Table 1 shows a listing of these unreimbursed costs provided by each Sharp entity Table 1 Total Economic Value of Community Benefits Provided Sharp HealthCare Entities - FY 2009 Sharp HealthCare Entity Estimated FY 2009 Unreimbursed Costs Sharp Chula Vista Medical Center \$54,126,954 Sharp Coronado Hospital and Healthcare Center \$12,893,531 Sharp Grossmont Hospital \$112,169,265 Sharp Mary Birch Hospital for Women & Newborns \$14,142,167 Sharp Memorial Hospital \$143,764,626 Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital \$5,227,313 Sharp Health Plan \$207,014 ALL ENTITIES \$342,530,870</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Table 2 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in Senate Bill 697 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 Table 2 FY 2009 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp HealthCare Entity SENATE BILL 697 CATEGORY Estimated FY 2009 Unreimbursed Costs Medical Care Services Other Benefits for Vulnerable Populations Other Benefits for the Broader Community Health Research, Education, and Training Programs Sharp Chula Vista Medical Center \$52,813,462 \$260,472 \$513,512 \$539,508 \$54,126,954 Sharp Coronado Hospital and Healthcare Center \$12,468,646 \$22,901 \$131,274 \$270,710 \$12,893,531 Sharp Grossmont Hospital \$109,834,421 \$622,649 \$841,274 \$870,921 \$112,169,265 Sharp Mary Birch Hospital for Women & Newborns \$13,426,245 \$34,583 \$351,614 \$329,725 \$14,142,167 Sharp Memorial Hospital \$141,570,894 \$725,827 \$775,897 \$692,008 \$143,764,626 Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital \$4,365,401 \$639,173 \$183,205 \$39,534 \$5,227,313 Sharp Health Plan \$0 \$18,181 \$174,670 \$14,163 \$207,014 ALL ENTITIES \$334,479,069 \$2,323,786 \$2,971,446 \$2,756,569 \$342,530,870 Community Benefits Planning Process 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 Methodology to Conduct the 2007 Community Needs Assessment 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 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 * 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 * Review of health-related scientific literature * Review of results of facilitated discussions held with seven focus groups representing a cross-section of the San Diego County community * Results of a process used by members of CHIP to set priorities among various health issues |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Determination of Priority Community Needs Sharp HealthCare The 2007 Community Health Needs Assessment conducted by CHIP was reviewed by each Sharp hospital and used to determine priority needs for their communities 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 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 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 Steps Completed to Prepare an Annual Community Benefits Report On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefits Report * Establishes and/or reviews hospital-specific measurable objectives * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 2009 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2010 Plan * Reports and categorizes the economic value of community benefits provided in FY 2009, according to the framework specifically identified in Senate Bill 697 * Reviews and approves a Community Benefits Plan * 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 Ongoing Commitment to CHIP 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 In addition to the CHIP Board, Sharp executive leadership and other staff are actively involved in the following CHIP committees and work teams 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 Sharp Mary Birch Hospital for Women & Newborns SMBHWN is located at 3003 Health Center Drive in San Diego ZIP code 92123 FY 2009 Community Benefits Program Highlights SMBHWN provided a total of \$14,142,167 in community benefits in FY 2009 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Mary Birch Hospital for Women & Newborns - FY 2009 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2009 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$10,346,554 Shortfall in Medicare \$54,080 Shortfall in San Diego County Indigent Medical Services \$68,391 Shortfall in CHAMPVA/TRICARE \$353,396 Shortfall in Worker's Compensation \$183 Charity Care and Bad Debt \$2,603,641 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$34,583 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$351,614 Health Research, Education, and Training Programs Education and training programs for students, interns and health care professionals \$329,725 TOTAL \$14,142,167 |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Key highlights * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE, unreimbursed costs of workers' compensation programs, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community, including health education and information on a variety of topics, participation in community health fairs and events, and collaboration with local schools to promote interest in health care careers SMBHWN also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the ACS, the American Heart Association, the March of Dimes, the National Perinatal Information Center, CWISH, the Southern California Association of Neonatal Nurses, the Association of Women's Health, Obstetrics and Neonatal Nurses, and Young Women's Christian Association (YWCA) Tribute to Women in Industry (TWIN) * Health Research, Education, and Training Programs, including education and training of health care professionals, student and intern supervision, and financial support of SDSU Human Patient Simulation Center and Partnership for Smoke-Free Families Definition of Community As a specialty hospital, SMBHWN serves the community of San Diego County Description of Community Health In 2005, 90 percent of children and 77 percent of nonelderly adults had health insurance in San Diego County, failing to meet the HP 2010 national targets for health insurance coverage See Table 2 for a summary of key indicators of access to care Table 2 Health Care Access in San Diego County 2005 Description Rate Year 2010 Target Health Insurance Coverage Children 0 to 17 Years 90% 100% Adults 18 to 64 Years 77% 100% Regular Source of Medical Care Children 0 to 17 Years 91% 85% Adults 18 to 64 Years 85% 85% Source Charting the Course V 2007 San Diego County Health Needs Assessment, 2005 CHIS On average, there were 45,674 live births a year in San Diego County during the three-year period from 2003 through 2005 San Diego County did not meet the HP 2010 national targets for the following maternal and infant health indicators first trimester prenatal care, preterm births, very low and low birth weight infants, and fetal and infant mortality See Table 3 for a summary of maternal and infant health indicators Table 3 Maternal and Infant Health Indicators in San Diego County Three-Year Average (2003 through 2005) Maternal and Infant Health Indicator Rate Year 2010 Target First Trimester Prenatal Care 87.6% 90.0% Preterm Births 10.9% 7.6% Very Low Birth Weight (VLBW) Infants 1.2% 0.9% Low Birth Weight (LBW) Infants 6.4% 5.0% Fetal Mortality 4.9% 4.1% Infant Mortality 5.0% 4.5% Notes Preterm births are births with less than 37 weeks gestation Very low birth weight infants weigh less than 1,500 grams, approximately 3.5 pounds Low birth weight infants weigh less than 2,500 grams, approximately 5.5 pounds Fetal mortality describes the death of the fetus after at least 20 complete weeks of gestation, commonly referred to as stillbirths Infant mortality refers to the death of infants less than one year of age Infant mortality rates are per 1,000 live births Fetal mortality rates are per 1,000 live births and fetal deaths Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Although these maternal and infant health indicators varied by region, with the exception of mothers receiving prenatal care in the first trimester and fetal and infant mortality in the North Central Region, the regions failed to meet the HP 2010 national targets related to maternal and infant health See Table 4 for a summary of maternal and infant health indicators by region Table 4 Maternal and Infant Health Indicators, by Region in San Diego County Three-Year Average (2003 through 2005) |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Indicator North Coastal North Central Central South East North Inland Prenatal Care 83.6% 93.0% 85.6% 89.1% 87.8% 87.2% Preterm Births 10.2% 11.1% 12.8% 10.0% 11.2% 10.1% VLBW Infants 1.1% 1.1% 1.4% 1.2% 1.2% 1.1% LBW Infants 6.0% 6.7% 7.2% 6.1% 6.4% 6.2% Fetal Mortality 5.1% 3.8% 5.4% 4.6% 4.4% 5.4% Infant Mortality 5.1% 3.9% 5.3% 4.7% 5.4% 5.2% Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service line specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience, and current funding levels * Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (Note This is beyond the scope of current efforts of CHIP) Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMBHWN Community Benefits Report * Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery * Providing professional education and development * Meeting the needs of new mothers and their families For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2009 Report of Activities conducted in support of the objective(s), and FY 2010 Plan of Activities Identified Community Need Reducing the Incidence of Neonatal Morbidity and Mortality Associated With Preterm Delivery Rationale * Preterm births account for 75 percent of new born deaths Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopmental handicaps such as cerebral palsy, seizure disorders, and mental retardation * On average, there were 4,723 preterm births (less than 37 weeks gestation) a year in San Diego County during the three-year period from 2003 through 2005 The preterm birth rate was 10.9 percent, failing to meet the HP 2010 target of no more than 7.6 percent preterm births In 2005, preterm births were higher in male newborns when compared to females and highest among Black mothers when compared to mothers of other race/ethnicity and mothers age 35 years and older when compared to mothers in two other age groups (15 to 24 years and 25 to 34 years) * On average, 229 infants died each year before their first birthday in San Diego County during the three-year period from 2003 through 2005 The infant mortality rate was 5.0 infant deaths per 1,000 live births, failing to meet the HP 2010 target of no more than 4.5 infant deaths per 1,000 live births In 2004, infant mortality was higher in males when compared to females and highest among Black infants when compared to infants of other race/ethnicity * Behavioral and social risk factors associated with infant mortality include maternal substance abuse, lack of adequate social supports, maternal medical complications, lack of appropriate prenatal care, poor nutrition, and limited maternal education, according to findings presented in the 2004 CHIP Community Needs Assessment Other environmental risk factors include race/ethnicity, family history, exposure to environmental toxins, young or old maternal age, and lack of adequate transportation * The cost of premature infant in a hospital NICU ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved Education of parents and health care providers regarding risk reduction, early detection, and intervention is effective in preventing preterm births |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>Measurable Objectives * Develop, coordinate, and provide educational programs on preterm labor and births, as well as prenatal and women's health to women, physicians, and other health care staff * Conduct community outreach on preterm births, prenatal health, and women's health FY 2009 Report of Activities In FY 2009, SMBHWN offered classes on the warning signs of preterm labor and preventing preterm births, serving 72 people (including women and partners) SMBHWN also offered its Teen Pregnancy Program to more than 20 pregnant and/or parenting San Diego teens in FY 2009 The program provided support and information on a variety of topics including preparing for birth, what to expect postpartum, breast feeding and topics selected by group members - ranging from childproofing one's home, to communication skills and career planning In addition, professional education classes were offered for physicians, nurses, and other health care professionals in FY 2009 Staff at SMBHWN completed numerous local, national, and international presentations Presentations were given at organizations such as the AWHONN and National Association of Neonatal Nurses (NANN), covering a variety of subjects including neonatology, perinatal genetics, elective labor induction, and intrapartum fetal heart rate monitoring SMBHWN actively participated in the March of Dimes March for Babies in FY 2009, raising more than \$20,000 Staff hosted an informational booth, distributed health education materials related to preterm births, and/or raised monies for a variety of activities including the March of Dimes, the ACS Go Red for Women luncheon, RB Alive, Serra Mesa Family Day, Fiesta de las Penasquitos, and Hablando de la Salud de la Mujer - Sharp's annual Latina women's health conference SMBHWN also participated in other community events including the Susan G Komen Race for the Cure, the American Heart Association Heart Walk, ACS Making Strides Against Breast Cancer walk, and Huntington Disease Society of America's Shoot for the Cure FY 2010 Plan SMBHWN will conduct the following activities * Continue to offer preterm birth prevention classes * Offer an educational seminar on preterm deliveries and high-risk obstetrics care for physicians, nurses, and other health care professionals * Continue to conduct community outreach and education at various health fairs and events Identified Community Need Providing Professional Education and Development Rationale * The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that will begin to retire in 2010 The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply In 2006, the U.S. Department of Labor ranked RN as the occupation with the highest demand rate Hospitals reported 160,000 RN vacancies, as of December 2006 According to the CHA, San Diego County will face a significant shortage of RNs over the next 20 years, currently there is an estimated shortage of more than 2,000 nurses in the County * The Department of Labor reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages for many allied health professionals Areas of particular need include technicians in respiratory therapy, radiology, and clinical laboratory * There is growing demand for health care workers sensitive to languages and cultures, to improve access to care and health outcomes, and reduce disparities in health status Measurable Objectives * Provide education and training for health care professionals * Participate in professional organizations to enhance staff learning and share expertise * Provide education and training for students interested in health care careers FY 2009 Report of Activities In FY 2009, SMBHWN served as a training site for interns, residents, educators, and student nurses in the following specialized areas paramedics, social work, pharmacy, lactation, childbirth, and obstetrics/gynecology, labor and delivery, neonatal, and perioperative nursing Academic institution partners included USD, PLNU, NU, SDSU, UCSD, and OU In FY 2009, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as International Lactation Consultants Association, AWHONN, Council of Women's and Infants' Specialty Hospitals (CWISH), NANN, San Diego and Imperial Counties Diabetes and Pregnancy Program (also known as Sweet Success), Premier Medication Use committee, American Hospital Association Mother-Child Governance Council, March of Dimes Board of Directors, National Perinatal Information Center, and San Diego County Welcome Home Baby program In FY 2009, SMBHWN expanded its HSHMC program to all high school grade levels nine through 12 SBMHWN has collaborated with HSHMC since 2007 In FY 2009, SMBHWN provided students with professional development opportunities and students spent more than 3,300 hours at the hospital During a 16-week period, students from grades nine through 12 were supervised as they rotated through a variety of departments, including Family Home Care classes, transportation, laboratory services, surgical services, audiology, and nursery Students received instruction on educational and job requirements, as well as career ladder development FY 2010 Plan SMBHWN will conduct the following activities * Serve as a training site for interns, residents, educators, and student nurses * Participate in collaboratives to learn and share specialty expertise * Continue to participate in the HSHMC program Identified Community Need Meeting the Needs of New Mothers and Their Families Note This need was added to the report and plan in FY 2009</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>Rationale * According to a 2006 report by the CDC, progress in the United States to improve pregnancy outcomes - including low birth weight, premature birth, and infant mortality - has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions, and risk factors that contribute to adverse maternal and infant outcomes * Between 2000 and 2005, mothers in San Diego County beginning their prenatal care during their first trimester increased from 83.2 percent to 87.2 percent, a 4.8 percent increase. However, this is still below the HP 2010 goal of 90 percent * According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid * Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC * According to the American Psychological Association, between 9 and 16 percent of postpartum women will experience postpartum depression (PPD) and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent. Measurable Objectives * Provide outreach, education, and support to new mothers and their families around preterm birth, prenatal health, and women's health * Provide support and education to new mothers and their families on postpartum care. FY 2009 Report of Activities. In FY 2009, SMBHWN conducted a variety of complimentary educational programs and workshops for new mothers and their families, covering various aspects of prenatal care and women's health. The hospital's inpatient "Family Home Care" classes were offered six times per week and provided critical support and information to new mothers and their families. Topics included but were not limited to car seat safety, sudden infant death syndrome, shaken baby syndrome, signs/symptoms of illness for mothers and babies, breastfeeding, and jaundice. In FY 2009, staff devoted over 1,400 hours to the classes and reached over 1,600 mothers and their family members. Also in FY 2009, SMBHWN offered new mothers and their families free inpatient and outpatient breast-feeding support groups. Facilitated by an experienced lactation educator, the groups met twice per week and provided support to and education on the joys and challenges of breastfeeding to over 3,000 individuals. In addition, SMBHWN provided specialized education and support to over 400 mothers in FY 2009 through its open, ongoing free postpartum support groups. Support groups met twice each week and were open to new mothers and babies of new born age up to 12 months. FY 2010 Plan * Continue to offer a variety of free educational classes, workshops, and outreach activities targeting new mothers and their families * Continue to offer free postpartum support groups to new mothers and their families. SMBHWN Program and Service Highlights * Antenatal Diagnostic Center * Breast Milk Depot * Gynecologic oncology * Lactation services * Mother and baby services * NICU * New Beginnings boutique * Obstetrical and women's triage services * Parent education programs * Perinatal Special Care Unit * Robotic gynecologic surgery * Sharp and Rady Children's Hospital Prenatal Diagnostic Center * Teen pregnancy program * Van services * Women's and infants' pathology services * Women's education programs * Women's surgery services. Sharp Memorial Hospital * SMH is located at 7901 Frost Street in San Diego, in ZIP code 92123 * Sharp Memorial Hospital Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, in ZIP code 92123 * Sharp Home Care is located at 8080 Dagget Street in San Diego, in ZIP code 92111 * Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, in ZIP code 92101, Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, in ZIP code 92117. FY 2009 Community Benefits Program Highlights. SMH provided a total of \$143,764,626 in community benefits in FY 2009. See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697. Table 1. Economic Value of Community Benefits Provided Sharp Memorial Hospital - FY 2009. Senate Bill 697. Category Programs and Services Included in Senate Bill 697. Category Estimated FY 2009 Unreimbursed Costs. Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms \$28,018,069. Shortfall in Medicare \$88,844,499. Shortfall in San Diego County Indigent Medical Services \$5,376,253. Charity Care and Bad Debt \$19,332,073. Other Benefits for Vulnerable Populations. Patient transportation, Project HELP and other assistance for the needy \$725,827. Other Benefits for the Broader Community. Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$775,897. Health Research, Education, and Training Programs. Education and training programs for students, interns and health care professionals \$692,008. TOTAL \$143,764,626. Key highlights * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, Project HELP, a fund that provides monies for pharmaceuticals assistance and taxi vouchers for patients who cannot afford to pay, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community, including health education and information on a variety of topics, participation in community health fairs and events, and health screenings for diabetes, stroke, and blood pressure. SMH collaborated with local schools to promote interest in health care careers. A dedicated Senior Resource Center and Senior Health Centers offered flu vaccinations and specialized education and information for seniors. SMH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and other civic organizations, such as the ACS, the American Heart Association, the American Hospital Association, HSHMC Board, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurse Advisory Board, UCSD Advisory Board, Emergency Nurses Association - San Diego Chapter, and the YMCA.</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>* Health Research, Education, and Training Programs, including education and training of health care professionals, student and intern supervision, and financial support of SDSU Human Patient Simulation Center, Nurses Now Partnership, and Partnership for Smoke-Free Families</p> <p>Definition of Community The community served by SMH includes the North Central Region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego County from Del Mar to the Point Loma area</p> <p>Description of Community Health In 2005, 93 percent of children and 84 percent of nonelderly adults had health insurance in the North Central Region, failing to meet the HP 2010 national targets for health insurance coverage See Table 2 for a summary of key indicators of access to care</p> <p>Table 2 Health Care Access in North Central Region 2005 Description Rate Year 2010 Target</p> <p>Health Insurance Coverage Children 0 to 17 Years 93% 100% Adults 18 to 64 Years 84% 100%</p> <p>Have Regular Source of Medical Care Children 0 to 17 Years 90% 85% Adults 18 to 64 Years 89% 85%</p> <p>Source Charting the Course V 2007 San Diego County Health Needs Assessment, 2005 CHIS</p> <p>Heart disease and cancer were the top two leading causes of death in the North Central Region See Table 3 for a summary of leading causes of death in the North Central Region</p> <p>Table 3 Leading Causes of Death in the North Central Region Three-Year Average (2004 through 2006)</p> <p>Cause of Death Number of Deaths Percent of Total Deaths</p> <p>Heart disease 886 25 8%</p> <p>Cancer (all sites) 884 25 7%</p> <p>Stroke 227 6 6%</p> <p>Alzheimer's disease 187 5 4%</p> <p>Chronic lower respiratory diseases 181 5 3%</p> <p>Unintentional injuries (all types) 140 4 1%</p> <p>Diabetes 82 2 4%</p> <p>Influenza and pneumonia 77 2 2%</p> <p>Suicide 58 1 7%</p> <p>Parkinson's disease 50 1 5%</p> <p>Chronic liver disease and cirrhosis 45 1 3%</p> <p>Essential hypertension and hypertensive renal disease 41 1 2%</p> <p>Nephritis, nephrotic syndrome and nephrosis 28 0 8%</p> <p>Conditions originating in the perinatal period 16 0 5%</p> <p>Homicide 14 0 4%</p> <p>All Other Deaths 518 15 1%</p> <p>Total Deaths 3,434 100 0%</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>Notes Ranking of leading causes of death based on the countywide rank among San Diego residents in 2006</p> <p>Deaths due to homicide and conditions originating in the perinatal period based on two years of data</p> <p>Source County of San Diego, HHS, Public Health Services, Community Epidemiology Branch</p> <p>Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SMH</p> <ul style="list-style-type: none"> * Incorporates community priorities and community relations into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services, based on community needs, the prior year's experience, and current funding levels * Consults with representatives from a variety of departments, to discuss, plan, and implement community activities <p>Priority Community Needs Addressed in Community Benefits Report</p> <p>The following identified community needs are addressed in the SMH Community Benefits Report</p> <ul style="list-style-type: none"> * Outreach for flu vaccinations * Health education and screening for seniors * Diabetes education and testing * Health education and wellness * Support of community nonprofit health organizations * Health professions education and training and promotion of interest in health care careers * Prevention of unintentional injuries <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2009 Report of Activities conducted in support of the objective(s) and FY 2010 Plan of Activities</p> <p>Identified Community Need Outreach for Flu Vaccinations Rationale</p> <ul style="list-style-type: none"> * Pneumonia and influenza ranked as the eighth leading cause of death in San Diego County * On average, there were 77 deaths a year in the North Central Region due to pneumonia and influenza during the period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to pneumonia and influenza during this period was 14.5 deaths per 100,000 population * In San Diego County, an estimated 76 percent of seniors age 65 years and older were vaccinated for influenza in 2004, failing to meet the HP 2010 target of at least 90 percent of adults age 65 years and older vaccinated annually for influenza * Participants in the CHIP Needs Assessment focus groups recognized the importance of flu vaccinations in preventing disease * The CDC recommends annual vaccination against influenza for the following people: age 50 years and older, adults and children with a chronic health condition, children aged six months up to their 19th birthday, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children less than 5 years of age * Flu clinics offered in community settings at no/low cost improve access for those who may experience transportation, cost, or other barriers <p>Measurable Objective</p> <ul style="list-style-type: none"> * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations <p>FY 2009 Report of Activities</p> <p>The SMH Senior Resource Center participated in the CHIP Immunize San Diego Coalition and the San Diego Immunization Coalition, to both educate high-risk adults about the importance of seasonal flu immunizations and organize seasonal flu clinics at convenient locations for seniors and high-risk adults</p> <p>The SMH Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices, the CHIP telephone hotline and website, and channels at San Diego County HHS and AIS</p> <p>In FY 2009, seasonal flu vaccinations were offered to seniors and high-risk adults</p> <p>The SMH Senior Resource Center and the Sharp Senior Health Centers (Clairemont and Downtown) sponsored 15 community seasonal flu clinics, serving more than 1,200 seniors and others with chronic illnesses</p> <p>Seasonal flu clinics were held in a variety of locations including community centers, senior centers, senior health centers, nutrition sites, community health fairs, churches, and senior apartment complexes</p> <p>At these community sites, SMH Senior Resource Center provided calendars of the activities at the Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs, and health services</p> <p>FY 2010 Plan</p> <p>The SMH Senior Resource Center and the Sharp Senior Health Centers will conduct the following activities</p> <ul style="list-style-type: none"> * Participate in the San Diego County Immunization Coalition, working to identify sites to immunize high-risk adults * Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults * Provide seasonal flu vaccinations at 10 community sites for seniors with limited mobility and access to transportation * Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of flu vaccines to high-risk individuals in selected community settings * Provide information to the community regarding who is at risk for H1N1 flu and where H1N1 flu vaccinations may be available * Direct seniors and other chronically ill adults to available seasonal and H1N1 flu clinics, including physicians' offices, pharmacies, and public health centers <p>Identified Community Need Health Education and Screening for Seniors</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>Rationale * CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors age 65 years and older * In 2006, the top 10 leading causes of death among senior adults age 65 years and older in San Diego County were heart disease, cancer, stroke, Alzheimer's disease, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, and Parkinson's disease * In 2005, rates of hospitalization among senior adults age 65 years and older in San Diego County were higher than the general population due to coronary heart disease, cancer, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), and arthritis and dorsopathy * In FY 2006, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes, and stroke * All 15 seniors participating in a CHIP Needs Assessment focus group reported having some type of medical insurance, including Medicare, Medi-Cal, VA coverage, or a private health insurance plan * Older adults utilize more ambulatory care, hospital services, nursing home services, and home health services than young people * There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving - defined as those family members and informal care providers who assist with the care of disabled elderly relatives Reaching out to families and community members who are caring for an older adult helps to maintain the health of older adults as well as their caregivers Measurable Objective * Coordinate and host a variety of senior health education, information, and screening programs Programs are based on topics identified in recent Community Needs Assessments and other expressed interests of seniors FY 2009 Report of Activities In FY 2009, the Senior Resource Center moved from Sharp Cabrillo to SMH Although service to the Point Loma community has continued, outreach has been extended to other parts of the San Diego community In FY 2009, SMH Senior Resource Center provided free health education programs to 603 seniors, caregivers, and families of the elderly In addition, the SMH Resource Center served a total of 700 seniors through health screenings and participation in community health fairs The SMH Senior Resource Center coordinated health promotion classes on topics such as lung disease, fall prevention, nutrition, hearing, incontinence, memory loss, end-of-life issues, wills and trusts, Vial of Life, Medicare and insurance, Social Security, Advance Directives for Health Care, and communication with health care providers Screenings were provided for blood pressure, stroke, hearing, grip strength, and diabetes In addition, monthly support groups were offered for Parkinson's disease and Alzheimer's disease The SMH Senior Resource Center also hosted Health Insurance Counseling and Advocacy Program, where seniors receive free assistance with decisions on Medicare, prescription drug coverage, HMOs, supplemental insurance, and long-term care insurance In FY 2009, SMH Senior Resource Center distributed 396 Vials of Life - providing important medical information to emergency personnel for seniors and disabled people living in their homes - and 67 Advance Directives for Health Care The Senior Health Center also presented educational health information to seniors regarding Advanced Directives, and Medicaid and Medi-Cal benefits The SMH Senior Resource Center attended and provided information at both the San Diego County Vital Aging Conference and the San Diego County Action Network's End-of-Life Conference The San Diego County Vital Aging Conference hosted 400 attendees with the theme of "Laughter is the Best Medicine " In addition, the SMH Senior Resource Center organized a health fair in Point Loma that provided 350 attendees with flu vaccinations, health screening, health resources, and/or community services In FY 2009, the SMH Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with Peninsula Shepherd Senior Center, Senior Community Centers of San Diego, Bayside Community Center, Jewish Family Services, Live Well San Diego, AIS, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, Inc , Arthritis Foundation, and San Diego Action Network, ensuring ongoing networking among community professionals and the provision of quality programs for seniors FY 2010 Plan The SMH Senior Resource Center and/or Sharp Senior Health Centers will conduct the following activities * Coordinate, publish, and mail a quarterly calendar of activities * Provide information on various senior issues such as senior depression, memory loss, hospice, senior services and balance and fall prevention through the Sharp website, using tools including the Healthy Aging Podcasts * Provide health information, health promotion classes, and health screenings to the community * Participate in community health fairs * Continue support of the Vial of Life program * Maintain active relationships with other organizations serving seniors in the City of San Diego, North Central Region, Central Region, and downtown San Diego * Senior Health Center physicians will provide educational presentations on the different flu strains and immunizations Identified Community Need Diabetes Education and Testing Rationale * CHIP members identified diabetes as the third most important health issue overall, as well as an important health issue among the four established age groups (0-14, 15-24, 25-64, and ages 65 and older) * On average, there were 82 deaths a year due to diabetes in the North Central Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to diabetes during this period was 20.7 deaths per 100,000 population (Note Diabetes is also a contributing cause of death) * In 2005, there were 361 hospitalizations due to diabetes in the North Central Region, the rate of hospitalizations for diabetes was 60.8 per 100,000 population The hospitalization rate in the region was the lowest among San Diego County's regions and lower than the County average of 112.1 diabetes hospitalizations per 100,000 population * In FY 2006, there were 472 diabetes-related ED visits in the North Central Region The rate of visits was 78.9 per 100,000 population The diabetes-related ED visit rate in the region was the lowest in San Diego County's regions and lower than the County average of 136.1 per 100,000 population * In 2005, 4.5 percent of adults in the North Central Region participating in the 2005 CHS indicated that they were ever diagnosed with diabetes, lower than the County experience of 5.8 percent The HP 2010 objective is to reduce the overall rate of diabetes to 2.5 cases per 100 population * Behavioral and social risk factors associated with diabetes include lack of physical activity, poor nutrition, tobacco use, and lack of appropriate medical care Other environmental risk factors include race/ethnicity, genetics and family history, poverty, and age greater than 45 years, according to findings presented in the 2004 CHIP Community Health Needs Assessment Measurable Objective * Provide diabetes education and testing in the North Central Region of San Diego County FY 2009 Report of Activities SMH's Diabetes Education Program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>In FY 2009, SMH's Diabetes Education Program conducted three community educational lectures about living with diabetes and nine blood glucose screening events at hospital and offsite locations, testing 486 people. As a result of these screenings, 36 people were identified with elevated blood glucose levels. These screening events included Diwali Mela Indian Culture Festival, December Nights at Balboa Park, "Prevention and Control of Diabetes post-transplant" lecture, Senior Health Fair at Sharp Senior Resource Center, "Living with Diabetes" lecture at Colombian Towers Apartments in downtown San Diego, SMH Rehabilitation presentation, and Jackie Robinson Family day at YMCA. In addition, the SRS Diabetes Education Program conducted five screening events in the North Central and Central Regions, which included San Diego Asian Film Festival, Hablando de la Salud de la Mujer - Sharp's annual Latina women's health conference, and an, "Are You At Risk for Diabetes" lecture at the Allied Gardens/Benjamin Branch Library. The SRS Diabetes Education Program tested 172 people, as a result of these screenings, 22 people were identified with elevated blood glucose levels. Also during FY 2009, SMH's Diabetes Education Program conducted a variety of educational seminars for health care professionals, discussing topics such as management of diabetes in hospitalized patients and outpatients. FY 2010 Plan SMH's Diabetes Education Program will conduct the following activities:</p> <ul style="list-style-type: none"> * Coordinate and implement blood glucose screenings at community and hospital sites in the North Central Region * Conduct educational lectures at various community venues * Support the Juvenile Diabetes Research Foundation - Walk to Cure Diabetes * Work with the Diabetes Coalition in identifying persons with diabetes and providing education and other resources for individuals who have been diagnosed with diabetes * Conduct educational symposiums for health care professionals that include a focus on special population needs such as transplant patients <p>Identified Community Need: Health Education and Wellness Rationale: * CHIP members identified overweight and obesity as the most important health issue overall, as well as an important health issue among each of the four established age groups (0-14, 15-24, 25-64, and ages 65 and older) * Other important health issues included (ranked in priority order): access to care, diabetes, heart disease and stroke, injury and violence prevention, mental health, cancer, substance abuse, tobacco use, chronic respiratory disease, infectious diseases, maternal health, oral health, and arthritis * CHIP Needs Assessment focus group participants recognized various activities - health promotion, health protection, disease prevention, and disease management - as helpful in maintaining health * A variety of behavioral and social risk factors are associated with obesity, physical inactivity and chronic diseases, according to findings presented in the 2004 CHIP Community Needs Assessment. These risk factors include poor nutrition and dietary habits, sedentary lifestyles, media promotion of unhealthy foods, abuse of tobacco, alcohol or drugs, stressful events and circumstances, lack of appropriate medical care, and lack of education. Communication, at all levels, is needed to raise awareness about nutrition, exercise, and disease prevention efforts, which are regarded as effective approaches for communities.</p> <p>Measurable Objectives: * Coordinate and host a variety of health education and wellness offerings for the community. Programs are based on topics identified in recent Community Needs Assessments and other expressed interests of the community. FY 2009 Report of Activities: Sharp Memorial OPP and various departments of the hospital conduct a variety of health education classes. In FY 2009, classrooms were booked for 2,021 hours and set up for 10,578 students. Topics discussed included integrative medicine, holistic healing, heart health, hearing loss, pregnancy options, advances in women's surgery technology, cancer, diabetes, balance and fall prevention, hip and spine health, osteoporosis, disability management, stress management, virtual colonoscopy, prostate health, yoga, Lebed exercise classes, cooking classes, advanced directives, hospice, and estate planning. Various support groups - for diabetes, cancer, heart disease, breast feeding, post-partum support, bereavement, disability support groups and heart transplant - were conducted at the Sharp Memorial OPP Community Conference Center and SMH Rehabilitation Services. Cancer support groups include "Young Survivors Cancer Support Group", "Friends and Family of Cancer Patients" support group, "Breast Cancer Support Group," and "Stage IV Cancer Support Group." Heart disease and stroke support groups included "Heart Disease Support Group", "Women with Heart Disease", "Congestive Heart Failure Support Group," and "Young Enthusiastic Stroke Survivors." Sharp Rehabilitation Services offered "Challenged Women's Support Group Initiative" and "Men with Disabilities" support groups. The Challenged Women's Support Group Initiative employed four women with disabilities, fostered professional skills among women with disabilities, provided four education-based and six peer support events, provided resources to the home-bound via the Internet and telephone-based communication, and launched both the Peer Support Advisor Program and the Women with Disabilities Business Network. In addition, Sharp Rehabilitation Services continued a Peer Support Registry which was posted on Sharp.com as a community resource. There were 368 members in the registry program in FY 2009. In addition, the Sharp Memorial OPP hosted numerous health screenings for diseases such as osteoporosis, stroke, diabetes, and depression. In FY 2009, Sharp Memorial OPP received grant funding from Susan G. Komen Breast Cancer Foundation to conduct additional free outreach and educational services to prevent lymphedema among breast cancer patients and survivors. In FY 2009, the program served approximately 550 women through education, a weekly exercise course, nutrition courses, and services for the uninsured. A staff educator met with inpatients to discuss the risks associated with lymphedema and distributed a lymphedema prevention booklet. The exercise class, "Healthy Steps" was held weekly throughout the year and the nutrition course was held four times at the Sharp Memorial OPP. For uninsured patients at risk or suffering from lymphedema, appropriate preventative services were offered including free compression sleeves.</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>Sharp Memorial OPP also includes a Community Health Library featuring videotapes, CDs, books, pamphlets, access to the Internet, and two staff members to assist consumers in locating needed health information. Educational events, based on a health "theme-of-the-month" concept, were hosted at Sharp Memorial OPP and included topics such as guided imagery, depression, addiction, osteoporosis, healthy dining, cholesterol awareness, and healthy vision. The library provided giveaways including slide guides, pins and sugarless snacks to further promote theme topics. The library also published and distributed a quarterly newsletter, as well as an OPP classroom community calendar and other pertinent health news and information. In FY 2009, outreach to the local community was a high priority, with the librarian and library staff attending more than three health fairs and delivering presentations on health literacy topics to several community organizations. In addition, Sharp Rehabilitation Services presented numerous professional presentations and published professional articles contributing to the advancement and improvement of rehabilitation services in the community. FY 2010 Plan SMH will conduct the following activities:</p> <ul style="list-style-type: none"> * Develop and coordinate a calendar of community health education and screening events * Continue to host community support groups on a variety of topics * Partner with local organizations to increase health literacy in the community * Continue to increase awareness of the Sharp Memorial OPP Community Health Library and its resources <p>Identified Community Need: Support of Community Nonprofit Health Organizations. Rationale: Support of community nonprofit health organizations is an effective means of raising awareness of various health conditions, such as heart disease and cancer, collaborating to maximize community efforts without needless duplication of resources and continuing to share experiences and/or leadership capacity with others trying to accomplish similar goals. To this end, SMH participates in community-sponsored events, assists with coordination, supports and fundraises for health-related causes, and participates in community boards and committees.</p> <p>Measurable Objective: * Participate in community-sponsored events and support nonprofit health organizations. FY 2009 Report of Activities: In FY 2009, SMH participated in numerous community-sponsored health fairs, providing first-aid booths, health screenings and health information to the general community. Events included Serra Mesa Family Day, RB Alive!, Hablando de la Salud de la Mujer - Sharp's annual Latina women's health conference, American Heart Association Heart Walk, March of Dimes March for Babies walk, Multiple Sclerosis Society Challenge Walk, and the Susan G. Komen Race for the Cure. SMH also provided hospital tours of its newly redesigned facility to various not-for-profit organizations including the State of California, Retired Physicians Association, and National University. In FY 2009, SMH devoted nearly 140 hours to these hospital tours. In addition, SMH provided coordination, support, and related fundraising activities for nonprofit organizations in FY 2009, including the American Heart Association Heart Walk, Susan G. Komen Race for the Cure, the American Diabetes Association Step Out to Fight Diabetes, the March of Dimes March for Babies, and the San Diego Blood Bank (quarterly blood drives). In FY 2009, executive leadership and others donated their time to multiple community organizations and agencies, such as:</p> <ul style="list-style-type: none"> * AIS * ACS * American Heart Association * American Red Cross of San Diego * Association of California Nurse Leaders * CHA * CHIP * Directors of Volunteers in Agencies (DOVIA) * Healthcare Association of San Diego and Imperial Counties * LEAD, San Diego, Inc. (a nonprofit leadership organization) * San Diego Chamber of Commerce * San Diego Emergency Medical Care Committee * Universities and colleges in San Diego <p>FY 2010 Plan SMH will conduct the following activities:</p> <ul style="list-style-type: none"> * Participate in community-sponsored events, providing health information and education, first-aid and health screenings, as requested by community partners * Provide coordination, support, and fundraising-related activities for local nonprofit organizations * Participate in community and public organizations, donating time and expertise to important issues facing the community <p>Identified Community Need: Health Professions Education, Training and Promotion of Interest in Health Care Careers. Note: This need was added to the report and plan in FY 2009. Rationale: * The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that will begin to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2006, the U.S. Department of Labor ranked RN as the occupation with the highest demand rate. According to the CHA, San Diego County will face a significant shortage of RNs over the next 20 years, there is currently an estimated shortage of over 2,000 nurses in the County. * The Department of Labor reports that allied health professions represent about 60 percent of the American health care workforce and projects severe shortages of many allied health care professionals. Areas of particular need include technicians in respiratory therapy, radiology, and clinical laboratory. * There is growing demand for health care workers who are sensitive to languages and cultures to improve access to care and health outcomes and reduce disparities in health status. * According to the San Diego Workforce Partnership 2006 report titled, "San Diego's Health Care Sector: A Prescription for Strength," the health care sector is predicted to grow 23 percent between 2004 and 2013 in San Diego. Despite the expected growth, the challenge becomes filling open positions with qualified candidates. Projected shortfalls continue to increase as the population ages, current health care professionals approach retirement and educational programs in the health care field remain inadequate to serve the demand. * One recommendation from the San Diego Workforce Partnership is the continued expansion of high school academies as a vehicle to encourage interest in the field. Measurable Objective:</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>* In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions FY 2009 Report of Activities SMH is a recipient of the MAGNET designation, the highest honor given by the ANCC for nursing excellence and quality patient care In FY 2009, SMH offered students and interns throughout San Diego various placement and professional development opportunities Over 9,000 hours of staff time were invested in the supervision of students and interns including nurses, clinical pastoral students, marriage and family therapy students, radiology and pharmacy technicians, and health administration students Through affiliations with the OU College of Nursing, USD, SDSU, PLNU, USD, Kaplan College, and other colleges and universities, SMH provided training, leadership, and space for nursing students Degree programs ranged from associate degrees to Master of Science degrees in Nursing In FY 2009, SMH staff devoted nearly 4,400 hours of supervision to nursing students In FY 2009, SMH expanded its participation in the HSHMC program to provide early professional development for students at all levels of high school During a 16-week period, students in grades nine through 12 spent an estimated 5,225 supervised hours at SMH and 395 hours at the Sharp Memorial OPP The majority of departments at SMH participated in the program, including inpatient nursing and the ED, ancillary support departments (laboratory, non-invasive, rehabilitation, and radiology), as well as hospital operations (cafeteria, engineering, and security) In addition, several students worked in specialized departments such as wound healing, pathology, and the operating room Students rotated through instructional pods in various departments, and hospital staff also provided instruction on educational requirements, career ladder development, and job requirements This year, the HSHMC program broadened its scope to include a special focus not only on patient care, but also on helping students identify a personal vision, professionalism, and the culture of a professional environment for its students SMH also collaborated with area high schools through the Mediversity pathway program for high school students FY 2010 Plan</p> <p>* Continue to provide intern and professional development opportunities to health professions students throughout San Diego county</p> <p>* Continue participation in the HSHMC program and expand program focus to include leadership training for students</p> <p>* Continue to collaborate with area high schools to provide opportunities for students to explore health care careers</p> <p>Identified Community Need</p> <p>Prevention of Unintentional Injuries Rationale</p> <p>* Unintentional injuries - motor-vehicle crashes, drowning, poisoning, recreational and sports-related injuries, burns, choking, falls, unintentional shootings, and suffocation - are the leading cause of death for individuals under the age of 44 nationally and the sixth leading cause of death overall in San Diego County</p> <p>* CHIP members identified injury and violence prevention as the fifth most important health issues overall as well as an important health issue among each of the four established age groups (0-14, 15-24, 25-64, and ages 65 and older)</p> <p>* On average, there were 140 unintentional injury deaths a year in the North Central Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to unintentional injuries during this period was 28.7 deaths per 100,000 population, failing to meet the HP 2010 target of 17.1 deaths per 100,000</p> <p>* In FY 2006, there were 23,912 unintentional injury-related ED visits in the North Central Region The rate of visits due to unintentional injury was 3,998.4 per 100,000 population The ED visit rate in the region was the lowest among San Diego County's regions and lower than the County average of 5,037.4 per 100,000 population</p> <p>* Behavioral and social risk factors associated with motor-vehicle-related deaths among individuals age 15 to 24 years include substance abuse, unsafe and inexperienced driving, nighttime driving, and failure to use seat belts, according to the findings presented in the 2004 CHIP Community Needs Assessment</p> <p>Environmental methods of prevention, such as use of helmets while participating in sports activities and while operating motorcycles or bicycles, mandatory fencing around swimming pools, and child safety caps on medications, pesticides and home-cleaning chemicals, have been shown to be extremely effective in reducing deaths due to unintentional injuries</p> <p>Educational efforts, teaching safety and violence prevention, are also known to be effective in reducing injuries and fatalities</p> <p>Measurable Objective</p> <p>* To offer an injury and violence prevention program for children, adolescents, and young adults throughout San Diego County</p> <p>FY 2009 Report of Activities</p> <p>In FY 2009, ThinkFirst/Sharp on Survival participated in 14 programs at elementary, middle, and high schools, serving 1,303 students During these one-hour classes, students learned about modes of injury, the anatomy and physiology of the brain and spinal cord, and disability awareness They also heard personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries One such education program was in partnership with Mo'olelo Performing Art Company, Disability Awareness Network, Survivors Rehabilitation Fund, The San Diego Brain Injury Foundation, and the National Aphasia Association to conduct "post-play" classroom education with several schools in San Diego On a regular basis, ThinkFirst/Sharp on Survival speaks to at-risk youth about the consequences of violence, gangs, reckless driving, and making poor choices</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>FY 2010 Plan ThinkFirst/Sharp on Survival will conduct the following activities * With funding support from grants and local school districts support, provide educational programming for local schools * With funding support from grants, increase community awareness of the program through attendance and participation at community events and health fairs SMH Program and Service Highlights Sharp Memorial Hospital * 24-hour emergency services with heliport and base station * Acute care * Bariatrics * Breast health, including mammography * Cancer care * Cardiac care * Cardiac rehabilitation * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * Coumadin Clinic * CT Scan * EEG * EKG * Group and art therapy * Home health * Home infusion services * Hospice * ICU * Laboratory services * Mechanical Assist Device program * Nutrition and metabolic services * Organ transplantation (heart, kidney, pancreas) * Orthopaedics Program * Pathology services * Primary care * Radiology services * Rehabilitation Center * Robotic surgery * Senior health services * Senior Resource Center * Sharp and Rady Children's MRI Center * Surgical services * Trauma Center * Van services * Wound Care Clinic Sharp Memorial Outpatient Pavilion * Cushman Wellness Center, including health screening and the Community Health Library and Resource Center * Diabetes services - recognized by American Diabetes Association * Diagnostic services * Endoscopy Center * Executive Health Program * Eye and Laser Treatment Center * General and Diagnostic Imaging Center * Integrative Medicine * Outpatient surgery * Pain Management Center * Radiation Oncology and Infusion Center * SRS Ophthalmology * Women's Imaging Center Sharp Senior Health Center Downtown * Community health education programs * Community health services * Primary and comprehensive physical and mental health care services to seniors Sharp Senior Health Center Clairemont * Community health services * Primary and comprehensive health care services to seniors Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital * SMV is located at 7850 Vista Hill Avenue in San Diego, in ZIP code 92123 * SVP is located at 7989 Linda Vista Road in San Diego, in ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard Suite 100 in San Diego, in ZIP code 92115, SMV El Cajon Outpatient Program is located at 343 East Lexington Avenue in San Diego, in ZIP code 92120 FY 2009 Community Benefits Program Highlights SMV and SVP provided a total of \$5,227,313 in community benefits in FY 2009 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 Table 1 Economic Value of Community Benefits Provided Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital - FY 2009 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2009 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$789,544 Shortfall in Medicare \$762,912 Shortfall in CHAMPVA/TRICARE \$515,268 Charity Care and Bad Debt \$2,297,677 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$639,173 Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events \$183,205 Health Research, Education, and Training Programs Education and training programs for students, interns and health care professionals \$39,534 TOTAL \$5,227,313</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>Key highlights * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community, including health education and information on a variety of topics, participation in community health events and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Meeting of the Minds, Mental Health America, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Schizophrenics in Transition, San Diego Organization of Health Care Leaders (SOHL), Recovery Innovations of California, CHIP Behavioral Health Work Team, and the Mesa College Advisory Board Committee * Health Research, Education, and Training Programs, including education and training of health care professionals, student and intern supervision, and financial support of SDSU Human Patient Simulation Center and Partnership for Smoke-Free Families Definition of Community As specialty hospitals, SMV and SVP serve the community of San Diego County Description of Community Health In 2005, 90 percent of children and 77 percent of nonelderly adults had health insurance in San Diego County, failing to meet the HP2010 national targets for health insurance coverage See Table 2 for a summary of key indicators of access to care Table 2 Health Care Access in San Diego County 2005 Description Rate Year 2010 Target Health Insurance Coverage Children 0 to 17 Years 90% 100% Adults 18 to 64 Years 77% 100% Regular Source of Medical Care Children 0 to 17 Years 91% 85% Adults 18 to 64 Years 85% 85% Source Charting the Course V 2007 San Diego County Health Needs Assessment, 2005 CHIS Heart disease and cancer were the top two leading causes of death in San Diego County Suicide was the ninth leading cause of death See Table 3 for a summary of leading causes of death in San Diego County Table 3 Leading Causes of Death in San Diego County Three-Year Average (2004 through 2006) Cause of Death Number of Deaths Percent of Total Deaths Heart disease 5,049 25.9% Cancer (all sites) 4,644 23.8% Stroke 1,263 6.5% Chronic lower respiratory diseases 1,080 5.5% Alzheimer's disease 1,077 5.5% Unintentional injuries (all types) 885 4.5% Diabetes 582 3.0% Influenza and pneumonia 432 2.2% Suicide 299 1.5% Essential hypertension and hypertensive renal disease 274 1.4% Chronic liver disease and cirrhosis 250 1.3% Parkinson's disease 238 1.2% Nephritis, nephrotic syndrome and nephrosis 187 1.0% Homicide 128 0.7% Conditions originating in the perinatal period 124 0.6% All Other Deaths 2,995 15.4% Total Deaths 19,507 100.0%</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>Note Ranking of leading causes of death based on the countywide rank among San Diego residents in 2006 Source County of San Diego, HHS, Public Health Services, Community Epidemiology Branch Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SMV and SVP * Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services, based on community needs, the prior year's experience, and current funding levels * Host a bimonthly committee to discuss, plan, and implement community activities Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMV and SVP Community Benefits Report * Mental health and substance abuse education for the community * Improving outcomes for seniors at risk * Mental health and substance abuse education for health care professionals For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2009 Report of Activities conducted in support of the objective(s) and FY 2010 Plan of Activities Identified Community Need Mental Health and Substance Abuse Education for the Community Rationale * CHIP members identified mental health as the sixth most important overall health issue (when considering a total of 14 health issues) and substance abuse as the eighth most important overall health issue * On average, there were 299 deaths a year due to suicide in San Diego County during the three-year period from 2004 through 2006, the age-adjusted death rate due to suicide was 9.9 deaths per 100,000 population, failing to meet the HP 2010 target of 4.8 deaths per 100,000 In 2006, age-adjusted death rates were higher in males when compared to females, and highest among senior adults age 65 years and older when compared to other age groups and Whites when compared to other race/ethnic groups * During the five-year period from 2001 to 2005, the rate of age-adjusted self-inflicted injury hospitalizations among San Diego County residents steadily declined from 64.6 hospitalizations per 100,000 population in 2001 to 45.9 hospitalizations per 100,000 in 2005 In 2005, age-adjusted rates for self-inflicted injury hospitalizations were higher in females when compared to males, and highest among adolescents and young adults age 15 to 24 years when compared to other age groups and Whites when compared to other race/ethnic groups * In FY 2006, the age-adjusted rate of self-inflicted injury ED discharges in San Diego County was 63.7 per 100,000 population Age-adjusted rates were higher in females when compared to males, and highest among adolescents and young adults age 15 to 24 years when compared to other age groups and Whites when compared to other race/ethnic groups * Behavioral and social risk factors associated with mental health needs include substance abuse, lack of appropriate medical care, exposure to violence, stressful events, and inappropriate medication, according to findings presented in the CHIP Community Needs Assessment Environmental risk factors associated with mental health needs include race/ethnicity, genetics and family history, mental illness, poverty, lack of employment, and poor social support network Intermediate outcomes associated with mental health needs include suicide attempts, depression, and frequent mental distress * On average, there were 314 overdose/poisoning deaths a year in San Diego County during the three-year period from 2004 through 2006, the age-adjusted death rate for overdose/poisoning deaths was 10.3 deaths per 100,000 population, failing to meet the HP 2010 target of 1.5 deaths per 100,000 In 2006, age-adjusted death rates were higher in males when compared to females, and highest among adults age 25 to 64 years when compared to other age groups and Blacks when compared to other race/ethnic groups * During the five-year period from 2001 to 2005, the rate of age-adjusted overdose/poisoning hospitalizations among San Diego County residents declined from 83.9 hospitalizations per 100,000 population in 2001 to 68.1 hospitalizations per 100,000 in 2005 In 2005, age-adjusted rates for overdose/poisoning hospitalizations were higher in females when compared to males, and highest among senior adults age 65 years and older when compared to other age groups and Blacks when compared to other race/ethnic groups * In FY 2006, the age-adjusted rate of overdose/poisoning-related ED visits in San Diego County was 138.6 per 100,000 population Age-adjusted rates were higher in females when compared to males, and highest among adolescents and young adults age 15 to 24 years when compared to other age groups and Blacks when compared to other race/ethnic groups * Behavioral and social risk factors associated with substance abuse include negative peer pressure/poor role models, depression and poor self image, social isolation, and lack of education about consequences, according to findings presented in the CHIP Community Needs Assessment Environmental risk factors associated with substance abuse include genetics and family history, poverty, lack of employment, media promotion, accessibility of substances, and poor family functioning Intermediate outcomes associated with substance abuse include binge drinking and illicit drug use * In 2006, 15.6 percent of San Diego County adults reported binge drinking in the past month, failing to meet the HP 2010 target of no more than 13.4 percent of adults engaging in binge drinking (In adults, binge drinking is defined as five or more drinks in one occasion for males and four or more drinks in one occasion for females) * On a biannual basis, the percentage of high school students in San Diego County who reported binge drinking in the 30 days preceding the survey steadily declined from a peak of 33.4 percent in 1997 to 25.5 percent in 2005 Despite this decline, the rate of binge drinking among students failed to meet the HP 2010 objective of no more than 3.2 percent of students engaging in binge drinking (In youth, binge drinking is defined as having five or more drinks of alcohol in a row on one or more of the preceding 30 days) * In 2005, 18.6 percent of high school students in San Diego County reported that they currently use marijuana Use was reported to be higher in males when compared to females, and highest among students in grade 11 when compared to other high school grades and Whites when compared to other race/ethnic groups * Behavioral and social risk factors associated with substance abuse among individuals age 15 to 24 years include parental substance abuse, poor peer role models, life-stress events, depression and poor self image, media promotion, and parenting style, according to findings presented in the 2004 CHIP Community Needs Assessment Environmental risk factors associated with substance abuse include race/ethnicity, genetics and family history, poverty, single-parent households, learning disorders, and accessibility of substances Measurable Objective * Provide mental health and substance abuse education for patients, families and the community, and facilitate community reintegration through community service activities FY 2009 Report of Activities</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>In FY 2009, SMV psychiatric evaluation and intake teams provided approximately 7,500 free psychiatric evaluations and referrals for the general community. On an ongoing basis, a SMV Psychiatric Evaluation Team provided 16 hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Center, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services including examination by a nurse or psychiatrist, medication, referrals, and/or counseling to reduce risks of hospitalization and/or homelessness. To increase awareness of mental health and substance abuse, SMV and SVP hosted monthly community speaking engagements and workshops, addressing a variety of behavioral health topics - child psychiatry, geriatric psychiatry, and cognitive therapy. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression, stress, and post-traumatic stress disorder. Classes provided current information as well as solutions to mental health issues. SMV and SVP sponsored and participated in three walks to increase awareness and raise funds for mental health services: the National Alliance on Mental Illness (NAMI) walk, Save a Life San Diego (for suicide prevention), and San Diego Alzheimer's Association Annual Memory Walk. In addition, 85 employees contributed \$5,000 to the NAMI walk through fundraising activities. In response to the need for information and support for caregivers of individuals with mental illness, SMV continued its partnership with the San Diego chapter of NAMI to provide a support group ("Caring and Sharing" support group) at the hospital, serving individuals in the Central, South, East, North Central and North Inland regions of San Diego County. In FY 2009, 11 two-hour monthly meetings of the Caring and Sharing support group were held. In February, in collaboration with the NAMI San Diego chapter and San Diego County Mental Health Services, SMV facilitated a multi-session family education course on schizophrenia. Guest speakers provided discussion and lectures on a variety of critical topics including medication, treatment, psychiatric rehabilitation, and client perspectives. To meet the unique needs of teens and their families as well as school teachers, SMV provided education to parents and teachers around dealing with teen behavior through their Parent University program, a series of five parenting classes offered to the community throughout the school year. Topics included behavioral management and Attention Deficit Hyperactivity Disorder. As part of this program, SMV and SVP presented information at community seminars on recognizing stress and drug and alcohol use in adolescents. On a weekly basis, SMV provided free meeting space for a wide variety of self-help groups including Alcoholics Anonymous, Serenity Promotions, Narcotics Anonymous, Co-Dependents Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, Supporting Adolescents and Families in Recovery, and Nar-Anon. In January 2009 SMV launched its Volunteers Inspiring Possibilities (VIP) group. This volunteer group of mental health clients participated alongside Sharp staff at a variety of community events including Sharp Lends a Hand, the American Heart Association Heart walk and the NAMI walk. In addition, VIP volunteers served lunch each month at Father Joe's Villages, St. Vincent de Paul Village. VIP members also volunteered at Reflections - an art show to support paralyzed veterans. The VIP group met twice each month to coordinate future volunteer events and encourage community involvement. The group not only provides an invaluable service to the San Diego community, but also helps reduce the stigma associated with mental illness. The VIP group is one element of Sharp Mesa Vista's Psychiatric Rehabilitation program, which is dedicated to creating possibilities for social reintegration of the mentally ill by involving patients in community service activities including the Green Thumbs Club, where patients of the Outpatient programs maintain a community garden in a transitioning neighborhood, Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team, and the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy, and better serve the community. In addition, SMV has been the first and only hospital-based "Ticket to Work" Employment Network in California, providing a variety of services to the entire disabled community. Services include counseling and advice, and/or information and referrals on post-employment topics such as benefits (Social Security Income (SSI)/Social Security Disability Insurance (SSDI) cash and insurance benefits), regulations (American Disabilities Act (ADA), Family Medical Leave Act, disclosure and requests for accommodations), conflict of resolution (relating to employment needs, goals and opportunities), and interactions (Social Security, supervisors and co-workers, etc.). Each year the program provides more than 50 individuals with one-on-one services, and many result in steady employment - enough to become self-sufficient. FY 2010 Plan SMV and SVP will conduct the following activities:</p> <ul style="list-style-type: none"> * Provide free psychiatric assessments and referrals for the community and downtown senior community centers * Participate in community events to raise awareness and funds for behavioral health services * Host and facilitate monthly meetings of the NAMI Caring and Sharing Support Group * Hold events in conjunction with National Suicide Prevention Week in November 2010 * Provide a multi-session educational curriculum through NAMI on schizophrenia for family members and their significant others * Provide mental health education and information to the community in English and Spanish * Continue SMV's Parent University to provide education, outreach, and assistance to families and counselors * Provide free meeting space for use by a wide variety of self-help groups * Continue participation in the VIP group and other psychiatric rehabilitation programs and activities that benefit the San Diego community * Continue participation in the Ticket to Work program and expand staff to include a "job developer" to assist with job leads, resume reviews, etc. <p>Identified Community Need: Improving Outcomes for Seniors at Risk. Note: This need was added to the report and plan in FY 2009. Rationale:</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>* According to the CDC, among adults aged 65 and over, 26 percent of those who had Medicaid and Medicare health care coverage experienced feelings of sadness for all, most, or some of the time compared with 13 percent of those who had Medicare-only health care coverage and 11 percent of those who had private health insurance. Also, adults age 65 and over who had Medicaid and Medicare health care coverage were at least two times as likely to feel hopeless, worthless, or that everything is an effort for all, most, or some of the time than were those adults age 65 and over who had either Medicare-only health care coverage or private health insurance (National Health Interview Survey, 2000) * Data from the National Institute of Mental Health (NIMH) reveal that people age 65 and older accounted for 16 percent of suicide deaths in 2004, even though they represented only 12 percent of the U.S. population (NIMH, 2004) * According to the Substance Abuse and Mental Health Services Administration (SAMSHA), 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness (NIMH, 2009) * The CHIS revealed that 5.4 percent of adults over the age of 65 in San Diego County saw any health care provider for emotional mental health problems and/or alcohol-drug issues in the past year (CHIS, 2007) * Older adults at particularly high risk for depression include those who are unmarried, widowed, and/or lack a strong social support network (San Diego County Network of Care) * According to the International Journal of Geriatric Psychiatry, a recent study of how uninsured/publicly insured older adults with severe mental illness access mental health services in San Diego County revealed that older adults were more likely to access the public mental health system through the Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric related 911 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service - and an associated lower rate of follow-up among PERT clients - as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al, 2009) * According to the Community Mental Health Journal, in a qualitative study of unmet mental health needs of Latino older adults in San Diego County, barriers to appropriate mental health care included housing, transportation, social support, as well as language and cultural barriers secondary to a lack of translators, dearth of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al, 2008)</p> <p>Measurable Objective * Provide culturally competent outreach services to high-risk seniors in San Diego's disadvantaged communities FY 2009 Report of Activities In FY 2009, SMV collaborated with Potiker Family Senior Residence and Senior Community Centers of San Diego to create the Cross Cultural Mental Health Program. The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors. In addition, the program seeks to provide prevention and early intervention methods to improve the utilization and effectiveness of mental health services for high-risk seniors. The program is designed to address barriers to mental health services for older adults, including stigma, isolation, and lack of services. In FY 2009, more than 400 high-risk seniors were screened through the program's efforts, whereupon assessments and appropriate referrals were also provided. Assessments, interventions, and resources were provided by two skilled culturally competent Psychiatric RNs stationed at Potiker Family Senior Residence, Downtown Senior Community Centers, and City Heights Senior Housing. In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV. Regardless of income or ability to pay, the program provided seniors with both early intervention services and additional medical services that potentially prevented hospitalization and homelessness. FY 2010 Plan * Continue collaboration with Sharp HealthCare Foundation to apply for additional funding for senior programs and services * Continue participation in Cross Cultural Mental Health Program Identified Community Need Mental Health and Substance Abuse Education for Health Care Professionals Rationale * There is a critical shortage of individuals trained to meet the needs of children and youth, and their families, as well as older adults, according to "An Action Plan for Behavioral Health Workforce Development" prepared for the Substance Abuse and Mental Health Services Administration * An important component of strengthening the workforce involves increasing the relevance, effectiveness, and accessibility of training and education * The 2008 County of San Diego Mental Health Services Workforce Education and Training Needs Assessment revealed that limited opportunities and/or training for job advancement and leadership skills exist among behavioral health staff * The lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to San Diego County's behavioral health workforce (County of San Diego Mental Health Services Workforce Education and Training Needs Assessment, 2008)</p> <p>Measurable Objective * Provide mental health and substance abuse education for health care professionals * Further collaborate with the behavioral health community through health professions education and training FY 2009 Report of Activities In FY 2009, SMV provided a variety of educational offerings for behavioral health care professionals, including continuing education classes, conferences, and trainings. These offerings served a variety of audiences such as psychologists, psychiatrists, community physicians, residential board and care operators, social workers, nurses, and other health care providers, as well as the community at large. Topics covered included linking nutrition to mental health, adolescent wellness and resilience, recognizing stress in adolescents, substance abuse in adolescents, nutrition and harm reduction in residential care facilities, treating borderline personality disorders, and caring for individuals who have schizophrenia, bipolar, and schizoaffective disorders. SMV staff participated in the PERT's three police officer trainings on understanding psychiatric emergencies and community psychiatric services. SMV participated in internship and clinical training programs for psychology students and social work students, as well as clinical placement site for medical students and nursing students. In FY 2009, SMV trained six psychology interns, four post-doctoral psychology fellows and three social work student interns, and served as a clinical placement site for six medical students who completed full-time placements over a one-month period and 1,405 nursing students who completed placements over a four- to 12-week period. In addition, in FY 2009, SMV began participation in the HSHMC program. The program provided three students with professional development opportunities within SMV's nursing units, including the Older Adult Program and the Chemical Dependency & Recovery Unit. Students also received instruction on educational and job requirements, as well as career ladder development. In FY 2009, HSHMC students spent an estimated 250 hours at SMV. In FY 2009, staff at SMV and SVP regularly led and/or attended various boards, committees and advisory and work groups in the area of behavioral health. Community and professional groups included the San Diego HHSA's Adult Council, Association of Ambulatory Behavioral Healthcare, CHIP Behavioral Health Work Team, Disabled Services Advisory Board, Meeting of the Minds, Meeting Place, Mental Health Coalition, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Employee Assistance Program Association, Recovery Innovations Inc., Parents for Addiction, Treatment, and Healing (PATH), and Schizophrenics in Transition. In FY 2009, SMV also collaborated with the Independent Living Association in order to advocate in community forums for safer work options for people with serious mental illness. FY 2010 Plan</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | <p>SMV and SVP will conduct the following activities * Offer internship programs in psychology and social work * Serve as a placement site for medical and nursing students * Provide educational offerings for behavioral health care professionals * Actively participate on boards, committees, and advisory and work groups addressing behavioral health issues * Expand the mental health careers curriculum within the HSHMC program to 12 students, and provide them with experience in a broader range of programs including Therapeutic Activities Services, Environmental Services, and Health Information Services SMV and SVP Program and Service Highlights Sharp Mesa Vista Hospital * Child and adolescent psychiatric services * Clinical supervision site for graduate psychology doctorate interns * Cognitive behavioral therapy program * Dual diagnosis outpatient program * Eating disorders outpatient and partial hospitalization programs * Geriatric inpatient and specialized outpatient program * Inpatient chemical dependency services and substance abuse treatment * Inpatient detoxification services * Inpatient psychiatric treatment services * Intensive outpatient programs * Medication research studies * On- and off-campus outpatient programs * Psychosocial rehabilitation services * Van services Sharp Vista Pacifica Hospital * Chemical dependency and substance abuse treatment services * Family and aftercare programs * Inpatient and outpatient treatment for chemically dependent adults * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Program * Specializing in adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group and art therapies * Psychosocial rehabilitation services Sharp Mesa Vista El Cajon Outpatient Program * Specializing in adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group and art therapies * Psychosocial rehabilitation services 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 Poway - 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</p> |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>* 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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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 (SHC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327 | Healthcare organization | CA | 501 (c)3 | 3 | N/A |
| Sharp Coronado Hospital (SCHHCC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-0651579 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0449527 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-2367304 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0519730 | Health Plan | CA | 501 (c)4 | N/A | Sharp HealthCare |
| Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA921231489 95-3492461 | Healthcare Foundation | CA | 501 (c)3 | 7 | 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) Disproportionate 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 | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | Yes | |
| 1i | Yes | |
| | | |
| 1j | | No |
| 1k | Yes | |
| 1l | Yes | |
| 1m | | No |
| 1n | Yes | |
| | | |
| 1o | Yes | |
| 1p | Yes | |
| | | |
| 1q | Yes | |
| 1r | Yes | |

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

| | (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|--|--------------------------------------|---------------------------------|------------------------|
| (1) See Additional Data Table | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

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 (SHC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327 | Healthcare organization | CA | 501 (c)3 | 3 | N/A |
| Sharp Coronado Hospital (SCHCC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-0651579 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0449527 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-2367304 | Hospital | CA | 501 (c)3 | 3 | Sharp HealthCare |
| Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0519730 | Health Plan | CA | 501 (c)4 | N/A | Sharp HealthCare |
| Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA921231489 95-3492461 | Healthcare Foundation | CA | 501 (c)3 | 7 | Sharp HealthCare |

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

| | (A) Name of other organization | (B) Transaction type(a-r) | (C) Amount Involved (\$) |
|------------|--|--|---------------------------------------|
| (1) | Sharp Coronado Hospital | K | 375,877 |
| (2) | Sharp Coronado Hospital | R | 121,173 |
| (3) | Sharp Chula Vista Medical Center | K | 1,746,188 |
| (4) | Sharp Chula Vista Medical Center | R | 737,918 |
| (5) | Grossmont Hospital Corporation | L | 1,270,159 |
| (6) | Grossmont Hospital Corporation | K | 3,250,782 |
| (7) | Grossmont Hospital Corporation | R | 124,239 |
| (8) | Sharp HealthCare Foundation | C | 4,783,975 |
| (9) | Sharp Health Plan | K | 46,617,584 |

Additional Data

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

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-2/1099-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 | | | |
| James Brown , Chairman | 2 00 | X | | X | | | 0 | 0 | 0 | |
| Chris Cate , Director | 8 00 | X | | | | | 0 | 0 | 0 | |
| Larry Cousins MD , Director | 15 00 | X | | | | | 45,000 | 0 | 0 | |
| Stephen Cushman , Director | 2 00 | X | | | | | 0 | 0 | 0 | |
| Daniel Gross , Director | 2 00 | X | | | | | 0 | 823,134 | 56,547 | |
| Thomas Hessling MD , Director | 8 00 | X | | | | | 153,732 | 0 | 0 | |
| Jennifer Jacoby , VP Patient Care - SMH | 40 00 | X | | | | | 0 | 241,030 | 18,663 | |
| Susan Lew , Director | 1 00 | X | | | | | 0 | 0 | 0 | |
| Cary Miller , Director | 1 00 | X | | | | | 0 | 0 | 0 | |
| Marily Newhoff , Director | 5 00 | X | | | | | 0 | 0 | 0 | |
| Stephen Rockwood Ph D , Treasurer | 2 00 | X | | X | | | 0 | 0 | 0 | |
| Richard Santore MD , Director | 2 00 | X | | | | | 60,200 | 0 | 0 | |
| Cecil Steppe , Director | 2 00 | X | | | | | 0 | 0 | 0 | |
| Geoffrey Stiles MD , Director | 10 00 | X | | | | | 43,518 | 0 | 0 | |
| Susan Stone , VP Patient Care - SMH | 4 00 | X | | | | | 0 | 192,030 | 23,562 | |
| Mark Trotter Reverend , Secretary | 2 00 | X | | X | | | 0 | 0 | 0 | |
| Timothy Watt MD , Director | 50 00 | X | | | | | 0 | 45,250 | 0 | |
| James Wiesler , Director | 2 00 | X | | | | | 0 | 0 | 0 | |
| Michael Murphy , President | 2 00 | X | | X | | | 0 | 1,044,531 | 64,509 | |
| Carlisle C Lewis III , Assistant Secretary | 2 00 | | | X | | | 0 | 566,488 | 45,621 | |
| Ann Pumpian , Assistant Treasurer | 3 00 | | | X | | | 0 | 645,951 | 46,866 | |
| Timothy Smith , CEO - SMH | 65 00 | | | X | | | 0 | 459,828 | 34,823 | |
| Kevin Thompson , CFO - SMH | 55 00 | | | X | | | 0 | 257,675 | 21,971 | |
| Mary Henrikson , CEO - SMBHWN | 60 00 | | | | X | | 0 | 321,715 | 31,046 | |
| Patricia Khaleghi , VP Clinical Svcs - SMH | 50 00 | | | | X | | 0 | 192,373 | 16,867 | |
| Janie Kramer , COO - SMH | 55 00 | | | | X | | 0 | 228,522 | 21,492 | |
| Kathleen Lencioni , CEO - SMV | 45 00 | | | | X | | 0 | 319,342 | 20,458 | |
| Loraine Wells , VP Clinical Support | 55 00 | | | | X | | 0 | 206,254 | 14,287 | |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---------------------------------|----------------------|------------------------------|---|---|---|
| a Patient Services | 900,099 | 505,132,529 | 505,132,529 | | |
| b Medicare/Medical | 900,099 | 215,811,623 | 215,811,623 | | |
| c Medical Office Rent | 532,000 | 1,164,043 | 1,164,043 | | |
| d Parking | 812,930 | 843,131 | | | 843,131 |
| e Other prog svc rev and | 900,099 | 804,315 | 194,707 | 609,608 | |