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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHARP HEALTHCARE FOUNDATION	D Employer identification number 95-3492461
	Doing Business As	E Telephone number (858) 499-5150
	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	
	G Gross receipts \$ 28,825,177	
	F Name and address of principal officer WILLIAM S LITTLEJOHN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SHARP.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1979
		M State of legal domicile CA

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,469,654
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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

Sign Here	Signature of officer		2012-08-02			
	Date					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500 SAN DIEGO, CA 92122					Phone no ▶ (858) 535-7200

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 9,326,994 including grants of \$ 9,163,260) (Revenue \$ 3,717,943)

PROVIDED SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

4b

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

4c

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

4d


















Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 9,326,994

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	80
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. STACI DICKERSON 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 (858) 499-5150

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

Check if Schedule O contains a response to any question in this Part VII ☒

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	2,543,904	197,016

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	316,869		
	d	Related organizations	1d	30,500		
	e	Government grants (contributions)	1e	572,270		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,398,043		
	g	Noncash contributions included in lines 1a-1f \$		614,788		
	h	Total. Add lines 1a-1f		7,317,682		
Program Service Revenue	2a		Business Code			
		FUNDRAISING ACTIVITIES	900099	3,066,388	3,066,388	
	b	HEALTHCARE EDUCATION	900099	640,502	640,502	
	c	SSA BACK-TO-WORK	900099	11,053	11,053	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		3,717,943		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		972,581		972,581
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 316,869 of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code			
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		13,067,581	3,717,943	0	2,031,956

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	9,163,260	9,163,260		
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	408,214	20,411	81,643	306,160
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,846,035	92,302	369,207	1,384,526
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,633	3,782	15,127	56,724
9	Other employee benefits	244,409	12,220	48,882	183,307
10	Payroll taxes	130,916	6,546	26,183	98,187
a	Fees for services (non-employees) Management	42,472	2,124	8,494	31,854
b	Legal	2,291		573	1,718
c	Accounting	7,395	370	1,479	5,546
d	Lobbying	134	7	27	100
e	Professional fundraising services See Part IV, line 17	11,956			11,956
f	Investment management fees	136,646		136,646	
g	Other	30,414	1,521	6,083	22,810
12	Advertising and promotion				
13	Office expenses	202,467	10,123	40,493	151,851
14	Information technology	26,644	1,332	5,329	19,983
15	Royalties				
16	Occupancy				
17	Travel	10,314	516	2,063	7,735
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,548	927	3,710	13,911
20	Interest	11,658	583	2,332	8,743
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,534	2,327	9,307	34,900
23	Insurance	-754	-38	-151	-565
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES, SUBSCRIPTION, FOO	173,611	8,681	34,722	130,208
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,588,797	9,326,994	792,149	2,469,654
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,065,625	2	1,873,111
	3	Pledges and grants receivable, net			13,073,440	3	12,321,778
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			26,443	9	18,891
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	253,584			
	b	Less: accumulated depreciation	10b	66,132	30,988	10c	187,452
	11	Investments—publicly traded securities			23,364,964	11	23,574,926
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			21,477,106	15	50,663,142
16	Total assets. Add lines 1 through 15 (must equal line 34)			60,038,566	16	88,639,300	
Liabilities	17	Accounts payable and accrued expenses			473,552	17	528,527
	18	Grants payable				18	
	19	Deferred revenue			141,760	19	74,223
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			12,303,038	25	43,009,225
	26	Total liabilities. Add lines 17 through 25			12,918,350	26	43,611,975
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,234,454	27	668,333
	28	Temporarily restricted net assets			40,381,936	28	40,057,457
	29	Permanently restricted net assets			4,503,826	29	4,301,535
	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			47,120,216	33	45,027,325
34	Total liabilities and net assets/fund balances			60,038,566	34	88,639,300	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,067,581
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,588,797
3	Revenue less expenses Subtract line 2 from line 1	3	478,784
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,120,216
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,571,675
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45,027,325

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
---	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An 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).**
- 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?

(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 supported organization(s)

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

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






Part II

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

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


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,948,743	19,890,398	13,595,968	8,152,106	7,317,682	63,904,897
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,948,743	19,890,398	13,595,968	8,152,106	7,317,682	63,904,897
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,248,549
6 Public Support. Subtract line 5 from line 4						47,656,348



Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,948,743	19,890,398	13,595,968	8,152,106	7,317,682	63,904,897
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	490,128	567,811	585,651	591,936	972,581	3,208,107
9 Net income from unrelated business activities, whether or not the business is regularly carried on	69,116		1,336	4,916	8,358	83,726
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				16,637		16,637
11 Total support (Add lines 7 through 10)						67,213,367
12 Gross receipts from related activities, etc. (See instructions.)					12	8,205,572
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 ▶						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	70 900 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	72 130 %
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2009. 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 		
17a	10%-facts-and-circumstances test—2010. 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 		
b	10%-facts-and-circumstances test—2009. 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 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		




Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS

Additional Data

Software ID:

Software Version:

EIN: 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(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			
ANETTE ASHER CHAIR	2 00	X		X				0	0	0
STEVE AUSTIN DIRECTOR	1 00	X						0	0	0
JOHN BELANICH DIRECTOR	10	X						0	0	0
JOANNE BOYLE DIRECTOR	2 00	X						0	0	0
JOY CHARNEY DIRECTOR	50	X						0	0	0
BETTY COOPER DIRECTOR	1 00	X						0	0	0
STEVE FINDEN TREASURER	1 00	X		X				0	0	0
JUDI FREEMAN DIRECTOR	2 00	X						0	0	0
HANK KILLMAR DIRECTOR	1 00	X						0	0	0
STEVE HALEY DIRECTOR	1 00	X						0	0	0
MIKE LABELLE DIRECTOR	2 00	X						0	0	0
ERIC LINEBARGER MD DIRECTOR	1 00	X						0	0	0
WILLIAM LITTLEJOHN SR VP/CEO FOUNDATION	40 00	X		X				0	377,656	28,460
ELIZABETH GILDRED MACVEAN DIRECTOR	1 00	X						0	0	0
KATHRYN MCCOY-O'NEILL DIRECTOR	2 00	X						0	0	0
COLLEEN MCNALLY MD DIRECTOR	1 00	X						0	75,448	0
MICHAEL MURPHY PRESIDENT	4 00	X		X				0	1,190,310	83,610
STEVE NORTON DIRECTOR	3 00	X						0	0	0
REBECCA POLLOCK DIRECTOR	2 00	X						0	0	0
JIM REOPELLE DIRECTOR	2 00	X						0	0	0
HOWARD ROBIN MD DIRECTOR	2 00	X						0	54,000	0
KENNETH ROTH MD SECRETARY	2 00	X		X				0	53,425	0
RICHARD SANTORE MD DIRECTOR	2 00	X						0	0	0
TED SCHROEDER DIRECTOR	1 00	X						0	0	0
CHARLES SCHUETZ MD DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
REGINA SMITH DIRECTOR	2 00	X						0	0	0
JOSEPH STRAZZERI VICE CHAIR	2 00	X		X				0	0	0
LIZA STROM DIRECTOR	2 00	X						0	0	0
TOM TOURTELLOTT DIRECTOR	1 00	X						0	0	0
JANET VOHARIWATT DIRECTOR	1 50	X						0	0	0
ROBERT WOLFORD DIRECTOR	2 00	X						0	0	0
LINDA WOOD DIRECTOR	2 00	X						0	0	0
PAMELA BARNETT MGR DONOR RELATIONS	40 00					X		0	126,237	17,072
KATHRYN DUFF VP PHILANTHROPY	55 00					X		0	213,474	14,793
JEAN-PAUL LAMONTAGNE GIFT & ESTATE PLANNING OFFICER	40 00					X		0	121,403	11,321
MARSHA LUBICK VP PHILANTHROPY	40 00					X		0	219,954	22,243
JAMES SARDINA MGR DEVELOPMENT	40 00					X		0	111,997	19,517

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
---	--

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

- 1

Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If “Yes,” describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

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															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		134
	j Total lines 1c through 1i			134
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	SHARP HEALTHCARE FOUNDATION (SHF) PAYS ANNUAL DUES TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AFP AND AHP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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 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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	7,525,046	6,616,919	6,455,982		
b Contributions	134,548	7,629	231,572		
c Investment earnings or losses	-207,298	966,905	38,551		
d Grants or scholarships	84,068	66,047	66,504		
e Other expenditures for facilities and programs	1,589	0	42,682		
f Administrative expenses	0	0	0		
g End of year balance	7,366,639	7,525,406	6,616,919		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 000 %

b

Permanent endowment ▶ 99 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000		160,000
b Buildings				
c Leasehold improvements				
d Equipment		93,584	66,132	27,452
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				187,452

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,067,581
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,588,797
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	478,784
4	Net unrealized gains (losses) on investments	4	-2,571,675
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,571,675
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,092,891

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,262,146
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,571,675
b	Donated services and use of facilities	2b	6,277
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	266,808
e	Add lines 2a through 2d	2e	-2,298,590
3	Subtract line 2e from line 1	3	5,560,736
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	89,500
b	Other (Describe in Part XIV)	4b	7,417,345
c	Add lines 4a and 4b	4c	7,506,845
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,067,581

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,530,037
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,277
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	266,808
e	Add lines 2a through 2d	2e	273,085
3	Subtract line 2e from line 1	3	3,256,952
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	89,500
b	Other (Describe in Part XIV)	4b	9,242,345
c	Add lines 4a and 4b	4c	9,331,845
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,588,797

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SHARP HEALTHCARE FOUNDATION HAS 23 BOARD DESIGNATED AND PERMANENT ENDOWMENTS RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS REHABILITATION, EMERGENCY SERVICES, WOMEN'S RESEARCH, ONCOLOGY, NURSING EDUCATION, LABORATORY, HOSPITAL EQUIPMENT AND TECHNOLOGY, HOSPITAL LIBRARY, AND MORE
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 264,395 LOSS ON SALE OF ASSETS 2,413
PART XII, LINE 4B - OTHER ADJUSTMENTS		TEMPORARILY RESTRICTED REVENUE 7,423,276 PERMANENTLY RESTRICTED REVENUE -5,931
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 264,395 LOSS ON SALE OF ASSETS 2,413
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TEMPORARILY RESTRICTED EXPENSES 9,242,345
		SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. SHARP RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET. SHARP RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA. AT SEPTEMBER 30, 2011 AND 2010, NO SUCH ASSETS OR LIABILITIES WERE RECORDED.

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			<u>SMH GOLF</u> (event type)	<u>SCV GOLF</u> (event type)	<u>1</u> (total number)		
	1	Gross receipts	197,351	150,930	135,245	483,526	
	2	Less Charitable contributions	138,580	98,297	79,992	316,869	
	3	Gross income (line 1 minus line 2)	58,771	52,633	55,253	166,657	
Direct Expenses	4	Cash prizes	0	0	0		
	5	Non-cash prizes	14,072	7,853	0	21,925	
	6	Rent/facility costs	500	15,171	0	15,671	
	7	Food and beverages	44,600	21,281	55,053	120,934	
	8	Entertainment	500	700	200	1,400	
	9	Other direct expenses	0	1,255	0	1,255	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					161,185
	11	Net income summary Combine lines 3 and 10 in column (d). ►					5,472

Part III Gaming.

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

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

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

a

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

b

If "No," Explain _____

10a

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

b

If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHARP MEMORIAL HOSPITAL8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-3782169	501(C)3	0	161,859	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
(2) SHARP MEMORIAL HOSPITAL8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-3782169	501(C)3	6,813,203	0			PROGRAM SERVICE SUPPORT
(3) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-6077327	501(C)3	0	112,148	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
(4) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-6077327	501(C)3	1,517,904	0			PROGRAM SERVICE SUPPORT
(5) SHARP CHULA VISTA MEDICAL CENTER8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-2367304	501(C)3	0	36,494	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
(6) SHARP CHULA VISTA MEDICAL CENTER8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-2367304	501(C)3	501,277	0			PROGRAM SERVICE SUPPORT

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO THE SHARP HEALTHCARE SYSTEM THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED SHARP HEALTHCARE, SHARP MEMORIAL HOSPITAL, AND SHARP CHULA VISTA MEDICAL CENTER SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS FUNDS MAY ALSO BE DISPERSED TO GROSSMONT HOSPITAL CORPORATION AND SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER TO AFFECT A SYSTEM-WIDE INTIATIVE THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION AFTER AMOUNTS ARE FUNDED THERE IS NO ADDITIONAL MONITORING THAT TAKES PLACE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) WILLIAM LITTLEJOHN	(i)	0	0	0	0	0	0	0
	(ii)	296,300	64,856	16,500	13,978	14,482	406,116	0
(2) MICHAEL MURPHY	(i)	0	0	0	0	0	0	0
	(ii)	950,995	188,310	51,005	69,124	14,486	1,273,920	0
(3) KATHRYN DUFF	(i)	0	0	0	0	0	0	0
	(ii)	180,024	32,906	544	8,347	6,626	228,447	0
(4) MARSHA LUBICK	(i)	0	0	0	0	0	0	0
	(ii)	182,062	35,387	2,505	11,288	10,955	242,197	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ORGANIZATION PAYS UNIVERSITY CLUB DUES FOR WILLIAM S. LITTLEJOHN, SVP/CEO FOUNDATIONS, FOR BUSINESS PURPOSES, AND THEREFORE, THE AMOUNT WAS NOT REPORTED AS TAXABLE COMPENSATION. NON-MANAGEMENT STAFF WERE PAID SUPERIOR PERFORMANCE AWARDS WHICH WERE GROSSED UP SO THE NET PAYMENT WOULD BE A SPECIFIED AMOUNT BASED ON EACH STAFF MEMBER'S PRODUCTIVE HOURS WORKED DURING THE YEAR. THE NET PAYMENTS PER STAFF MEMBER RANGED FROM \$100 TO \$300.
	PART I, LINE 4B	SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY. THE PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE PROVISIONS OF THE PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED. THE PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT EACH PLAN YEAR SHALL EQUAL THE SUM OF THE FOLLOWING: - A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 18% OF THE PARTICIPANT'S BASE SALARY; - A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT'S PRE-TAX BASE SALARY FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT; - A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A PLAN YEAR. THE COMPANY MATCH BEGINS AT 2% FOR THE FIRST 1% ELECTIVE DEFERRAL AND INCREASES 0.5% FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL, TO A MAXIMUM MATCH OF 4.5% ON A 6% ELECTIVE DEFERRAL. THE PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS (LIFE INSURANCE). PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS PLAN PREVIOUSLY COULD ELECT TO APPLY FLEXIBLE BENEFIT ALLOWANCE TO ACQUIRE ADDITIONAL SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT PLAN ("SSAB") TO FUND POST-RETIREMENT SURVIVOR BENEFITS, SUBJECT TO THE ERISA LIMIT PROVIDED THEIR POLICIES WERE ISSUED PRIOR TO SEPTEMBER 18, 2003. THE COMPANY SHALL AUTOMATICALLY CONTINUE WHATEVER ELECTIVE COVERAGE AND ADDITIONAL DEPOSIT ELECTIONS THAT WERE IN PLACE FOR THE SSAB DURING THE 2008 PLAN YEAR. NO ELECTIVE COVERAGE OR ADDITIONAL DEPOSITS WERE AVAILABLE TO PARTICIPANTS WHOSE POLICIES WERE ISSUED ON OR AFTER SEPTEMBER 18, 2003. ANY FLEXIBLE BENEFIT ALLOWANCE THAT REMAINS AFTER PURCHASING THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT IN CASH IN EQUAL INSTALLMENTS THROUGHOUT THE PLAN YEAR, NOT LESS FREQUENTLY THAN QUARTERLY. IF THE PARTICIPANT SEPARATES FROM SERVICE DURING THE PLAN YEAR, THE PARTICIPANT FORFEITS ANY UNPAID ALLOWANCE.
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3: THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	1	600	DONOR VALUATION
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,113	DONOR VALUATION
6 Cars and other vehicles .	X	10	314,902	SALE PRICE
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	33,878	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .	X	3	245,555	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles	X	10	1,280	DONOR VALUATION
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>EQUIPMENT</u>) GIFT	X	1	7,775	DONOR VALUATION
26 Other ► (<u>CERTIFICATES</u>)	X	10	3,685	FMV
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

2912

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

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
THIRD PARTY USE	PART I, LINE 32B	STOCK GIFTS ARE TRANSFERRED TO THE INVESTMENT MANAGER TO BE SOLD VEHICLES AND BOATS ARE SOLD AT AUCTION

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization**
SHARP HEALTHCARE FOUNDATION**Employer identification number**

95-3492461

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	TO ENGAGE IN THE SOLICITATION, RECEIPT AND ADMINISTRATION OF PROPERTY, AND FROM TIME TO TIME TO DISBURSE SUCH PROPERTY AND THE INCOME THEREFROM TO, OR FOR THE BENEFIT OF, THE SAN DIEGO HOSPITAL ASSOCIATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION WHICH IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ITS NONPROFIT SUBSIDIARIES WHICH ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE DISTRIBUTIONS FOR SHARP REES-STEALY CORPORATION SHALL BE LIMITED TO FUNDS DESIGNATED BY THE DONOR FOR THAT PURPOSE. SUCH DISBURSEMENTS SHALL BE USED BY THE FOREGOING ENTITIES FOR THE FOLLOWING PURPOSES: (1) MAJOR CAPITAL EXPENDITURES, (2) MAJOR RENOVATION OF BUILDINGS, (3) MAJOR EQUIPMENT PURCHASES, (4) MEDICAL AND OTHER PROFESSIONAL HEALTH CARE EDUCATION, (5) COMMUNITY HEALTH EDUCATION, AND (6) MEDICAL RESEARCH. THE CORPORATION MAY ALSO SOLICIT, RECEIVE AND ADMINISTER FUNDS IN THE FORM OF DONOR-ADVISED FUNDS, SUBJECT TO THE FOLLOWING CONDITIONS: (1) THE BOARD OF DIRECTORS OF THE CORPORATION MAY CONSIDER THE RECOMMENDATIONS OF DONORS FOR DISTRIBUTIONS FROM SAID FUNDS BUT SHALL AT ALL TIMES HAVE AND RETAIN SOLE AUTHORITY OVER SUCH DISTRIBUTIONS, AND (2) DISTRIBUTIONS FROM ANY SUCH FUND MAY, IN THE SOLE DISCRETION OF THE CORPORATION'S BOARD OF DIRECTORS, BE MADE TO OR FOR THE BENEFIT OF ONE OR MORE ORGANIZATIONS OTHER THAN SAN DIEGO HOSPITAL ASSOCIATION OR A NONPROFIT TAX-EXEMPT SUBSIDIARY OF SAN DIEGO HOSPITAL ASSOCIATION, PROVIDED THAT ANY SUCH ORGANIZATION IS AN ORGANIZATION DESCRIBED IN SECTIONS 170(B)(1)(A), 170(C), 2055(A), AND 2522(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2A	SHARP HEALTHCARE FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID UNDER SHARP HEALTHCARE'S TAX ID NUMBER (EIN 95-6077327), AND AS SUCH ARE ALSO REPORTED ON SHARP HEALTHCARE'S FORM 990

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		SHARP HEALTHCARE (FEIN 95-6077327) IS THE SOLE MEMBER OF SHARP HEALTHCARE FOUNDATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS. SHARP HEALTHCARE ALSO RETAINS THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E.G. DISSOLUTION OR SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS).

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY. THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL. COMPRISED OF THE DIRECTOR OF TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY CHIEF EXECUTIVE 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 12	<p>THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES THE CORPORATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOYEES IN THE PURCHASING/SUPPLY CHAIN, AUDIT AND COMPLIANCE, AND CASE MANAGEMENT/DISCHARGE PLANNING DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARP'S LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE 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 MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE THIS CAN GENERALLY BE DONE ON A "FOR CAUSE" OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER FORM 990, PART VI, SECTION B, LINE 13 THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN WHISTLEBLOWER POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES FORM 990, PART VI, SECTION B, LINE 14 THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE POLICY AND PROCEDURE COMMITTEE, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 FEBRUARY/MARCH 2011.</p>

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), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP QUARTERLY FINANCIAL STATEMENTS OF SHARPS OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM)

Identifier	Return Reference	Explanation
HOURS PER WEEK DEDICATED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	MICHAEL MURPHY 60-SHC, 4-SMH, 4-GHC, 2-SCVMC, 2-SCHHC, 4-SHP COLLEEN MCNALLY 25-SMH HENRY KILLMAR 5-SHC ANETTE ASHER 3-SHC KENNETH ROTH 5-SHC JAMES REOPELLE 2-SCHHC JOANNE BOYLE 6-GHF WILLIAM LITTLEJOHN 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION MARSHA LUBICK 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION KATHRYN DUFF 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION PAMELA BARNETT 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION JEAN-PAUL LA MONTAGNE 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION JAMES SARDINA 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,571,675

Identifier	Return Reference	Explanation
A-133 AUDIT	FORM 990, PART XII, LINE 3A	SHARP HEALTHCARE, ON A CONSOLIDATED BASIS, WAS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, AND SUCH AN AUDIT WAS PERFORMED AS REQUIRED

Identifier	Return Reference	Explanation
	FORM 5471	FORM 5471 HAS BEEN FILED ON BEHALF OF BY SHARP HEALTHCARE (FEIN 95-6077327)

Identifier	Return Reference	Explanation
COMMUNITY BENEFITS REPORT	FORM 990, PART III, LINE 4A	<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 CENTERS, HOME HEALTH, HOSPICE, AND HOME INFUSION PROGRAMS, NUMEROUS OUTPATIENT FACILITIES AND PROGRAMS, AND A VARIETY OF OTHER COMMUNITY HEALTH EDUCATION PROGRAMS AND RELATED SERVICES. SHARP OFFERS A FULL CONTINUUM OF CARE, INCLUDING EMERGENCY CARE, HOME CARE, HOSPICE CARE, INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH CARE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE, REHABILITATION, AND URGENT CARE. SHARP ALSO HAS A KNOX-KEENE-LICENSED HEALTH MAINTENANCE ORGANIZATION, SHARP HEALTH PLAN (SHP) SERVING A POPULATION OF APPROXIMATELY 3 MILLION IN SAN DIEGO COUNTY, AS OF SEPTEMBER 30, 2011, SHARP IS LICENSED TO OPERATE 2,092 BEDS, HAS APPROXIMATELY 2,600 SHARP-AFFILIATED PHYSICIANS AND NEARLY 15,000 EMPLOYEES. FOUR ACUTE-CARE HOSPITALS * SHARP CHULA VISTA MEDICAL CENTER (343 BEDS) THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S RAPIDLY EXPANDING SOUTH BAY, SHARP CHULA VISTA MEDICAL CENTER (SCVMC) OPERATES THE REGION'S BUSIEST EMERGENCY DEPARTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD * SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (204 BEDS) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC), AN ACUTE-CARE HOSPITAL, PROVIDES SERVICES THAT INCLUDE SUB-ACUTE AND LONG-TERM CARE, REHABILITATION THERAPIES, JOINT REPLACEMENT SURGERY, HOSPICE AND EMERGENCY SERVICES * SHARP GROSSMONT HOSPITAL (536 BEDS) SHARP GROSSMONT HOSPITAL (SGH) IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S EAST COUNTY, AND HAS ONE OF THE BUSIEST EDs IN SAN DIEGO COUNTY * SHARP MEMORIAL HOSPITAL (656 BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES SPECIALIZED CARE IN TRAUMA, ONCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOLOGY AND REHABILITATION. THREE SPECIALTY-CARE HOSPITALS * SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (188 BEDS) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (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, SHARP MESA VISTA HOSPITAL (SMV) IS A PREMIER PROVIDER OF BEHAVIORAL HEALTH SERVICES * SHARP MCDONALD CENTER (16 BEDS) SHARP MCDONALD CENTER (SMC) IS SAN DIEGO COUNTY'S ONLY LICENSED CHEMICAL DEPENDENCY RECOVERY HOSPITAL. COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPORTED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION OF SMH, AND ARE REFERRED TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC). THE OPERATIONS OF SHARP REES-STEALY MEDICAL CENTERS (SRS) ARE INCLUDED 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. 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. VISION SHARP'S VISION IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE. SHARP WILL ATTAIN THIS POSITION BY TRANSFORMING THE HEALTH CARE EXPERIENCE THROUGH A CULTURE OF CARING, QUALITY, 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. 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. CULTURE. THE SHARP EXPERIENCE FOR MORE THAN 11 YEARS, SHARP HAS BEEN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHYSICIANS AND STAFF. THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE AND EXPERIENCE IMPROVEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURPOSE, WORTHWHILE WORK, AND CREATING THE KIND OF H</p>

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COMMUNITY BENEFITS REPORT	FORM 990, PART III, LINE 4A	<p>HEALTH CARE PEOPLE WANT AND DESERVE. THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATION'S TOP-RANKED HEALTH CARE SYSTEMS. SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION: THE PEOPLE. THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALTH CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE THE BEST PLACE TO WORK, ATTRACTING AND RETAINING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE FOCUSED ON PROVIDING QUALITY HEALTH CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND PROFESSIONAL AND PERSONAL GROWTH. THIS COMMITMENT TO SERVING PATIENTS AND SUPPORTING ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH SYSTEM IN THE UNIVERSE." THE BEST PLACE TO PRACTICE MEDICINE, CREATING AN ENVIRONMENT IN WHICH PHYSICIANS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS, HAVE ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, AND ENJOY THE CAMARADERIE OF THE HIGHEST-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEALTH CARE LEADER. THE BEST PLACE TO RECEIVE CARE. PROVIDING A NEW STANDARD OF SERVICE IN THE HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FIVE-STAR HOTEL, EMPLOYING SERVICE-ORIENTED INDIVIDUALS WHO SEE IT AS THEIR PRIVILEGE TO EXCEED THE EXPECTATIONS OF EVERY PATIENT - TREATING THEM WITH THE UTMOST CARE, COMPASSION AND RESPECT, AND CREATING HEALING ENVIRONMENTS THAT ARE PLEASANT, SOOTHING, SAFE, IMMACULATE, AND EASY TO ACCESS AND NAVIGATE. THROUGH 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. PILLARS OF EXCELLENCE IN SUPPORT OF SHARP'S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEALTH CARE EXPERIENCE, THE SIX PILLARS OF EXCELLENCE SERVE AS A GUIDE FOR TEAM MEMBERS, PROVIDING A FRAMEWORK AND ALIGNMENT FOR EVERYTHING THE SHARP DOES. 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> <ul style="list-style-type: none"> * DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE AND PATIENT SAFETY TO SET COMMUNITY STANDARDS AND EXCEED PATIENT EXPECTATIONS * CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR CUSTOMERS, PHYSICIANS AND PARTNERS BY DEMONSTRATING SERVICE EXCELLENCE * CREATE A WORKFORCE CULTURE THAT ATTRACTS, RETAINS, AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP'S MISSION, VISION AND VALUES * ACHIEVE FINANCIAL RESULTS TO ENSURE SHARP'S ABILITY TO PROVIDE QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY AND INVESTMENT IN THE ORGANIZATION * ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET DOMINANCE, SUSTAIN INFRASTRUCTURE IMPROVEMENTS AND SUPPORT INNOVATIVE DEVELOPMENT * BE AN EXEMPLARY COMMUNITY CITIZEN <p>AWARDS SHARP RECENTLY RECEIVED THE FOLLOWING RECOGNITION: 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 CALIFORNIA AND NO. 12 NATIONALLY BY MODERN HEALTHCARE MAGAZINE IN 2012. THE RANKINGS ARE PART OF THE "TOP 100 MOST HIGHLY INTEGRATED HEALTHCARE NETWORKS (IHN)," AN ANNUAL SURVEY CONDUCTED BY HEALTH CARE DATA ANALYSTS. THIS IS THE 14TH YEAR RUNNING THAT SHARP HAS PLACED AMONG THE TOP IN THE STATE IN THE SURVEY.</p>

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		<p>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 SMH WAS NAMED "BEST HOSPITAL" BY SAN DIEGO UNION-TRIBUNE READERS PARTICIPATING IN THE PAPER'S 2011 "BEST OF SAN DIEGO" READERS POLL, AND SGH, SMBHWN, AND SCVMC WERE RANKED FIFTH, SIXTH AND SEVENTH, RESPECTIVELY THIS MARKS THE FOURTH YEAR IN A ROW THAT SHARP RECEIVED THE "BEST HOSPITAL" HONOR SGH AND SMH HAVE BOTH RECEIVED MAGNET DESIGNATION FOR NURSING EXCELLENCE BY THE 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 FROM 1998 THROUGH 2009 BY HOSPITALS & HEALTH NETWORKS MAGAZINE IN THE ANNUAL MOST WIRED SURVEY AND BENCHMARK STUDY "MOST WIRED" HOSPITALS ARE COMMITTED TO USING TECHNOLOGY TO ENHANCE QUALITY OF CARE FOR BOTH PATIENTS AND STAFF IN JULY 2010, SMH WAS NAMED THE "MOST BEAUTIFUL HOSPITAL IN AMERICA" BY SOLIANT HEALTH, ONE OF THE LARGEST MEDICAL STAFFING COMPANIES IN THE COUNTRY WITH OVER 10,000 VOTES FROM VISITORS TO THE SOLIANT HEALTH WEBSITE, SMH WAS VOTED TO THE TOP OF THE SECOND ANNUAL "20 MOST BEAUTIFUL HOSPITALS IN AMERICA" LIST IN 2010, SCHCC WAS RE-DESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL PLANETREE IS A COALITION OF MORE THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IMPROVING MEDICAL CARE FROM THE PATIENTS PERSPECTIVE INITIALLY DESIGNATED IN 2007, SCHCC IS THE FIRST HOSPITAL IN CALIFORNIA TO RECEIVE THIS DESIGNATION, AND THE ONLY HOSPITAL IN CALIFORNIA TO ACHIEVE RE-DESIGNATION IN 2010, SHARP RECEIVED THE MOREHEAD APEX WORKPLACE OF EXCELLENCE AWARD MOREHEAD AWARDS THE HEALTH CARE INDUSTRY'S TOP ACHIEVER BY OBJECTIVELY IDENTIFYING THE HIGHEST PERFORMER AND ACKNOWLEDGING THEIR CONTRIBUTIONS TO HEALTH CARE WITH THIS SINGULAR AWARD, MOREHEAD ANNUALLY RECOGNIZES A CLIENT WHO HAS REACHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLOYEE ENGAGEMENT SURVEYS SHARP REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011 IN 2011, SCVMC AND SCHHC EACH RECEIVED THE ENERGY STAR DESIGNATION FROM THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR OUTSTANDING ENERGY EFFICIENCY BUILDINGS THAT ARE AWARDED THE DESIGNATION USE AN AVERAGE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE INTO THE ATMOSPHERE IN 2011, SCVMC AND SCHHC WERE TWO OF ONLY SIX CALIFORNIA HOSPITALS TO RECEIVE THIS DESIGNATION IN 2011, SHARP HEALTHCARE WAS NAMED THE CRYSTAL WINNER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT THIS DESIGNATION RECOGNIZES SHARP'S HUMAN RESOURCES DEPARTMENT AS AN INNOVATIVE AND VALUABLE ASSET TO OVERALL COMPANY PERFORMANCE PATIENT ACCESS TO CARE PROGRAMS UNINSURED PATIENTS WITH NO ABILITY TO PAY, AND INSURED PATIENTS WITH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES THROUGH SHARP'S FINANCIAL ASSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRING EMERGENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVED IN THE EMERGENCY ROOM FIND COVERAGE OPTIONS PATIENTS USE A QUICK, SIMPLE ONLINE QUESTIONNAIRE THROUGH THE FOUNDATION FOR HEALTH COVERAGE EDUCATION TO GENERATE PERSONALIZED COVERAGE OPTIONS THAT ARE FILED IN THEIR ACCOUNT FOR FUTURE REFERENCE AND ACCESSIBILITY SHARP ALSO CONTINUES TO OFFER CLEARBALANCE - A SPECIALIZED LOAN PROGRAM FOR PATIENTS FACING HIGH MEDICAL BILLS THROUGH THIS COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, BOTH INSURED AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BANK LOANS IN ORDER TO PAY OFF THEIR MEDICAL BILLS IN LOW MONTHLY PAYMENTS - AS LOW AS \$25 PER MONTH - AND THUS PREVENT UNPAID ACCOUNTS FROM GOING TO COLLECTIONS THROUGH THIS PROGRAM, SHARP PROVIDES A MORE AFFORDABLE ALTERNATIVE FOR PATIENTS THAT STRUGGLE WITH THE ABILITY TO RESOLVE THEIR HOSPITAL BILLS IN ADDITION, SHARP PROVIDES POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT PATIENTS RECEIVE ASSISTANCE WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS TO COMMUNITY RESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT, MEDICATIONS, AND EVEN OUTPATIENT DIALYSIS AND NURSING HOME STAYS THROUGH COLLABORATION WITH THE SAN DIEGO RESCUE MISSION, SCHHC, SGH AND SMH DISCHARGE THEIR CHRONICALLY HOMELESS PATIENTS TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT, WHERE PATIENTS NOT ONLY RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, BUT THROUGH THE ORGANIZATION'S PROGRAMS THEY ALSO RECEIVE PSYCHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE TO HELP GET THEM OFF THE STREET SINCE FEBRUARY 2011, SHARP'S ACUTE CARE HOSPITALS HAVE PARTNERED WITH FATHER JOE</p>

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		<p>'S VILLAGES TO SUPPORT PROJECT SOAR - A PROGRAM DESIGNED TO ASSIST WITH AND EXPEDITE SOCIAL SECURITY AND DISABILITY APPLICATIONS FOR HOMELESS INDIVIDUALS WITH URGENT HEALTH CARE NEEDS. AS ELIGIBLE HOMELESS PATIENTS ARE DISCHARGED FROM THE HOSPITAL, HOSPITAL CASE MANAGERS FACILITATE THEIR TRANSITION TO PROJECT SOAR WORKERS WHO THEN CONTINUE THE APPLICATION PROCESS ON THROUGH TO COMPLETION. THE PROGRAM HELPS ENSURE ELIGIBLE AT-RISK INDIVIDUALS ARE ABLE TO OBTAIN TIMELY ACCESS TO THE INCOME AND MEDICAL CARE BENEFITS THAT THEY MAY NOT OTHERWISE RECEIVE AS A RESULT OF THEIR HOMELESS STATUS. ALSO IN FY 2011, SHARP COLLABORATED WITH THE UNITED WAY'S PROJECT 25 PROGRAM TO PROVIDE FINANCIAL INFORMATION THAT WILL HELP THE PROGRAM GAUGE THE EFFECTIVENESS OF ITS INTERVENTIONS TO REDUCE USE OF EMERGENT AND OTHER FRONT LINE PUBLIC RESOURCES. PROJECT 25 IS A PARTNERSHIP BETWEEN UNITED WAY OF SAN DIEGO COUNTY AND THE CITY AND COUNTY OF SAN DIEGO WITH A GOAL TO PROVIDE PERMANENT HOUSING (VIA THE SAN DIEGO HOUSING COMMISSION) AND SUPPORTIVE SERVICES (VIA THE COUNTY OF SAN DIEGO) TO AT LEAST 25 OF SAN DIEGO COUNTY'S CHRONICALLY HOMELESS, WHO ARE OFTEN THE MOST FREQUENT USERS OF PUBLIC RESOURCES. IN FY 2011, SHARP HOSPITALS PROVIDED SERVICES TO 14 INDIVIDUALS ENROLLED IN THE PROJECT 25 PROGRAM. IN ADDITION, SCVMC CONTINUED ITS PARTNERSHIP WITH COMMUNITY CLINICS TO PROVIDE TIMELY ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES BY ESTABLISHING MEDICAL HOMES FOR LOW-INCOME, MEDICALLY UNINSURED, AND UNDERSERVED PATIENTS IN THE SOUTH BAY THAT PRESENT IN THE SCVMC. ED THE PROGRAM SEEKS TO SUPPORT SAFETY NET PATIENTS SUFFERING FROM CHRONIC CONDITIONS TO BETTER MANAGE THEIR PAIN, DISEASES AND OVERALL HEALTH CARE WITH THE ESTABLISHMENT OF A MEDICAL HOME AT A COMMUNITY CLINIC, INFORM SAFETY NET PATIENTS ABOUT OBTAINING AFFORDABLE MEDICATIONS THROUGH GENERIC PRESCRIPTION ACCESS EDUCATION, INCREASE PATIENT ACCESS AND TIMELY REFERRALS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES, INCREASE PATIENT ACCESS TO FOLLOW-UP PRIMARY CARE SERVICES AND ESTABLISH A MEDICAL HOME AT EITHER CHULA VISTA FAMILY HEALTH CLINIC OR OTHER COMMUNITY CLINICS, AND OFFER ENHANCED ACCESS TO TRANSPORTATION RESOURCES TO THE CHULA VISTA FAMILY HEALTH CLINIC. IT IS THIS ABILITY TO SCHEDULE TIMELY FOLLOW-UP APPOINTMENTS FOR SAFETY NET PATIENTS THAT HAS CONTRIBUTED GREATLY TO THE SUCCESS OF THIS PROGRAM, AND SINCE THE PROGRAM'S INCEPTION SCVMC HAS SERVED A TOTAL OF 1,248 SAFETY NET PATIENTS, 55 PERCENT OF WHOM WERE REFERRED TO THE CHULA VISTA FAMILY HEALTH CLINIC.</p>

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		<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. IN FY 2011, THERE WERE 3,933 STUDENT INTERNS WITHIN THE SHARP SYSTEM, PROVIDING MORE THAN 534,000 HOURS IN DISCIPLINES THAT INCLUDE NURSING, ALLIED HEALTH AND PROFESSIONAL EDUCATIONAL PROGRAMS. SHARP PROVIDES EDUCATION AND TRAINING PROGRAMS FOR STUDENTS ACROSS THE CONTINUUM OF NURSING (E.G., CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEALTH, WOMEN'S SERVICES AND WOUND CARE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITATION THERAPIES (SPEECH, PHYSICAL, OCCUPATIONAL AND RECREATIONAL THERAPY), PHARMACY, DIETETICS, LAB, RADIOLOGY, SOCIAL WORK, PSYCHOLOGY AND PUBLIC HEALTH. STUDENTS FROM LOCAL COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE (GC), SAN DIEGO MESA COLLEGE (MC), 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), POINT LOMA NAZARENE UNIVERSITY (PLNU), AND UNIVERSITY OF OKLAHOMA (OU), AND VOCATIONAL SCHOOLS SUCH AS KAPLAN COLLEGE (KC) PARTICIPATE IN SHARP'S HEALTH PROFESSIONS TRAINING. TABLE 1 PRESENTS THE STUDENTS AND STUDENT HOURS AT EACH OF THE SHARP ENTITIES IN FY 2011.</p> <p>TABLE 1: SHARP HEALTHCARE INTERNSHIPS - FY 2011</p> <table><tr><th>Entity</th><th>Students</th><th>Group Hours</th><th>Precepted Hours</th><th>Ancillary Hours</th><th>Total Hours</th></tr><tr><td>SHARP CHULA VISTA MEDICAL CENTER NURSING</td><td>721</td><td>63,894</td><td>20,440</td><td>138</td><td>84,473</td></tr><tr><td>SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING</td><td>443</td><td>82,776</td><td>3,600</td><td>127</td><td>86,503</td></tr><tr><td>SHARP GROSSMONT HOSPITAL NURSING</td><td>566</td><td>48,974</td><td>16,183</td><td>222</td><td>65,363</td></tr><tr><td>SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING</td><td>176</td><td>13,548</td><td>4,028</td><td>112</td><td>18,694</td></tr><tr><td>SHARP MEMORIAL HOSPITAL NURSING</td><td>547</td><td>39,084</td><td>21,365</td><td>333</td><td>60,782</td></tr><tr><td>SHARP MESA VISTA HOSPITAL NURSING</td><td>271</td><td>27,548</td><td>1,470</td><td>12</td><td>29,030</td></tr><tr><td>SHARP HEALTHCARE NURSING</td><td>144</td><td>3,008</td><td>5,684</td><td>121</td><td>8,813</td></tr><tr><td>TOTAL NURSING</td><td>2,868</td><td>278,832</td><td>72,770</td><td>1,065</td><td>352,735</td></tr></table> <p>COLLEGE COLLABORATIONS IN FY 2011, SHARP COMPLETED ITS PARTNERSHIP WITH THE OU COLLEGE OF NURSING AND SWC IN PROVIDING 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 SOUGHT 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 INCLUDED MORE THAN 600 HOURS OF ONLINE COURSEWORK AND NEARLY 900 HOURS OF CLINICAL EXPERIENCE AT SHARP FACILITIES. THE HEALTH ACADEMY FOR SIX CONSECUTIVE YEARS, THE SCVMC HEALTH ACADEMY PROGRAM PROVIDED EDUCATION TO THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS BY INTRODUCING LOCAL ELEMENTARY SCHOOL STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS. 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 ADDITION, A GRANT FROM THE CALIFORNIA ENDOWMENT ALLOWED FOR THE EXPANSION OF THE PROGRAM TO PROVIDE A DIVERSITY INITIATIVE TO HIGH SCHOOL STUDENTS. THE INITIATIVE, ENTITLED THE HEALTH CARE CAREER PIPELINE PARTNERSHIP (HCCPP), REPRESENTS COLLABORATION AMONG THE HOSPITAL, BARRIO LOGAN COLLEGE INSTITUTE (BLCI), SAN YSIDRO HIGH SCHOOL (SYHS), SWC, HARDER AND ASSOCIATES AND THE SAN DIEGO CHAPTER OF THE NATIONAL ASSOCIATION OF HISPANIC NURSES. THE PROGRAM PROVIDED LOCAL HIGH SCHOOL STUDENTS FROM DIVERSE BACKGROUNDS, MANY OF WHOM ARE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE, A GREATER CHANCE OF ATTENDING COLLEGE AND SUCCEEDING IN A CAREER IN HEALTH CARE. THE HCCPP PROVIDED TOURS OF SCVMC, AS WELL AS OPPORTUNITIES FOR STUDENTS TO VOLUNTEER OR INTERN AT THE HOSPITAL. THE PROGRAM HAS HAD TREMENDOUS SUCCESS SINCE ITS INCEPTION - PROVIDING TOURS TO NEARLY 650 STUDENTS, PAID INTERNSHIPS TO 24 STUDENTS, AND CONTRIBUTING TO THE 100 PERCENT HIGH SCHOOL GRADUATION RATE OF PARTICIPATING STUDENTS. IN FY 2009, SCVMC WON A PARTNERSHIP AWARD FROM THE SAN DIEGO SCIENCE AND TECHNOLOGY CENTER.</p>	Entity	Students	Group Hours	Precepted Hours	Ancillary Hours	Total Hours	SHARP CHULA VISTA MEDICAL CENTER NURSING	721	63,894	20,440	138	84,473	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING	443	82,776	3,600	127	86,503	SHARP GROSSMONT HOSPITAL NURSING	566	48,974	16,183	222	65,363	SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING	176	13,548	4,028	112	18,694	SHARP MEMORIAL HOSPITAL NURSING	547	39,084	21,365	333	60,782	SHARP MESA VISTA HOSPITAL NURSING	271	27,548	1,470	12	29,030	SHARP HEALTHCARE NURSING	144	3,008	5,684	121	8,813	TOTAL NURSING	2,868	278,832	72,770	1,065	352,735
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SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING	443	82,776	3,600	127	86,503																																																			
SHARP GROSSMONT HOSPITAL NURSING	566	48,974	16,183	222	65,363																																																			
SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING	176	13,548	4,028	112	18,694																																																			
SHARP MEMORIAL HOSPITAL NURSING	547	39,084	21,365	333	60,782																																																			
SHARP MESA VISTA HOSPITAL NURSING	271	27,548	1,470	12	29,030																																																			
SHARP HEALTHCARE NURSING	144	3,008	5,684	121	8,813																																																			
TOTAL NURSING	2,868	278,832	72,770	1,065	352,735																																																			

Identifier	Return Reference	Explanation
		<p>CE ALLIANCE FOR ITS WORK IN THE HCCPP. THE AWARD RECOGNIZES A SAN DIEGO BUSINESS OR EMPLOYER THAT PARTNERS WITH YOUTH IN THE COMMUNITY. HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHARP HAS TEAMED UP AS AN INDUSTRY PARTNER WITH CHARTER SCHOOL HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) TO PROVIDE STUDENTS BROAD EXPOSURE TO CAREERS AVAILABLE IN HEALTH CARE. DURING FY 2011, 329 HSHMC STUDENTS CONNECTED TO SHARP CAMPUSES FOR A TOTAL OF MORE THAN 58,600 STUDENT HOURS. THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALTH SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN 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 LINKS 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 IN 2007 WITH HSHMC STUDENTS ON THE CAMPUSES OF SGH AND SMH, AND EXPANDED TO INCLUDE SMV AND SMBHWN IN 2009, SCHC IN 2010, AND SCVMC IN 2011. LECTURES AND CONTINUING EDUCATION SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF MANY COLLEGES AND UNIVERSITIES IN SAN DIEGO. IN FY 2011, SHARP STAFF COMMITTED MORE THAN 500 HOURS TO THE ACADEMIC COMMUNITY BY PROVIDING LECTURES, COURSES AND PRESENTATIONS ON NUMEROUS COLLEGE/UNIVERSITY CAMPUSES THROUGHOUT SAN DIEGO. THROUGH THE DELIVERY OF A VARIETY OF GUEST LECTURES, INCLUDING HEALTH INFORMATION TECHNOLOGY AT SAN DIEGO MESA COLLEGE, CARDIOVASCULAR TECHNOLOGY AT GROSSMONT COLLEGE, HEALTH INFORMATION LECTURES AT SAN DIEGO MESA COLLEGE, PHARMACY PRACTICE LECTURES AT UCSD, AND A VARIETY OF HEALTH ADMINISTRATIVE LECTURES TO PUBLIC HEALTH GRADUATE STUDENTS AT SDSU, SHARP STAFF REMAIN ACTIVE AND ENGAGED WITH SAN DIEGO'S ACADEMIC HEALTH CARE COMMUNITY. SHARP'S CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT ASSESSES, DESIGNS, IMPLEMENTS AND EVALUATES EDUCATIONAL AND TRAINING INITIATIVES FOR SHARP'S AFFILIATED PHYSICIANS, PHARMACISTS AND OTHER HEALTH PROFESSIONALS TO BETTER SERVE THE HEALTH CARE NEEDS OF THE SAN DIEGO COMMUNITY. IN FY 2011 THE PROFESSIONALS AT SHARP HEALTHCARE CME INVESTED MORE THAN 1,800 HOURS IN NUMEROUS CME ACTIVITIES OPEN TO SAN DIEGO HEALTH CARE PROVIDERS, RANGING FROM ANNUAL CONFERENCES ON PATIENT SAFETY, DIABETES, BREAST CANCER, KIDNEY-TRANSPLANT, AND END-OF-LIFE CARE, TO PRESENTATIONS ON HIP PRESERVATION AND HOSPITAL OVERCROWDING.</p>

Identifier	Return Reference	Explanation
		<p>IN ADDITION, THE OUTCOMES RESEARCH INSTITUTE (ORI) AT SHARP WAS FORMED TO MEASURE LONG-TER M RESULTS OF CARE AND TO PROMOTE AND DEVELOP BEST PRACTICES FOR HEALTH CARE DELIVERY FOR M EMBERS OF THE PROFESSIONAL HEALTH CARE COMMUNITY WITH BOTH INPATIENT AND AMBULATORY LOCAT IONS AND A DIVERSE PATIENT POPULATION, SHARP IS WELL-POSITIONED TO STUDY CARE PROCESSES AN D OUTCOMES IN A REAL-WORLD SETTING, REFLECTING AN AUTHENTIC PICTURE OF THE HEALTH CARE ENV IRONMENT AMONG ITS CURRENT AND FUTURE GOALS, THE ORI AIMS TO ENSURE PATIENT CARE PRODUCE S OUTCOMES CONSISTENT WITH EVIDENCE-BASED MEDICAL LITERATURE, ANALYZE THE RELATIONSHIPS BE TWEEN PROCESSES AND OUTCOMES FOR TREATMENTS, INTERVENTIONS AND QUALITY IMPROVEMENT INITIAT IVES, ESTABLISH ASSOCIATIONS BETWEEN PRACTICE, COSTS AND OUTCOMES FOR PATIENT CARE, AS WEL L AS TO DEVELOP AND DISSEMINATE EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALT H CARE COMMUNITY VOLUNTEER SERVICE SHARP LENDS A HAND IN FY 2011, SHARP CONTINUED ITS SYS TEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH), TO FURTHER SUPPORT THE SAN D IEGO COMMUNITIES IT SERVES IN OCTOBER 2010, SHARP PROMOTED THE PROGRAM BOTH INTERNALLY AN D IN THE COMMUNITY, REQUESTING PROJECT IDEAS THAT FOCUSED ON IMPROVING THE HEALTH AND WEL L-BEING OF SAN DIEGO IN A BROAD, POSITIVE WAY, RELIED ON SHARP FOR VOLUNTEER LABOR ONLY, S UPPORTED NONPROFIT INITIATIVES, COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE THE RESI DENTS OF SAN DIEGO COUNTY, AND COULD BE COMPLETED BY SEPTEMBER 30, 2011 SHARP EMPLOYEES V OTED ON THE QUALIFIED PROJECTS POSTED ON SHARPNET (SHARP'S INTERNAL WEBSITE) THEY SELECTE D SIX PROJECTS STAND DOWN FOR HOMELESS VETERANS, SAN DIEGO FOOD BANK, INTERNATIONAL COAST AL CLEANUP DAY, SPECIAL OLY MPICS, YWCA EMERGENCY SHELTER (BECKY'S HOUSE), AND PLAY GROUND B EAUTIFICATION AT THE VALENCIA PARK DRAMA AND DANCE ACADEMY IN SUPPORT OF THESE PROJECTS, MORE THAN 1,900 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVER 6,700 HOURS DURING NINE DAYS IN JUNE AND JULY 2011, 454 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VO LUNTEERED AT VETERANS VILLAGE OF SAN DIEGO THE VOLUNTEERS SORTED AND ORGANIZED CLOTHING D ONATIONS AND PROVIDED ON-SITE SUPPORT, MEDICAL SERVICES AND COMPANIONSHIP TO HUNDREDS OF H OMELESS VETERANS AT STAND DOWN FOR HOMELESS VETERANS, AN ANNUAL EVENT SPONSORED BY VETERAN S VILLAGE OF SAN DIEGO AND HELD AT SAN DIEGO HIGH SCHOOL THE SAN DIEGO FOOD BANK FEEDS PE OPLE IN NEED THROUGHOUT SAN DIEGO COUNTY, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNG ER-RELATED ISSUES FOR 10 DAYS OVER JANUARY, MARCH, MAY, JULY AND SEPTEMBER, 880 SLAH VOLU NTEERS INSPECTED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE SAN DIEGO FOOD B ANK WAREHOUSE THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE) PROVIDES EMERGENCY SHELTER AND T RANSITIONAL HOUSING TO WOMEN AND CHILDREN WHO HAVE BEEN VICTIMIZED BY DOMESTIC VIOLENCE E LEVEN SLAH VOLUNTEERS GAVE THE SHELTER SOME MUCH NEEDED "TENDER LOVE AND CARE" BY PAINTING THE CHILDREN'S PATIO IN APRIL 2011 THE VALENCIA PARK DRAMA AND DANCE ACADEMY PROVIDES ED UCATION, HEALTH CARE, FOOD, CLOTHING AND PERSONAL HYGIENE FOR SOME OF SAN DIEGO'S ESTIMATE D 2,200 HOMELESS AND AT-RISK CHILDREN IN JUNE 2011, A GROUP OF SLAH VOLUNTEERS HELPED IMP ROVE THE OUTSIDE ENVIRONMENT FOR THE STUDENTS BY REPAINTING HOPSCOTCH AND FOUR-SQUARE LINE S ON THE PLAY GROUND MORE THAN 368 SLAH VOLUNTEERS PROVIDED ASSISTANCE TO SAN DIEGO COUNTY 'S SPECIAL OLY MPICS YEAR-ROUND TRAINING AND ATHLETIC COMPETITIONS INCLUDING THE FALL REGIO NAL GAMES HELD IN RANCHO BERNARDO, A FLOOR HOCKEY COMPETITION AND THE USA TEAM TRAINING EV ENT SPECIAL OLY MPICS OF SAN DIEGO COUNTY HAS MORE THAN 1,400 ATHLETES OF ALL AGES THE PR OGRAM PROVIDES SPORTS TRAINING AND ATHLETIC COMPETITION FOR ALL CHILDREN AND ADULTS WITH I NTELLECTUAL DISABILITIES THE VOLUNTEERS ASSISTED WITH TIMEKEEPING, SCORE-KEEPING AND CHEE RLEADING DURING THE TEAM TRAINING FOR THE SPRING GAMES IN ATHENS, GREECE, WHICH INCLUDED S WIMMING, TENNIS, BASKETBALL, CYCLING AND ROWING THE SLAH TEAM PARTNERED WITH I LOVE A CLE AN SAN DIEGO AND SAN DIEGO COASTKEEPER TO PUT THE SPARKLE BACK IN THE SAN DIEGO COMMUNITY THROUGH THE INTERNATIONAL COASTAL CLEANUP DAY ON SEPTEMBER 17 NEARLY 175 VOLUNTEERS OF AL L AGES HELPED KEEP SAN DIEGO'S COAST A BEAUTIFUL PLACE TO LIVE AND PLAY BY PICKING UP AND REMOVING TRASH AND DEBRIS FROM 16 SELECTED SITES IN OUR COMMUNITIES SHARP HUMANITARIAN SE RVICE PROGRAM IN FY 2011, 32 SHARP EMPLOYEES WERE FUNDED THROUGH SHARP'S HUMANITARIAN SERV ICE PROGRAM THIS PROGRAM ALLOWS EMPLOYEES TO PARTICIPATE IN SERVICE PROGRAMS THAT PROVIDE HEALTH CARE AND/OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULAT IONS IN FY 2011, SHARP EMPLOYEES DEVOTED THEIR TIME AND ENERGY TO ORGANIZATIONS THAT INCL UDED WHEELS FOR THE WORLD, WHICH PROVIDES WHEELCHAIRS TO PEOPLE WITH DISABILITIES IN DEVEL OPING COUNTRIES, INCLUDING EGYPT AND GHANA SHARP STAFF BROUGHT 250 WHEELCHAIRS, CRUTCHES AND WALKERS AND WORKED OUT OF A REGIONAL HOSPITAL</p>

Identifier	Return Reference	Explanation
		<p>IN RURAL GHANA AT A SEATING AND POSITIONING CLINIC AT THIS CLINIC, PATIENTS - MANY WHO HAD BEEN CRAWLING FOR MOST OF THEIR LIVES - RECEIVED THERAPY SESSIONS AND THEIR FIRST WHEELCHAIRS AND OTHER WALKING SUPPORTS. IN ADDITION, SHARP STAFF LED A TEAM OF MEDICALLY-FOCUSED COLLEGE STUDENTS ON ANOTHER HUMANITARIAN PROGRAM SERVING GHANA. OVER THREE WEEKS, THE TEAM TRAVELED TO SEVERAL SMALL VILLAGES IN WEST AFRICA, SETTING UP SEVEN TEMPORARY HEALTH CLINICS, AND TREATING OVER 700 GHANAIS FOR BASIC MEDICAL CARE, SUCH AS TREATMENT FOR MALARIA, INTESTINAL WORMS, SEVERE DEHYDRATION, SCORPION STINGS, SNAKE BITES AND WOUND CARE. THE TEAM ALSO PROVIDED HEALTH EDUCATION AROUND NUTRITION, SANITATION ISSUES AND WOMEN'S HEALTH. TRAINING WAS PROVIDED TO GHANAIAN HEALTH WORKERS SO THAT THEY COULD CONTINUE THE HEALTH EDUCATION AFTER SHARP STAFF RETURNED TO THE U.S. SHARP STAFF ALSO PARTICIPATED IN A MEDICAL MISSION TRIP TO EL SALVADOR, PROVIDING THREE MEDICAL CLINICS TO THE COMMUNITY SERVING HUNDREDS OF PATIENTS IN POVERTY. ADDITIONALLY, A WEEK-LONG FREE HEALTH CLINIC WAS CONDUCTED BY SHARP PHYSICAL THERAPY STAFF IN PUNTA GORDA, BELIZE. PATIENTS RECEIVED PHYSICAL THERAPY SCREENING AND INTERVENTION, EDUCATION ON THE BENEFITS OF EXERCISE, AN INDIVIDUALIZED HOME PROGRAM, AND REFERRALS TO THE LOCAL CLINIC FOR FOLLOW-UP SERVICES. ANOTHER MEDICAL MISSION TRIP WAS LED IN HO CHI MINH CITY, VIETNAM, DURING JANUARY 2011. EIGHT PARTICIPANTS, INCLUDING SHARP-AFFILIATED PHYSICIANS AND NURSES, SERVED FOR A WEEK AT A LOCAL HOSPITAL AND PROVIDED CRITICAL ORTHOPEDIC THERAPY AND TREATMENT TO 20 PATIENTS. SHARP STAFF PERFORMED SURGERY FOR EIGHT OF THESE PATIENTS, ATTENDING MOSTLY TO BONE FRACTURES AND NON-UNIONS. THROUGH THE SHARP HUMANITARIAN SERVICE PROGRAM, IN FY 2011 SHARP STAFF CONTINUED TO PROVIDE EXTENSIVE SUPPORT AND EXPERTISE TO VICTIMS OF THE EARTHQUAKES THAT DEVASTATED HAITI IN JANUARY 2010. SHARP-AFFILIATED PHYSICIANS AND SHARP STAFF PROVIDED MEDICAL SERVICES INCLUDING WOUND CARE, POST-OP TREATMENT, NEUROLOGICAL AND ORTHOPEDIC REHABILITATION, OCCUPATIONAL THERAPY AND GENERAL PUBLIC HEALTH, IN ADDITION TO EQUIPMENT AND SUPPLIES TO THOSE IN NEED. SHARP STAFF OFTEN DELIVERED AROUND-THE-CLOCK CARE FOR PATIENTS AFFECTED BY THE EARTHQUAKES - WHOSE AGES RANGED FROM NEONATES TO THE ELDERLY - AT VARIOUS SITES THROUGHOUT HAITI. SHARP STAFF ALSO WORKED WITH FAMILY FRIENDS COMMUNITY CONNECTION (FFCC), A SAN DIEGO-BASED NONPROFIT ORGANIZATION, TO LEND VITAL ASSISTANCE TO THOSE AREAS OF HAITI IMPACTED BY THE EARTHQUAKES. IN APRIL 2011, THE FFCC TEAM AND SHARP EMPLOYEES SET UP THE FIRST MOBILE MEDICAL CLINIC IN CARREFOUR, HAITI, AND TREATED NEARLY 1,000 PATIENTS IN NEED OF CRITICAL MEDICAL CARE. STAFF PROVIDED CARE, COMFORT, SUPPORT AND HOPE AMIDST A SITUATION OF COMPLETE AND UTTER CHAOS, INCLUDING THE CHALLENGES OF LIMITED MEDICAL SUPPLIES AND UNSANITARY LIVING CONDITIONS. COMMUNITY WALKS FOR THE PAST 16 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSOCIATION (AHA) ANNUAL HEART WALK. IN SEPTEMBER 2011, MORE THAN 1,000 WALKERS REPRESENTED SHARP AT THE SAN DIEGO HEART WALK HELD IN BALBOA PARK. SHARP WAS THE NO. 1 HEART WALK TEAM IN SAN DIEGO AND THE AHA WESTERN REGION AFFILIATES, RAISING MORE THAN \$194,000 FOR THE AMERICAN HEART ASSOCIATION. SHARP VOLUNTEERS SHARP VOLUNTEERS ARE A CRITICAL COMPONENT OF SHARP'S DEDICATION TO THE SAN DIEGO COMMUNITY. SHARP PROVIDES A MULTITUDE OF VOLUNTEER OPPORTUNITIES THROUGHOUT SAN DIEGO COUNTY FOR INDIVIDUALS TO SERVE THE COMMUNITY, MEET NEW PEOPLE, AND ASSIST PROGRAMS RANGING FROM PEDIATRICS TO SENIOR RESOURCE CENTERS. VOLUNTEERS DEVOTE THEIR TIME AND COMPASSION TO PATIENTS AS WELL AS TO THE GENERAL PUBLIC, AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHARP'S PROGRAMS, EVENTS AND INITIATIVES.</p>

Identifier	Return Reference	Explanation
		<p>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 2011, THERE WERE MORE THAN 2,300 TOTAL VOLUNTEERS ACROSS THE SHARP SYSTEM, CONTRIBUTING 280,963 HOURS OF THEIR TIME IN SERVICE TO SHARP AND ITS INITIATIVES MORE THAN 15,000 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 2 DETAILS THE NUMBER OF VOLUNTEERS AND THE HOURS PROVIDED IN SERVICE TO EACH OF SHARP'S ENTITIES, AS WELL AS SHARP HOSPICECARE, SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPORT VOLUNTEERS ALSO 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, SCHHC AND SGH, AND OTHER EVENTS IN SUPPORT OF SHARP ENTITIES AND SERVICES TABLE 2 SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 2011 SHARP CHULA VISTA MEDICAL CENTER 347 VOLUNTEERS (INDIVIDUALS) 52,990 VOLUNTEER HOURS SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 165 VOLUNTEERS (INDIVIDUALS) 8,181 VOLUNTEER HOURS SHARP GROSSMONT HOSPITAL 950 VOLUNTEERS (INDIVIDUALS) 109,487 VOLUNTEER HOURS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS 85 VOLUNTEERS (INDIVIDUALS) 14,873 VOLUNTEER HOURS SHARP MEMORIAL HOSPITAL 617 VOLUNTEERS (INDIVIDUALS) 74,961 VOLUNTEER HOURS SHARP MESA VISTA HOSPITAL 24 VOLUNTEERS (INDIVIDUALS) 2,689 VOLUNTEER HOURS SHARP HEALTHCARE 26 VOLUNTEERS (INDIVIDUALS) 4,125 VOLUNTEER HOURS TOTAL 2,214 VOLUNTEERS (INDIVIDUALS) 267,306 VOLUNTEER HOURS 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 IN ADDITION, VOLUNTEERS ON SHARP'S AUXILIARY BOARDS AND THE VARIOUS SHARP ENTITY BOARDS VOLUNTEER THEIR TIME TO PROVIDE PROGRAM OVERSIGHT, ADMINISTRATION AND DECISION-MAKING REGARDING FINANCIAL RESOURCES IN FY 2011, 129 COMMUNITY MEMBERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS SHARP'S GREATER GOOD IN FY 2011, SHARP STAFF VOLUNTEERED THEIR TIME AND PASSION TO A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFARE OF THE SAN DIEGO COMMUNITY, AND THE GREATER GOOD BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES GAVE OF THEMSELVES TO THE SAN DIEGO COMMUNITY AT SGH, THE "THIS BUD'S FOR YOU" PROGRAM BROUGHT SMILES TO UNSUSPECTING PATIENTS AND THEIR LOVED ONES WITH THE DELIVERY OF HAND-PICKED FLOWERS FROM THE MEDICAL CAMPUS'S ABUNDANT GARDENS THE SGH LANDSCAPE TEAM GREW, CUT, BUNDLED AND DELIVERED COLORFUL BOUQUETS EACH WEEK, BRINGING AN ELEMENT OF NATURAL BEAUTY TO HELP EASE THE EXPERIENCE OF PATIENTS AND VISITORS OF BOTH THE HOSPITAL, AND THE SGH HOSPICE HOUSES THE TEAM ALSO REGULARLY OFFERS SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY THE PROGRAM'S SUCCESS WAS MADE POSSIBLE BY SUPPORT FROM THE SGH AUXILIARY AND VOLUNTEERS WHO ASSISTED THE LANDSCAPE CREW IN NAVIGATING THE HOSPITAL AND SUPPLIED FLOWER VASES ANOTHER PROGRAM ORGANIZED BY AN SGH STAFF MEMBER WAS THE "SHIRT OFF OUR BACKS" PROGRAM DURING THE 2010 HOLIDAY SEASON, ONE SGH EMPLOYEE ORCHESTRATED AND IMPLEMENTED A CONCERTED EFFORT TO BRING CLOTHING, SHOES, BLANKETS AND HOUSEHOLD ITEMS DIRECTLY TO SAN DIEGO'S HOMELESS POPULATION THE SGH ENGINEERING DEPARTMENT, THE SGH AUXILIARY AND LOCAL BUSINESSES COLLABORATED TO IMPLEMENT THE PROGRAM, AND SGH'S WASTE MANAGEMENT TEAM PROVIDED ANCILLARY SUPPORT WITH LOANER RECYCLE BINS TO USE FOR COLLECTION HUNDREDS OF POUNDS OF CLOTHING, SHOES, TOWELS , BLANKETS, TOILETRIES AND OTHER ITEMS THAT COULD BE PUT TO USE IMMEDIATELY WERE COLLECTED , WASHED, FOLDED, BOXED/BAGGED AND PREPARED BEFORE DELIVERY TO THE SAN DIEGO POPULATION IN NEED AT SMMC, THE ARTS FOR HEALING PROGRAM WAS ESTABLISHED TO IMPROVE THE SPIRITUAL AND EMOTIONAL HEALTH OF PATIENTS THAT FACE SIGNIFICANT MEDICAL CHALLENGES THE PROGRAM PROVIDES SERVICES AT SMH, SMH OPP, SMBHWN, SMV AND SMC SINCE THE INCEPTION OF THE PROGRAM IN 2007, MORE THAN 5,000 PATIENTS AND THEIR FAMILIES HAVE BENEFITTED FROM THE TIME AND TALENT PROVIDED BY DEDICATED STAFF AND VOLUNTEERS TRAINED VOLUNTEERS ARE THE PRIMARY PROVIDERS OF THE PROGRAM, WHICH IS COORDINATED BY A CLERGY MEMBER OF THE SPIRITUAL CARE PROGRAM THE ARTS FOR HEALING PROGRAM UTILIZES THE POWER OF ART AND MUSIC TO ENHANCE THE HEALING PROCESS FOR PATIENTS CHALLENGED BY SIGNIFICANT ILLNESS, CHRONIC PAIN AND LONG-TERM HOSPITALIZATION AT SMH, OFTENTIMES THESE ARE STROKE PATIENTS, CANCER PATIENTS, OR PATIENTS FACING LIFE WITH NEWLY-ACQUIRED DISABILITIES FOLLOWING CATASTROPHIC EVENTS AT SMBHWN, THE PROGRAM IS PROVIDED TO HIGH-RISK MOTHERS WHO ARE IN THE HOSPITAL</p>

Identifier	Return Reference	Explanation
		<p>AL FROM ONE TO FOUR MONTHS, AWAITING CHILDBIRTH AND EXPERIENCING STRESS AND LONELINESS OVE R THE SEPARATION FROM THEIR FAMILIES THE PROGRAM HAS RECENTLY EXPANDED TO OFFER SPECIAL I NTERACTIVE GROUP ART PROJECTS IN THE LOUNGES OF THE STEPHEN BIRCH HEALTHCARE CENTER, WHICH ARE OPEN TO PATIENTS, FAMILIES AND STAFF PARTICIPANTS PAINT AND CREATE CARDS AND SEASONA L CRAFT PROJECTS EVENTS HAVE ATTRACTED MORE THAN 75 PEOPLE WHO BENEFIT FROM THE HEALING P OWER OF ART IN ADDITION, SHARP SPONSORED THE TEDXSANDIEGO AND TEDXYOUTH EVENTS HELD IN NO VEMBER 2010, PROVIDING SUPPORT IN ADVANCE OF THE EVENT, INCLUDING SHOW DIRECTION, TECHNICA L DIRECTION, EXPERIENCE DESIGN AND REGISTRATION TEDXSANDIEGO AND TEDXYOUTH ARE EVENTS FOR MEMBERS OF THE SAN DIEGO COMMUNITY AND BEYOND, AND ARE DESIGNED TO BRING TOGETHER INNOVAT ORS, EXPLORERS, TEACHERS AND LEARNERS IN AN ENVIRONMENT THAT ENCOURAGES COLLABORATION, CON VERSION AND INTERACTION TED IS A NONPROFIT ORGANIZATION DEVOTED TO "IDEAS WORTH SPREADI NG," AND HAS GROWN OVER THE PAST 25 YEARS TO SUPPORT AN ARRAY OF WORLD-CHANGING IDEAS WITH MULTIPLE INITIATIVES TEDXSANDIEGO AND TEDXYOUTH ARE NOT-FOR-PROFIT EVENTS ORGANIZED ENTI RELY BY LOCAL, UNPAID VOLUNTEERS BETWEEN 40 TO 60 SHARP STAFF VOLUNTEERED THEIR TIME ON-S ITE AT EACH EVENT, DELIVERING THE SHARP EXPERIENCE AS WAY FINDERS, USHERS, STAGE MANAGERS, SPEAKER SHADOWS, AND IN OTHER ROLES LASTLY, SHARP'S 2011 ALL-STAFF ASSEMBLY DREW FROM TH E SPIRIT OF GIVING BACK WITH ITS THEME OF "GREATER GOOD " TO INSPIRE SHARP STAFF TO MAKE A DIFFERENCE, BROWN PAPER "BAGS OF GOODNESS" WERE MAILED TO ALL SHARP EMPLOYEES IN SEPTEMBE R, WITH THE SIMPLE REQUEST TO FILL THE BAG "WITH LOVE AND GENEROSITY" AND TO PASS IT ON "T O CREATE UNEXPECTED DELIGHT " HUNDREDS OF SHARP EMPLOYEES SHARED STORIES OF THEIR BAGS OF GOODNESS, RANGING FROM BAGS OF RECYCLED EYEGLASSES DISTRIBUTED TO THOSE IN NEED IN THIRD W ORLD COUNTRIES BY THE LA MESA LION'S CLUB, TO SAFETY SUPPLIES AND NECESSITIES FOR NEIGHBOR S DURING A BLACKOUT, GRANOLA BARS AND OTHER FOODS FOR THOSE IN NEED, AND TREATS AND USEFUL ITEMS FOR SOLDIERS IN IRAQ AND AFGHANISTAN IN ADDITION, A GROUP OF SHARP STAFF ORGANIZED A TRIP TO THE YWCA "C" STREET SHELTER, A TEMPORARY HOUSING FACILITY FOR WOMEN AND CHILDR E N THAT ARE VICTIMS OF DOMESTIC VIOLENCE THEY DELIVERED OVER 50 BAGS OF GOODNESS, FILLED W ITH TOILETRIES, SNACKS, GIFT CARDS, BOOKS AND OTHER KIND GESTURES THROUGH THESE AND MANY OTHER SIMPLE, YET POWERFUL ACTS, SHARP EMPLOYEES DEMONSTRATED THAT A SINGLE GOOD DEED CAN IGNITE A SPARK OF POSSIBILITY, SETTING IN MOTION A CHAIN REACTION OF KINDNESS - ALL FOR TH E GREATER GOOD ALL WAYS GREEN INITIATIVE AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER, SHARP R ECOGNIZES THAT THE HEALTH OF ITS PATIENTS AND EMPLOYEES IS DIRECTLY TIED TO THE HEALTH OF THEIR ENVIRONMENT SHARP LEADERSHIP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY BY PROVIDING EDUCATION AND OUTREACH TO EMPLOYEES TO IMPROVE THE HEALTH OF THOSE THEY SERVE AS WELL AS THEIR OWN SHARP CONTINUES TO IMPROVE ITS SYSTEMWIDE ALL WAYS GREEN PROGRAM, WHIC H IS AIMED AT INCREASING ENERGY EFFICIENCY , WATER CONSERVATION AND WASTE MINIMIZATION, AS WELL AS THE PROMOTION OF OTHER INITIATIVES TO LOWER SHARP'S CARBON FOOTPRINT SHARP CREA TE D ITS ALL WAYS GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES, AND HAS ESTABLISHED A GRE EN TEAM AT EACH ENTITY TO FOSTER AND COMMUNICATE SUSTAINABLE ACTIVITIES SHARP HAS ALSO IN STITUTED A SYSTEMWIDE ENVIRONMENTAL POLICY</p>

Identifier	Return Reference	Explanation
		<p>ACCORDING TO THE EPA, INPATIENT HOSPITAL FACILITIES ARE NOW THE SECOND-MOST ENERGY-INTENSIVE INDUSTRY AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION RATES 2.7 TIMES GREATER THAN THAT OF OFFICE BUILDINGS ON A SQUARE-FOOT BASIS. UNLIKE OTHER INDUSTRIES, HOSPITALS MUST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND MUST PROVIDE SERVICE DURING POWER OUTAGES, NATURAL DISASTERS AND OTHER EMERGENCIES. GIVEN THIS REALITY, SHARP HAS EMBARKED ON SEVERAL GREEN INITIATIVES TO ENHANCE ENERGY EFFICIENCY THROUGH ENERGY-EFFICIENT LIGHTING, RETRO-COMMISSIONING, OCCUPANCY SENSORS, ENERGY AUDITS, ENERGY-EFFICIENT PLANT MOTOR REPLACEMENTS, EQUIPMENT MODERNIZATION AND TRAINING OF STAFF TO CONSERVE ENERGY. IN ADDITION, ALL SHARP ENTITIES PARTICIPATE IN THE EPA ENERGY STAR DATABASE AND MONITOR THEIR ENERGY SCORES ON A MONTHLY BASIS. IN FY 2010 AND FY 2011, SCHHC EARNED THE EPA ENERGY STAR AWARD. SCHHC WAS ALSO NAMED AS AN "HONORABLE MENTION" AT THE 2011 SAN DIEGO GAS & ELECTRIC (SDG&E) ANNUAL SHOWCASE AWARDS. SCVMC EARNED THE EPA ENERGY STAR AWARD IN FY 2009, FY 2010 AND FY 2011 AND WAS THE ONLY HOSPITAL IN CALIFORNIA TO BE ELIGIBLE FOR THE AWARD DURING THIS CONSECUTIVE THREE-YEAR PERIOD. IN AN EFFORT TO CONSERVE NATURAL RESOURCES, SHARP HAS RESEARCHED AND IMPLEMENTED INFRASTRUCTURE CHANGES TO ENSURE SHARP'S FACILITIES ARE OPTIMALLY OPERATED WHILE MONITORING AND MEASURING WATER CONSUMPTION. SUCH CHANGES INCLUDE INSTALLATION OF MOTION-SENSING FAUCETS, DRIP IRRIGATION SYSTEMS, MIST ELIMINATORS, WATER-SAVING DEVICES AND EQUIPMENT, WATER MONITORING AND CONTROL SYSTEMS, WATER PRACTICE AND UTILIZATION EVALUATIONS, AND DROUGHT-RESISTANT PLANTS AND OTHER LANDSCAPE REDESIGNS. THESE CHANGES HAVE BEEN IMPLEMENTED OPERATIONALLY WITH NO NEGATIVE IMPACT TO PATIENT CARE, RESULTING IN SIGNIFICANT FINANCIAL SAVINGS AND REDUCED NATURAL RESOURCE CONSUMPTION. SHARP EMPLOYEES ALSO DONATED OR RECYCLED PERSONAL CELL PHONES AND PROCEEDS WERE GIVEN TO THE COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) GIFT OF HEALTH PROGRAM. CHIP USES THE PROCEEDS TO PROVIDE MEDICAL AND DENTAL CARE FOR UNINSURED CHILDREN IN SAN DIEGO. IN ADDITION, SHARP EMPLOYEES WERE ENCOURAGED TO RECYCLE PERSONAL EYEGLASSES AND SUNGLASSES THROUGH THE LION'S CLUB RECYCLE SIGHT PROGRAM, WHICH DISTRIBUTES RECYCLED GLASSES TO PEOPLE IN NEED BOTH LOCALLY AND GLOBALLY. IN APRIL 2011, SHARP HELD ITS SECOND-ANNUAL SYSTEMWIDE EARTH WEEK EVENT, PARTNERING WITH 11 OF SHARP'S VENDORS TO ELEVATE AWARENESS OF GREEN INITIATIVES. SHARP ALSO HELD ITS FIRST CORPORATE ELECTRONIC WASTE EVENT AT ITS CORPORATE OFFICE LOCATION IN KEARNY MESA. THE EPA AND HOSPITALS FOR A HEALTHY ENVIRONMENT HAVE REPORTED THAT EACH PATIENT GENERATES APPROXIMATELY 15 POUNDS OF WASTE EACH DAY, WHILE U.S. MEDICAL CENTERS GENERATE APPROXIMATELY 2 MILLION TONS OF WASTE EACH YEAR. IN RECOGNITION OF THIS DRAMATIC ENVIRONMENTAL IMPACT, SHARP HAS IMPLEMENTED A SYSTEMWIDE SINGLE-STREAM RECYCLING PROGRAM TO DIVERT WASTE FROM GOING TO LANDFILLS. FACILITIES ALSO BEGAN USING REUSABLE SHARPS CONTAINERS THAT CAN BE REUSED UP TO 500 TIMES, STERILE PROCESSING EQUIPMENT THAT ALLOWS FOR THE ELIMINATION OF BLUE-WRAPPED INSTRUMENT TRAYS, AND REPROCESSING OF SURGICAL INSTRUMENTS. OTHER EFFORTS TO REDUCE WASTE INCLUDE THE USE OF RECYCLABLE PAPER FOR PRINTING BROCHURES AND OTHER MARKETING MATERIALS, ELECTRONIC PATIENT BILLS AND PAPERLESS PAYROLL, RECYCLING OF EXAM PAPER AT SRS, AND ENCOURAGEMENT OF REDUCED PAPER USE AT MEETINGS THROUGH ELECTRONIC CORRESPONDENCE. IN ADDITION, SHARP NEGOTIATED A CONTRACT WITH OFFICE DEPOT TO ALLOW FOR 30 PERCENT RECYCLED COPY PAPER TO BE USED AT ALL ENTITIES. ITEMS RECEIVED FROM OFFICE DEPOT ARE ALSO NOW DELIVERED IN A SMALL RE-USEABLE BAG RATHER THAN A LARGE SINGLE-USE CARDBOARD BOX. AT THE SMMC, VOLUNTEERS CONTINUE TO PICK UP UNWANTED FLOWER VASES FOLLOWING PATIENT DISCHARGE TO REUSE THEM IN THE HOSPITAL GIFT SHOP. THE IMPACT OF THE WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT. IN FY 2011, SHARP FACILITIES DIVERTED SOME 6.8 MILLION POUNDS OF PAPER, CARDBOARD, PLASTIC CONTAINERS, GLASS CONTAINERS, ALUMINUM AND METAL CANS FROM LOCAL LANDFILLS. IN ADDITION, SCHHC AND SMMC DIVERTED 39,960 POUNDS OF WASTE THROUGH UTILIZATION OF REUSABLE SHARPS AND PHARMACEUTICAL WASTE CONTAINERS IN FY 2011. SHARP RECYCLED/RECLAIMED 180,669 POUNDS OF HAZARDOUS AND UNIVERSAL WASTE (E.G., BATTERIES, SOLVENTS, FLUORESCENT LIGHT BULBS, ETC.) AND DIVERTED 27,088 POUNDS OF WASTE THROUGH THE REPROCESSING OF SURGICAL DEVICES. TABLE 3 PRESENTS THE QUANTITY OF WASTE DIVERSION AT SHARP SHOWN AS POUNDS (LBS.) DIVERTED. TABLE 3 SHARP HEALTHCARE WASTE DIVERSION - FY 2011 SHARP CHULA VISTA MEDICAL CENTER 352,954 POUNDS RECYCLED WASTE PER YEAR 3,229,152 POUNDS TOTAL WASTE PER YEAR 10.9% RECYCLED SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 227,119 POUNDS RECYCLED WASTE PER YEAR 937,656 POUNDS TOTAL WASTE PER YEAR 24.2% RECYCLED SHARP GROSSMONT HOSPITAL 1,422,201 POUNDS RECYCLED WASTE PER YEAR 4,176,332 POUNDS TOTAL WASTE PER YEAR 34.1% RECYCLED SH</p>

Identifier	Return Reference	Explanation
		<p> ARP METROPOLITAN MEDICAL CAMPUS 1,960,931 POUNDS RECYCLED WASTE PER YEAR 6,355,666 POUNDS TOTAL WASTE PER YEAR 30.9% RECYCLED TOTAL SHARP HEALTHCARE 7,009,641 POUNDS RECYCLED WASTE PER YEAR 20,097,407 POUNDS TOTAL WASTE PER YEAR 34.9% RECYCLED IN FY 2011, SHARP PROMOTED VARIOUS OTHER ALL WAYS GREEN INITIATIVES TO ENHANCE ENVIRONMENTAL RESPONSIBILITY. GREEN BUILDING DESIGNS ARE UTILIZED THROUGHOUT THE SHARP SYSTEM AND THE NEW SRS DOWNTOWN MEDICAL OFFICE BUILDING IS DESIGNED TO BE LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOLD CERTIFIED WITH A CO-GENERATION SYSTEM WHICH USES NATURAL GAS TO PRODUCE ELECTRICITY. ON-SITE SHARP IS ALSO IMPLEMENTING SUSTAINABLE FOOD PRACTICES INCLUDING REMOVAL OF STYROFOAM FROM THE CAFETERIAS, USE OF GREEN-LABEL SOAPS AND CLEANERS, NEW DISHWASHING SYSTEMS TO REDUCE THE USE OF PLASTICS, ELECTRONIC CAFE MENUS, FLATWARE AND PLATES MADE FROM RECYCLED MATERIALS, RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES, AND PARTNERING WITH VENDORS WHO ARE COMMITTED TO REDUCING PRODUCT PACKAGING. OTHER SUSTAINABLE FOOD PRACTICES INCLUDE ORGANIC MARKETS AT EACH HOSPITAL AND THE CORPORATE OFFICE, PURCHASING OF HORMONE-FREE MILK, AND INCREASED PURCHASING OF LOCALLY GROWN FRUITS AND VEGETABLES, APPROACHING 65 PERCENT AT SOME ENTITIES. IN ADDITION, SMH AND SCHC ARE IN THE PROCESS OF IMPLEMENTING COMPOSTING SYSTEMS IN THEIR KITCHENS, AND CLOSE TO HAVING THE FIRST COUNTY-APPROVED ORGANIC GARDENS. RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS CONTRIBUTE TO THE REDUCTION OF SHARP'S TRANSPORTATION EMISSIONS. SHARP ENSURES CARPOOL PARKING SPACES AND DESIGNATED BIKE RACKS AND MOTORCYCLE SPACES ARE AVAILABLE AT EACH EMPLOYEE PARKING LOT. IN ADDITION, SHARP OFFERS DISCOUNTED MONTHLY BUS PASSES FOR PURCHASE BY EMPLOYEES. IN PARTNERSHIP WITH THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG), A VANPOOL AND CARPOOL MATCH-UP PROGRAM HAS ALSO BEEN CREATED TO HELP EMPLOYEES FIND CONVENIENT RIDE SHARE PARTNERS. IN FY 2011, THE SHARP SYSTEM PARTICIPATED IN THE SANDAG COMMUTE CORPORATE CHALLENGE, ACHIEVING FIRST PLACE IN THE LARGE EMPLOYER CATEGORY. SHARP IS ALSO IN THE PROCESS OF INSTALLING ELECTRIC VEHICLE (EV) CHARGERS ACROSS THE SHARP SYSTEM, AS PART OF THE NATIONAL EV PROJECT. SHARP IS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO OFFER THE EV CHARGERS AND IS ON THE FOREFRONT OF HELPING CREATE THE NATIONAL INFRASTRUCTURE REQUIRED FOR THE PROMOTION OF EVS. IN ADDITION, SHARP USES CENTRALIZED PATIENT SCHEDULING TO IMPROVE PATIENT VANPOOLS, AND HAS REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPROXIMATELY FIVE MILES PER GALLON. AT SMMC, BATTERY-OPERATED GOLF CARTS ARE ALSO USED TO SHUTTLE PATIENTS BETWEEN CAMPUS BUILDINGS. TABLE 4 HIGHLIGHTS THE ALL WAYS GREEN EFFORTS AT SHARP ENTITIES. GOING FORWARD, SHARP REMAINS COMMITTED TO THE ALL WAYS GREEN INITIATIVE AND WILL CONTINUE TO INVESTIGATE OTHER GREEN OPPORTUNITIES TO REDUCE SHARP'S CARBON FOOTPRINT. GREEN PURCHASING METHODS WILL BE EXPLORED AS A FIRST LINE OF DEFENSE TO REDUCE WASTE VOLUME AND TOXICITY WITH LESS PACKAGING, FEWER TOXIC MATERIALS AND MORE RECYCLABLE PACKAGING. SHARP'S ALL WAYS GREEN COMMITTEE WILL CONTINUE TO WORK WITH OUR EMPLOYEES, PHYSICIANS AND CORPORATE PARTNERS TO DEVELOP NEW AND CREATIVE WAYS TO REDUCE, REUSE AND RECYCLE. TABLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2011 SMH/SMBHWN ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR AWARD -ENERGY-EFFICIENT MOTORS INSTALLED -OCCUPANCY SENSORS WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZATION EVALUATIONS -MIST ELIMINATORS - LANDSCAPE WATER REDUCTION SYSTEMS -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION - REPROCESSING (SURGICAL INSTRUMENTS, ETC) -RECYCLING -REUSABLE SUPPLIES EDUCATION AND OUTREACH -RECYCLING EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY </p>

Identifier	Return Reference	Explanation
		<p>SMV/SMC ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -MOTOR AND PUMP RE PLACEMENTS WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZ ATION EVALUATIONS -LANDSCAPE USAGE REDUCTION -LANDSCAPE WATER REDUCTION SY STEMS -DROUGHT-T OLERANT PLANTS WASTE MINIMIZATION -RECYCLING -WASTE REDUCTION -STYROFOAM ELIMINATION EDUCA TION AND OUTREACH -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SGH ENERGY EFFI CIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -RETRO-COMMISSIONING WATER CONSERVATI ON - DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZATION EVALUATIONS -LANDSCAPE WATER REDUCTION SY STEMS -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECYCLING -SUSTAINA BLE SUPPLIES -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH -UPDATE AND ENFORCE NO SMOKING POLICY -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SCVMC ENERGY EF FICIENCY -ENERGY STAR PARTICIPATION -LIGHTING RETROFIT -ENERGY -EFFICIENT CHILLERS/MOTORS W ATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZATION EVALUA TIONS - LANDSCAPE WATER REDUCTION SY STEMS -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECY CLING - COMPACTOR RENOVATION -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH -RECY CLING/RIDE SHARING PROMOTION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SCHH C ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR AWARD -ELEVATOR/CHILLER MODERNIZATIONS -A/C REPLACEMENT -ENERGY EFFICIENT CHILLERS/MOTORS -SDG&E "HONORABLE MENTION" AWARD WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZATION EVALUATION S - LANDSCAPE USAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECYCLING - REUSABLE SUPPLIES -REPROCESSING -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH - RECYCLING EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY -FARMER'S MA RKET SRS ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -ENERGY AUDITS WA TER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES/UTILIZATION EVALUAT IONS - LANDSCAPE USAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS -LOW-FLOW SY STEMS WASTE MIN IMIZATION -RECYCLING EDUCATION AND OUTREACH -CONTRACTOR EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SHP ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PAR TICIPATION -OCCUPANCY SENSORS WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVI NGS PRACTICES/UTILIZATION EVALUATIONS -LANDSCAPE WATER REDUCTION SY STEMS -DROUGHT-TOLERANT PLANTS -WATER- SAVING DEVICES WASTE MINIMIZATION -RECYCLING -SPRING CLEANING EVENTS EDUCAT ION AND OUTREACH -MASS TRANSIT EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SHARP SY STEM SERVICES ENERGY EFFICIENCY -ENERGY STAR PARTICIPATION -ENERGY EFFICIENT CHILLERS/MOTORS -THERMOSTAT CONTROL SOFTWARE -OCCUPANCY SENSORS WATER CONSERVATION -DRI P IRRIGATION -HARDSCAPING -WATER- SAVING PRACTICES AND UTILIZATION EVALUATIONS -LANDSCAPE U SAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -GREEN GROCER'S MARKET -R ECYCLING -E-WASTE EVENT EDUCATION AND OUTREACH -SHARP-SPONSORED MASS TRANSIT AND CARPOOLIN G PROGRAM -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY 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 FISCAL YEAR (FY) 2011 (OCTOBER 1, 201 0, THROUGH SEPTEMBER 30, 2011) IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COM MUNITY BENEFITS PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN S B 697, FOR THE FOLLOWING *SHARP CHULA VISTA MEDICAL CENTER *SHARP CORONADO HOSPITAL AND H EALTHCARE CENTER *SHARP GROSSMONT HOSPITAL *SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS *SHARP MEMORIAL HOSPITAL *SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER *SHARP HEAL TH PLAN COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE SHARP BASES ITS COMMUNITY BENEFITS PLANNING ON THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY SAN DIEGO 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 BE NEFITS REPORT THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS I N THIS COMMUNITY BENEFITS REPORT *ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROVID ER *FOCUSED EDUCATION AND SCREENING PROGRAMS ON HEALTH CONDITIONS SUCH AS HEART AND VASCUL AR DISEASE, STROKE, CANCER, DIABETES, PRETERM DELIVERY, UNINTENTIONAL INJURIES AND BEHAVIO RAL HEALTH *HEALTH EDUCATION AND SCREENING ACTIVITIES FOR SENIORS *OUTREACH FOR FLU VACCIN ATIONS *SPECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE CO MMUNITY *SUPPORT OF COMMUNITY NONPROFIT HEALTH ORGANIZATIONS *EDUCATION AND TRAINING OF HE ALTH CARE PROFESSIONALS *COLLABORATION WITH LOCAL</p>

Identifier	Return Reference	Explanation
		<p>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 LOVED ONES *MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION FOR THE COMMUNITY HIGHLIGHTS OF COMMUNITY BENEFITS PROVIDED BY SHARP IN FY 2011 THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2011 UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDICAL, 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 LOVED ONES AND SURVIVORS, AND UNREIMBURSED COSTS OF WORKERS' COMPENSATION PROGRAMS THIS ALSO INCLUDED FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDICAL ELIGIBILITY FORMS OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED 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, PROJECT CARE, CONTRIBUTION OF TIME TO THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE), 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 INCLUDED HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNIQUE NEEDS OF THE COMMUNITY, PLUS PROVIDING FLU VACCINATIONS AND HEALTH SCREENINGS SHARP COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS, MADE SHARP FACILITIES AVAILABLE FOR USE 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 SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS STUDENT/INTERN SUPERVISION SHARP ALSO COMPLETED ITS PARTNERSHIP WITH SOUTHWESTERN COLLEGE (SWC) AND UNIVERSITY OF OKLAHOMA (OU) COLLEGE OF NURSING TO PROVIDE CLINICAL EXPERIENCE IN SDC FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELERATED SECOND DEGREE BSN PROGRAM ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011 IN FY 2011, SHARP PROVIDED A TOTAL OF \$297,942,782 IN COMMUNITY BENEFITS PROGRAMS AND SERVICES THAT WERE UNREIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 IN FY 2011, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDICAL HOSPITAL FEE PROGRAM FOR THE PERIOD APRIL 1, 2009 THROUGH DECEMBER 31, 2010, RESULTING IN INCREASED REIMBURSEMENT OF \$120.7 MILLION AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE TOTALING \$82.7 MILLION THE NET IMPACT OF THE PROGRAM TOTALING \$38.1 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SERVICE FOR THE MEDICAL POPULATION THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURSED MEDICAL CARE SERVICES, BUT WAS FULLY RECORDED IN FY 2011, THEREBY UNDERSTATING THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR FY 2011</p>

Identifier	Return Reference	Explanation
		<p>TABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE OVERALL - FY 2011 SENATE BILL 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2011 UNREIMBURSED COSTS MEDICAL CARE SERVICES SHORTFALL IN MEDICAL \$29,099,719 SHORTFALL IN MEDICARE \$159,888,631 SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES \$26,653,890 SHORTFALL IN CHAMPVA/TRICARE \$2,608,868 SHORTFALL IN WORKERS' COMPENSATION \$124,996 CHARITY CARE AND BAD DEBT \$68,569,532 OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY \$3,092,761 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 \$3,125,051 HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS, AND HEALTH CARE PROFESSIONALS \$4,779,334 TOTAL \$297,942,782</p> <p>TABLE 2 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENTITY</p> <p>TABLE 2 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE ENTITIES - FY 2011 SHARP HEALTHCARE ENTITY ESTIMATED FY 2011 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER \$53,843,127 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER \$9,922,973 SHARP GROSSMONT HOSPITAL \$103,258,405 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS \$3,530,274 SHARP MEMORIAL HOSPITAL \$119,458,481 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER \$7,753,855 SHARP HEALTH PLAN \$175,667 ALL ENTITIES \$297,942,782</p> <p>TABLE 3 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP ENTITY BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697</p> <p>SHARP LEADS THE COMMUNITY IN UNREIMBURSED MEDICAL CARE SERVICES AMONG SAN DIEGO COUNTY'S SB 697 HOSPITALS AND HEALTH CARE SYSTEMS</p> <p>TABLE 3 FY 2011 DETAILED ECONOMIC VALUE OF COMMUNITY BENEFITS AT SHARP HEALTHCARE ENTITIES BASED ON SENATE BILL 697 CATEGORIES SHARP HEALTHCARE ENTITY SENATE BILL 697 CATEGORY MEDICAL CARE SERVICES OTHER BENEFITS FOR VULNERABLE POPULATIONS OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS ESTIMATED FY 2011 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER \$52,084,235 \$489,363 \$450,848 \$818,681 \$53,843,127 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER \$9,305,632 \$26,881 \$194,701 \$395,759 \$9,922,973 SHARP GROSSMONT HOSPITAL \$100,479,517 \$633,152 \$1,109,244 \$1,036,492 \$103,258,405 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS \$2,665,218 \$42,169 \$233,139 \$589,748 \$3,530,274 SHARP MEMORIAL HOSPITAL \$116,152,668 \$906,896 \$804,684 \$1,594,233 \$119,458,481 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER \$6,258,366 \$984,422 \$171,845 \$339,222 \$7,753,855 SHARP HEALTH PLAN - \$9,878 \$160,590 \$5,199 \$175,667 ALL ENTITIES \$286,945,636 \$3,092,761 \$3,125,051 \$4,779,334 \$297,942,782</p> <p>COMMUNITY BENEFITS PLANNING PROCESS FOR THE PAST 15 YEARS, SHARP HAS BASED ITS COMMUNITY BENEFITS PLANNING ON FINDINGS FROM THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY SAN DIEGO COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP), AS WELL AS THE COMBINATION OF EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS</p> <p>METHODOLOGY TO CONDUCT THE 2010 COMMUNITY HEALTH 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 CHNA</p> <p>THE 2010 CHNA IS PUBLICLY AVAILABLE AT HTTP://WWW.SDCHIP.ORG/INITIATIVES/CHARTING-THE-COURSE-VI.ASPX</p> <p>IN 2010, THE CHIP NEEDS ASSESSMENT ADVISORY COUNCIL, UNDER THE DIRECTION OF THE CHIP STEERING COMMITTEE, DETERMINED A METHODOLOGY AND APPROACH TO THE SIXTH EDITION OF THE TRIENNIAL NEEDS ASSESSMENT, WHICH INCLUDED A COMMUNITY PRIORITY-SETTING PROCESS COMPOSED OF THE FOLLOWING STEPS</p> <ul style="list-style-type: none">* REVIEW OF THE 38 HEALTHY PEOPLE 2020 FOCUS AREAS BY THE NEEDS ASSESSMENT ADVISORY COUNCIL, COMPRISING MORE THAN 30 COMMUNITY STAKEHOLDERSSEVENTEEN HEALTH ISSUES EMERGED AS A RESULT OF THE COMBINING AND STREAMLINING OF THESE AREAS BY THE COUNCIL* DIVISION OF THE 17 HEALTH ISSUES INTO THE FOLLOWING THREE CATEGORIES: OVERARCHING ISSUES, HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMESHEALTH ISSUE BRIEFS WERE DEVELOPED TO PROVIDE DETAILED INFORMATION ON EACH OF THE 17 IDENTIFIED HEALTH ISSUES* INVITATION TO COMMUNITY LEADERS THROUGHOUT SAN DIEGO COUNTY (72 OUT OF 379 INVITEES PARTICIPATED) TO PRIORITIZE EACH HEALTH ISSUE WITH INFORMATION FROM THE HEALTH ISSUE BRIEFS AND BASED ON THE FOLLOWING CRITERIA: SIZE OF THE HEALTH ISSUES - SERIOUSNESS OF THE HEALTH ISSUE - COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH ISSUE - AVAILABILITY OF DATA/INFORMATION TO EVALUATE THE HEALTH ISSUE'S OUTCOMESEACH OF THE HEALTH ISSUES WAS SCORED SEPARATELY WITHIN THE THREE CATEGORIES NOTED ABOVE (OVERARCHING ISSUES, HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMES) <p>*</p>

Identifier	Return Reference	Explanation
		<p>UTILIZATION OF THE SPECTRUM OF PREVENTION FRAMEWORK TO DETERMINE WHICH ISSUES PRIORITIZED BY THE COMMUNITY WERE MOST IMPACTED BY PREVENTION ACTIVITIES (AS OPPOSED TO TREATMENT) - HEALTH ACCESS AND DELIVERY - SOCIAL DETERMINANTS OF HEALTH - A COMBINATION OF NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY AND FITNESS - INJURY AND VIOLENCE - MENTAL HEALTH AND MEN TAL DISORDERS *</p> <p>DISCUSSION OF THE ABOVE IDENTIFIED ISSUES IN COMMUNITY FORUMS HELD IN THE SIX REGIONS OF SAN DIEGO COUNTY IN ORDER TO - ALLOW COMMUNITY STAKEHOLDERS TO IDENTIFY RO OT CAUSES RELATED TO EACH HEALTH ISSUE - BEGIN THE PROCESS OF UNDERSTANDING EACH ISSUE FRO M A REGIONAL PERSPECTIVE - FOSTER COMMUNITY RELATIONSHIPS AND PROMOTE THE VOICE(S) OF SAN DIEGO'S VARIOUS REGIONAL AND SUB-REGIONAL COMMUNITIES IN THE NEEDS ASSESSMENT PROCESS * IN -DEPTH ANALYSIS OF EACH OF THE FIVE HEALTH ISSUES SELECTED FOR THE 2010 CHNA, WHICH WERE T HE SAME ISSUES IDENTIFIED THROUGH THE SPECTRUM OF PREVENTION FRAMEWORK DEPENDING ON THE L EVEL OF AVAILABLE DATA, THESE ANALYSES INCLUDED AN OVERVIEW OF THE HEALTH ISSUE AND ITS IM PORTANCE, SERIOUSNESS OF THE HEALTH ISSUE IN TERMS OF ECONOMIC COSTS, USE OF RESOURCES AND /OR LOSS OF FUNCTIONAL STATUS, INCIDENCE DATA, PREVALENCE OF MORBIDITY AND MORTALITY IN TH E POPULATIONS MOST IMPACTED BY THE HEALTH ISSUE, AND THE LOCAL IMPACT OF THE HEALTH ISSUE IN ADDITION TO A REVIEW OF THE RESULTS FROM THE PRIORITY-SETTING PROCESS, THE 2010 CHNA U TILIZED INFORMATION FROM THE FOLLOWING *</p> <p>* ANALYSIS OF HEALTH-RELATED STATISTICS GATHERED A ND ANALYZED BY THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), SUPPLEMENT ED BY DATA FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS), CALIFORNIA OFFICE OF STATEW IDE PLANNING AND DEVELOPMENT (OSHPD), THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CD C) YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM AND CENSUS DATA FROM THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG) *</p> <p>* REVIEW OF HEALTH-RELATED SCIENTIFIC LITERATURE *</p> <p>* REVIEW OF THE RESULTS FROM FACILITATED DISCUSSIONS OF SIX COMMUNITY REGIONAL FORUMS HELD WITH A CROSS-SE CTION OF STAKEHOLDERS FROM THE SAN DIEGO COUNTY COMMUNITY DETERMINATION OF PRIORITY COMMUN ITY NEEDS SHARP HEALTHCARE EACH SHARP HOSPITAL REVIEWED THE 2010 CHNA AND USED IT TO DETE RMINE PRIORITY NEEDS FOR THEIR HOSPITAL'S COMMUNITIES IN IDENTIFYING THESE PRIORITIES, EA CH ENTITY CONSIDERED THE EXPERTISE AND MISSION OF THE HOSPITAL IN PROVIDING PROGRAMS AND S ERVICES, IN ADDITION TO THE NEEDS OF THE UNIQUE, EVER-CHANGING DEMOGRAPHICS AND/OR HEALTH TOPICS THAT COMPRISE THE ENTITY'S SERVICE AREA AND REGION FOR EXAMPLE, THE SPECIALTY HOSP ITALS - SMBHWN, SMV, AND SMC - REVIEWED THE NEEDS ASSESSMENT PRIORITIES, SPECIFICALLY FOCU SING ON ISSUES RELEVANT TO WOMEN AND INFANTS, BEHAVIORAL HEALTH, AND SUBSTANCE ABUSE, RESP ECTIVELY SHARP'S GENERAL ACUTE-CARE HOSPITALS REVIEWED THE NEEDS ASSESSMENT WITH A FOCUS ON THE REGION AND/OR SUB-REGIONAL AREAS, WITH THE GOAL OF MATCHING COMMUNITY BENEFIT PROGR AMS AND SERVICES TO THE UNIQUE NEEDS OF THE REGION STEPS COMPLETED TO PREPARE AN ANNUAL C OMMUNITY BENEFITS REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING ST EPS IN THE PREPARATION OF ITS COMMUNITY BENEFITS REPORT *</p> <p>* ESTABLISHES AND/OR REVIEWS HOSP ITAL-SPECIFIC MEASURABLE OBJECTIVES *</p> <p>* VERIFIES THE NEED FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS AND/OR ADDS NEW IDENTIFIED COMMUNITY NEEDS *</p> <p>* REPORTS ON ACTIVITIES CONDC TED IN THE PRIOR FISCAL YEAR - FY 2011 REPORT OF ACTIVITIES *</p> <p>* DEVELOPS A PLAN FOR THE UPCO MING FISCAL YEAR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN - FY 2012 PLAN</p>

Identifier	Return Reference	Explanation
		<p>* REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APPROVES A COMMUNITY BENEFITS PLAN * DISTRIBUTES THE COMMUNITY BENEFITS PLAN AND 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 COLLABORATION 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 EXECUTIVE LEADERSHIP, OPERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES AND OTHER LOCAL COLLABORATIVES SUCH AS THE CHIP ACCESS TO HEALTH LITERACY INITIATIVE AND THE CHIP BEHAVIORAL HEALTH WORK TEAM</p> <p>APPENDIX A - SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST BELOW SHOWS THE INVOLVEMENT SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2011 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY</p> <p>* 211 SAN DIEGO BOARD * ACADEMY OF MEDICAL-SURGICAL NURSES * ACS * AF * AIS * ALA * ALZHEIMER'S ASSOCIATION * AMERICAN ASSOCIATION OF CRITICAL CARE NURSES SAN DIEGO CHAPTER * AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES * AMERICAN DIABETES ASSOCIATION * AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEART ASSOCIATION * AMERICAN HOSPITAL ASSOCIATION * AMERICAN PSYCHIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN DIEGO * ARTHRITIS FOUNDATION * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE (NATIONAL) * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE OF SOUTHERN CALIFORNIA * ASSOCIATION FOR CLINICAL PASTORAL EDUCATION * ASSOCIATION OF CALIFORNIA NURSE LEADERS * ASSOCIATION OF REHABILITATION NURSES * AWHONN * BLCI * BOYS AND GIRLS CLUB OF SAN DIEGO * BREAST FEEDING COALITION ADVISORY BOARD * BREAST HEALTH COORDINATORS * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF MEDICAL STAFF SERVICES * CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS * CALIFORNIA COUNCIL FOR EXCELLENCE * CALIFORNIA DIETETIC ASSOCIATION, MEMBER COUNCIL * CALIFORNIA HEALTHCARE FOUNDATION * CALIFORNIA HEALTH INFORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION * CHA * CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE * CALIFORNIA PHYSICAL THERAPY ASSOCIATION * CALIFORNIA SOCIETY OF HEALTH SYSTEM PHARMACISTS * CALIFORNIA STATE BAR, HEALTH SUBCOMMITTEE * CALIFORNIA TERA TOGEN INFORMATION SERVICE * 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 EXECUTIVE PARTNERS COMMITTEE * CHIP HEALTH LITERACY TASK FORCE * CHIP NEEDS ASSESSMENT COMMITTEE * CHIP PUBLIC POLICY COMMITTEE * CHIP STEERING COMMITTEE * CHULA VISTA CHAMBER OF COMMERCE * CHULA VISTA COMMUNITY COLLABORATIVE * CITY OF CHULA VISTA WELLNESS PROGRAM * CITY OF POWAY - HOUSING COMMISSION * COLLEGE AREA PREGNANCY SERVICES * COMMUNITY EMERGENCY RESPONSE TEAM * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO * CORONADO CHAPTER OF ROTARY INTERNATIONAL * CORONADO CHRISTMAS PARADE * CORONADO FLOWER SHOW * CREATIVE ARTS CONSORTIUM * CWISH * CYCLE EASTLAKE * DIABETES BEHAVIORAL INSTITUTE * DISABLED SERVICES ADVISORY BOARD * DOVIA * EAST COUNTY CHAMBER HEALTH COMMITTEE * EAST COUNTY PREGNANCY CARE CENTER * EAST COUNTY REFUGEE CENTER * EAST COUNTY SENIOR SERVICE PROVIDERS * ECOLIFE FOUNDATION * EL CAJON ROTARY * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROGRAM ASSOCIATION * FAMILY HEALTH CENTERS OF SAN DIEGO * FIRST FIVE COMMISSION * GAY MEN'S SPIRITUAL RETREAT BOARD * GROSSMONT COLLEGE * GROSSMONT HEALTHCARE DISTRICT * GROSSMONT UNION HIGH SCHOOL 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 * INTERNATIONAL LACTATION CONSULTANTS ASSOCIATION * KIWANIS CLUB OF BONITA * KOMEN BOARD * KOMEN BREAST CANCER COALITION COMMITTEE * KOMEN RACE FOR THE CURE COMMITTEE * LA MESA LION'S CLUB * LA MESA PARK AND RECREATION FINANCE COMMITTEE * LA MESA PARK AND RECREATION FOUNDATION BOARD * LAS HERMANAS * LEAD, SAN DIEGO, INC * LEUKEMIA & LYMPHOMA SOCIETY * MARCH OF DIMES * MEALS-ON-WHEELS EAST COUNTY * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA * MENDEED HEARTS * MENTAL HEALTH AMERICA BOARD * MENTAL HEALTH COALITION * MESA COLLEGE * MIRACLE BABIES * MOUNTAIN HEALTH AND COMMUNITY SERVICES, INC BOARD * NAMI * NAMI SCHIZOPHRENICS IN TRANSITION BOARD OF</p>

Identifier	Return Reference	Explanation
		<p> DIRECTORS * NANN * NATIONAL ASSOCIATION OF HISPANIC NURSES, SAN DIEGO CHAPTER * NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTHCARE SYSTEMS * NATIONAL FOUNDATION FOR TRAUMA CARE * NATIONAL HOSPICE AND PALLIATIVE CARE ASSOCIATION * NATIONAL KIDNEY FOUNDATION * NATIONAL OVARIAN CANCER COALITION * NATIONAL PERINATAL INFORMATION CENTER * NATIONAL TRAUMA FOUNDATION BOARD * NEIGHBORHOOD HEALTHCARE COMMUNITY CLINIC - BOARD OF DIRECTORS * NURSEWEEK * PARENTS FOR ADDICTION, TREATMENT, AND HEALING * PARTNERSHIP FOR PHILANTHROPIC PLANNING OF SAN DIEGO (FORMERLY SAN DIEGO PLANNED GIVING ROUNDTABLE) * PARTNERSHIP FOR SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * PLANNED PARENTHOOD OF SAN DIEGO AND IMPERIAL COUNTIES * POTIKER FAMILY SENIOR RESIDENCE * PORT OF SAN DIEGO MARKETING COMMITTEE * PREMIER, INC HIT COLLABORATIVE * PREMIER, INC MEDICATION USE COMMITTEE * PROFESSIONAL ONCOLOGY NETWORK * PROJECT CARE COUNCIL * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATIONS OF CALIFORNIA * REGIONAL HOME CARE COUNCIL * REGIONAL PERINATAL SYSTEM * RESIDENTIAL CARE COUNCIL * SAFE FOUNDATION * SAFETY NET CONNECT * SANDI-CAN * 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 CAREGIVER 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 PERINATAL CARE NETWORK * 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 HEALTHCARE DISASTER COUNCIL * SAN DIEGO IMMIGRANTS' RIGHTS CONSORTIUM * SAN DIEGO INTERRELIGIOUS COMMITTEE * 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 </p>

Identifier	Return Reference	Explanation
		* SANTEE-LAKESIDE ROTARY * SCHIZOPHRENICS IN TRANSITION * SCOLIOSIS RESEARCH SOCIETY * 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 * SOUTHWESTERN COLLEGE * SUSAN G KOMEN BREAST CANCER FOUNDATION * SUSTAINABLE SAN DIEGO * SYHS * 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 * VA SAN DIEGO HEALTHCARE SYSTEM * VISTA HILL PARENTCARE * WELLPOINT/US BEHAVIORAL HEALTH CLINICAL ADVISORY BOARD * WIC * YMCA * YWCA BECKY'S HOUSE * YWCA BOARD OF DIRECTORS * YWCA EXECUTIVE COMMITTEE * YWCA IN THE COMPANY OF WOMEN LUNCHEON * YWCA TWIN EVENT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CONTINUOUS QUALITY INSURANCE SPC PO BOX 1092 GRAND CAYMAN CJ	CAPTIVE INSURANCE COMPANY	CJ		C			
(2) CHARITABLE REMAINDER TRUST (23)	PROGRAM SUPPORT	CA		T			

Part V

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

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

No

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SHARP MEMORIAL HOSPITAL	B	7,116,998	ACCRUAL BASIS
(2) SHARP CHULA VISTA MEDICAL CENTER	B	662,643	ACCRUAL BASIS
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
 Software Version:
 EIN: 95-3492461
 Name: SHARP HEALTHCARE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 95-6077327	PARENT CORPORATION OF SHARP HEALTHCARE SYSTEM	CA	501(C)(3)	LINE 3	SHARPCARE		No
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
SHARPCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 61-1637133	HEALTHCARE ORGANIZATION	CA	501(C)(3) (PENDING)	LINE 3	N/A		No
GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(C)(3)	LINE 7	GROSSMONT HOSPITAL CORPORATION	Yes	