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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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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 Health Plan		D Employer identification number 33-0519730	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 8695 Spectrum Center Blvd	Room/suite	E Telephone number (858) 499-8391	
	City or town, state or country, and ZIP + 4 San Diego, CA 921231489		G Gross receipts \$ 325,602,754	
	F Name and address of principal officer Melissa Cook 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 type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.sharphealthplan.com				

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1992 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O		
	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)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	121
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,059,426
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	1,048,506
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	277,305,321	320,426,803
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	818,577	1,154,726
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12	278,123,898	322,630,035
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	154,546	139,331
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,518,120	10,944,534
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	264,932,636	305,878,452
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	274,605,302	316,962,317
	19 Revenue less expenses Subtract line 18 from line 12	3,518,596	5,667,718
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	60,079,239	65,837,815
	21 Total liabilities (Part X, line 26)	20,116,883	18,624,092
	22 Net assets or fund balances Subtract line 21 from line 20	39,962,356	47,213,723

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				2014-08-06		
	Rita Datko VP & CFO Type or print name and title				Date		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Ernst & Young US LLP				Firm's EIN ▶ 34-6565596		
	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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 309,494,075 including grants of \$ 139,331) (Revenue \$ 320,392,085)

See Schedule O

4b

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

See Community Benefits Report on Schedule O

4c

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

(Code) (Expenses \$ including grants of \$) (Revenue \$ 34,718)

4d

Other program services (Describe in Schedule O)















(Expenses \$ including grants of \$) (Revenue \$ 34,718)

4e

Total program service expenses ▶ 309,494,075

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		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		
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		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
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 	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 		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 		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 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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)		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		No
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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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		No
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	192	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	121	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Rita Datko 8520 Tech Way Suite 200 San Diego, CA (858) 499-8391

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael W Murphy Chairman	6 00 54 00	X		X				0	1,371,056	93,706
(2) Ann Pumpian Treasurer	2 00 58 00	X		X				0	717,542	40,099
(3) John LeMoine MD Director	2 00 40 00	X						0	302,917	0
(4) Alison Fluery Secretary	4 00 50 00	X		X				0	399,765	35,903
(5) Melissa Cook President & CEO	60 00 0 00	X		X				463,327	0	18,835
(6) Rita Datko VP Finance	60 00 0 00			X				220,660	0	26,709
(7) Leslie Pels-Beck Chief Operating Officer	60 00 0 00				X			200,254	0	21,325
(8) Michael Byrd Business Development Officer	55 00 0 00					X		188,695	0	21,498
(9) Judith Schaller Acct Exec- Large Group	50 00 0 00					X		154,609	0	16,178
(10) Gregory Limon Dir Med Economics/Contracting	55 00 0 00					X		138,849	0	6,524
(11) Mary Allen Mgr Quality Improvement	45 00 0 00					X		128,427	0	7,212
(12) Paul Piche Manager Accounting & Finance	50 00 0 00					X		126,840	0	10,961

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,621,661	2,791,280	298,950

\$100,000 of reportable compensation from the organization

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sharp Memorial Hospital 8965 Spectrum Center Blvd San Diego CA 92123	Medical Services	79,069,138
Sharp Rees Stealy Medical Group 4000 Ruffin Rd Ste E San Diego CA 92123	Medical Services	50,775,657
Sharp Community Medical Group SD 8695 Spectrum Center Blvd Fl 4 San Diego CA 92123	Medical Services	42,613,732
Palomar Pomorodo Health 15255 Innovation Dr Ste 150 San Diego CA 92128	Medical Services	7,829,983
Rady Children's Hospital SD 3020 Childrens Way MC 5001 San Diego CA 92123	Medical Services	5,789,689

\$100,000 of compensation from the organization ➡54

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	1,048,506		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		1,048,506		
Program Service Revenue			Business Code			
	2a	Prem fr Employer Groups	524114	320,392,085	316,332,659	4,059,426
	b	Partnership Income	523000	34,718	34,718	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		320,426,803		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		753,503		753,503
	4	Income from investment of tax-exempt bond proceeds . . .				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		401,223		401,223
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events . . .				
	9a	Gross income from gaming activities See Part IV, line 19				
a						
b	Less direct expenses					
c	Net income or (loss) from gaming activities . . .					
10a	Gross sales of inventory, less returns and allowances					
a						
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		322,630,035	316,367,377	4,059,426	1,154,726

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	139,331	139,331		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,571,450	256,146	1,315,304	
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.	7,366,384	3,994,182	3,372,202	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	149,065	81,986	67,079	
9	Other employee benefits.	1,198,813	659,347	539,466	
10	Payroll taxes.	658,822	362,352	296,470	
11	Fees for services (non-employees):				
a	Management.	837,995	837,995		
b	Legal.	33,204		33,204	
c	Accounting.	174,451		174,451	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	297,670,530	297,670,530		
12	Advertising and promotion.	331,362	111,421	219,941	
13	Office expenses.	1,047,426	892,175	155,251	
14	Information technology.	1,796,526	1,616,873	179,653	
15	Royalties.				
16	Occupancy.	868,863	712,387	156,476	
17	Travel.	173,837	111,256	62,581	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	53,603	10,900	42,703	
20	Interest.	1,109		1,109	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	478,671	430,804	47,867	
23	Insurance.	109,632	96,604	13,028	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	System Allocation	623,703		623,703	
b	Dues & Subscriptions	452,482	407,234	45,248	
c	Licenses & Taxes	261,934	235,741	26,193	
d	Registry	146,736	132,062	14,674	
e	All other expenses	816,388	734,749	81,639	
25	Total functional expenses. Add lines 1 through 24e.	316,962,317	309,494,075	7,468,242	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,500,954	1	-107,109
	2	Savings and temporary cash investments		19,838,001	2	24,349,062
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,363,385	4	3,781,908
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		532,255	9	371,466
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,908,570			
	b	Less accumulated depreciation	10b859,468	216,215	10c	1,049,102
	11	Investments—publicly traded securities		34,501,676	11	36,253,261
	12	Investments—other securities See Part IV, line 11		126,753	12	140,125
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		60,079,239	16	65,837,815
Liabilities	17	Accounts payable and accrued expenses		14,320,627	17	11,793,070
	18	Grants payable			18	
	19	Deferred revenue		4,970,883	19	6,019,763
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		825,373	25	811,259
	26	Total liabilities. Add lines 17 through 25		20,116,883	26	18,624,092
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		39,962,356	27	47,213,723
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,962,356	33	47,213,723
	34	Total liabilities and net assets/fund balances		60,079,239	34	65,837,815

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	322,630,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,962,317
3	Revenue less expenses Subtract line 2 from line 1	3	5,667,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,962,356
5	Net unrealized gains (losses) on investments	5	1,459,500
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	124,149
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,213,723

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

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 XIII the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		51,497	4,291	47,206
d Equipment		1,857,073	855,177	1,001,896
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,049,102

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	324,089,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,459,500		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	1,459,500
3	Subtract line 2e from line 1			3	322,630,035
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b	4c	0		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	322,630,035
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	316,962,317
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	316,962,317
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b	4c	0		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	316,962,317

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	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, 2013 and 2012, no such assets or liabilities were recorded.

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DLN: 93493223021274

OMB No 1545-0047

2012

Open to Public Inspection

Schedule I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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. Part II can be duplicated if additional space is needed.

(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) American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797	501c(3)	8,333				Sponsorship/Teaching Garden at a Chula Vista Elementary School
(2) Girl Scouts San Diego 1231 Upas St San Diego, CA 92103	95-1644585	501c(3)	18,000				Urban Campout 2013 Sparkles And SpursSponsorship/6th Annual Girl Scouts New Day 5k and Sharp Health Expo
(3) Grossmont Hospital Foundation PO Box 158 La Mesa,CA 91944	33-0124488	501c(3)	12,000				Sponsorship/"2012 Gala Valor"Sponsorhip
(4) Info Line of San Diego County 5251 Viewridge Ct San Diego, CA 92123	33-1029843	501c(3)	10,000				Sponsorship
(5) Pacific Arts Movement 2508 Historic Decatur Road Suite 140 San Diego, CA 92106	33-1001523	501c(3)	7,000				SponsorshipSponsorship/"Community Legacy Night"
(6) San Diego North Chamber of Commerce 10875 Rancho Bernardo Road Suite 104 San Diego, CA 92127	20-3185588	501c(6)	11,500				Sponsorship/"Women's week Title Partner"Sponsorship/"Celebration of Business - Annual Gala"
(7) Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501c(3)	15,000				Sponsorship/"Victories of Spirit"Sponsorship/"Sharp Womens' Symposium"
(8) USO Council of San Diego 303 A St Suite 100 San Diego, CA 92101	95-1644030	501c(3)	10,000				Sponsorship
(9) Walk San Diego 740 13th St Ste 502 San Diego, CA 92101	46-0505205	501c(3)	15,000				Sponsorship

2

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

8

3

Enter total number of other organizations listed in the line 1 table

1

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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, Part III, column (b), 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 Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission No monitoring is done after the grant is made

Software ID:

Software Version:

EIN: 33-0519730

Name: Sharp Health Plan

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
American Heart Association 7272 Greenville Ave Dallas,TX 75231	13-5613797	501c(3)	8,333				Sponsorship/Teaching Garden at a Chula Vista Elementary School
Girl Scouts San Diego1231 Upas St San Diego, CA 92103	95-1644585	501c(3)	18,000				Urban Campout 2013 Sparkles And SpursSponsorship/6th Annual Girl Scouts New Day 5k and Sharp Health Expo

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Grossmont Hospital FoundationPO Box 158 La Mesa,CA 91944	33-0124488	501c(3)	12,000				Sponsorship/"2012 Gala Valor"Sponsorship
Info Line of San Diego County5251 Viewridge Ct San Diego,CA 92123	33-1029843	501c(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Pacific Arts Movement 2508 Historic Decatur Road Suite 140 San Diego, CA 92106	33-1001523	501c(3)	7,000				SponsorshipSponsorship/"Community Legacy Night"
San Diego North Chamber of Commerce10875 Rancho Bernardo Road Suite 104 San Diego, CA 92127	20-3185588	501c(6)	11,500				Sponsorship/"Women's week Title Partner"Sponsorship/"Celebration of Business - Annual Gala"

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Sharp HealthCare Foundation8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501c(3)	15,000				Sponsorship/"Victories of Spirit"Sponsorship/"Sharp Womens' Symposium"
USO Council of San Diego 303 A St Suite 100 San Diego, CA 92101	95-1644030	501c(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Walk San Diego740 13th St Ste 502 San Diego, CA 92101	46-0505205	501c(3)	15,000				Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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 Health Plan

Employer identification number
33-0519730

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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 of the expenses described above? If "No," complete Part III to explain.</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div>		No
<div><div></div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div></div>		
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 5a or 5b, describe in Part III.</div></div>		
<div><div>6</div><div>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:</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 6a or 6b, describe in Part III.</div></div>		
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)Michael W Murphy Chairman	(i)	0	0	0	0	0	0	0
	(ii)	1,127,582	188,024	55,450	78,289	15,417	1,464,762	0
(2)Ann Pumpian Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	603,249	97,293	17,000	28,887	11,212	757,641	0
(3)John LeMoine MD Director	(i)	0	0	0	0	0	0	0
	(ii)	302,917	0	0	0	0	302,917	0
(4)Alison Fluery Secretary	(i)	0	0	0	0	0	0	0
	(ii)	331,582	51,183	17,000	20,713	15,190	435,668	0
(5)Melissa Cook President & CEO	(i)	382,695	68,515	12,117	731	18,104	482,162	0
	(ii)	0	0	0	0	0	0	0
(6)Rita Datko VP Finance	(i)	182,996	33,132	4,532	10,913	15,796	247,369	0
	(ii)	0	0	0	0	0	0	0
(7)Leslie Pels-Beck Chief Operating Officer	(i)	161,470	28,664	10,120	10,455	10,870	221,579	0
	(ii)	0	0	0	0	0	0	0
(8)Michael Byrd Business Development Officer	(i)	167,294	14,539	6,862	5,791	15,707	210,193	0
	(ii)	0	0	0	0	0	0	0
(9)Judith Schaller Acct Exec- Large Group	(i)	92,409	62,119	81	5,283	10,895	170,787	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	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.

Software ID:

Software Version:

EIN: 33-0519730

Name: Sharp Health Plan

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Michael W Murphy	(i)	0	0	0	0	0	0	0
	(ii)	1,127,582	188,024	55,450	78,289	15,417	1,464,762	0
Ann Pumpian	(i)	0	0	0	0	0	0	0
	(ii)	603,249	97,293	17,000	28,887	11,212	757,641	0
John LeMoine MD	(i)	0	0	0	0	0	0	0
	(ii)	302,917	0	0	0	0	302,917	0
Alison Fluery	(i)	0	0	0	0	0	0	0
	(ii)	331,582	51,183	17,000	20,713	15,190	435,668	0
Melissa Cook	(i)	382,695	68,515	12,117	731	18,104	482,162	0
	(ii)	0	0	0	0	0	0	0
Rita Datko	(i)	182,996	33,132	4,532	10,913	15,796	247,369	0
	(ii)	0	0	0	0	0	0	0
Leslie Pels-Beck	(i)	161,470	28,664	10,120	10,455	10,870	221,579	0
	(ii)	0	0	0	0	0	0	0
Michael Byrd	(i)	167,294	14,539	6,862	5,791	15,707	210,193	0
	(ii)	0	0	0	0	0	0	0
Judith Schaller	(i)	92,409	62,119	81	5,283	10,895	170,787	0
	(ii)	0	0	0	0	0	0	0

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

2012

Open to Public
Inspection

Name of the organization Sharp Health Plan	Employer identification number 33-0519730
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Identifier	Return Reference	Explanation
Organization's Mission	Form 990, Part I, line 1 and Part III, Line 1	To promote the health and to serve the community interests of the residents of California, by operation of a health maintenance organization and by provision of other managed health care services To support the charitable and community-oriented mission and programs of the Sharp HealthCare system To do generally all things and transact all business which any person or individual may law fully do, not inconsistent with the purposes of the Corporation or with the rights and purposes of a nonprofit organization

Identifier	Return Reference	Explanation
Program Services Accomplishments	Form 990, Part III, Line 4a	<p>Sharp Health Plan ("SHP") offers a wide variety of commercial benefit plans to businesses in San Diego and Southern Riverside Counties. SHP is a San Diego based commercial health plan and as a not-for-profit enterprise, we are here for one simple reason: to serve our members. The products are sold through insurance brokers, who help employers choose the plans and options that are best for them, and also provide support for the companies' other insurance needs, such as workers' compensation or life insurance, which means the contracts are with the employer group rather than individual members. SHP's largest employer group is Sharp HealthCare, with about 26,000 members. Most of SHP's employer groups are small companies (fewer than 50 employees), but SHP also provides coverage to some of San Diego's largest businesses. SHP also participates with CaliforniaChoice which is a state wide small group purchasing tool. When a company purchases insurance coverage through one of these programs, their employees can choose from several health plans, including SHP in San Diego. SHP remains committed to building a strong long term strategy focused on future growth and continued commitment to the community and customer service.</p>

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

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 view able for comment from all members of the governing body The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Tax & Accounting, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of Form 990

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>Sharp Health Plan has a written conflict of interest policy which has been reviewed and approved by the Sharp Health Plan governing board. Sharp Health Plan 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 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.</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 November/December 2012.</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 Sharp's obligated group are published on the dacbond.com website (www.dacbond.com). Additionally, Sharp Health Plan has separately stated audited financial statements that are also available upon request. Financial information is also available in the annual and quarterly Department of Managed Health Care (DMHC) filings, which are available on the DMHC website (www.dmhc.ca.gov).

Identifier	Return Reference	Explanation
Other Fees	Form 990, Part IX, line 11g	Fee for service medical expenses Program service expenses 82,884,926 Management and general expenses 0 Fundraising expenses 0 Total expenses 82,884,926 Capitation medical expenses Program service expenses 206,921,881 Management and general expenses 0 Fundraising expenses 0 Total expenses 206,921,881 Broker commissions Program service expenses 5,641,510 Management and general expenses 0 Fundraising expenses 0 Total expenses 5,641,510 Purchased services Program service expenses 2,222,213 Management and general expenses 0 Fundraising expenses 0 Total expenses 2,222,213

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Change in minimum pension liability 124,149

Identifier	Return Reference	Explanation
	Form 5471	Form 5471 has been filed on behalf of Sharp Health Plan by Sharp HealthCare (FEIN 95-6077327)

Identifier	Return Reference	Explanation
Community Benefits Report	Form 990, Part III, line 4b	<p>Fiscal Year 2013 Community Benefits Report Section 1 An Overview of Sharp HealthCare Sharp HealthCare (Sharp or SHC) 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 care service plan, Sharp Health Plan (SHP) Serving a population of approximately 3 million in San Diego County (SDC), as of September 30, 2013, Sharp is licensed to operate 2,110 beds, and has approximately 2,600 Sharp-affiliated physicians and more than 16,000 employees</p> <p>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 (181 beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services SCHHC is the largest provider of total joint surgeries in all of SDC Sharp Grossmont Hospital (540 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 SDC Sharp Memorial Hospital (675 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & New borns (206 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & New borns (SMBHWN) delivers more babies than any other private hospital in California Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California, 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 not-for-profit 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 not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective and accessible manner 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</p>

Identifier	Return Reference	Explanation
		<p>Values * Integrity Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making * Caring Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration * Innovation Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development * Excellence Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability Culture</p> <p>The Sharp Experience For more than 13 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 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 *</p> <p>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</p> <p>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 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">* Quality - Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations* Service - Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence* People - Create a workforce culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission, vision and values* Finance - Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization* Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development* Community - Be an exemplary community citizen by making a difference in our community and supporting the stewardship of our environment <p>Awards Sharp has 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 was the first health care system in California and eighth in the nation to receive this recognition Sharp was recognized as one of the 2013 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think-tank. The list highlights companies that outperform industry peers when it comes to ethical behavior The 2013 WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind Sharp was the only San Diego company named to the list 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</p> <p>Healthcare Analytics</p>

Identifier	Return Reference	Explanation
		<p>lth care data analyst IMS Health This is the 14th year running that Sharp has placed among the top in the state in the survey Sharp Rees-Stealy Medical Group, practicing as the Sharp Rees-Stealy Medical Centers, was named "Best Medical Group" by U-T San Diego readers participating in the paper's 2012 "Best of San Diego" Readers Poll SMH and SGH were ranked second and third "Best Hospitals" while SCVMC, SCHHC and SMBHWN were honored as finalists SGH and SMH have both received MAGNET Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence SMH was re-designated in March 2013 Sharp was named one of the nation's "Most Wired" health care systems in 2012 and 2013, as well as 1999-2009, 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 2012, SMH was designated as a Planetree Patient-Centered Hospital, joining SCHHC as the second hospital in the state to earn the honor SMH is the largest and most complex hospital in the world to receive designation SCHHC was originally designated in 2007 and is the only hospital in the state to be re-designated twice, occurring in both 2010 and 2013 Additionally, SCHHC was named a Planetree Hospital with Distinction for its leadership and innovation in patient-centered care Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective 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 FY 2013, SCHHC received Energy Star designation from the US Environmental Protection Agency (EPA) for outstanding energy efficiency for the fourth consecutive year 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 SCVMC also received the designation in 2013, and had received the award in previous years (2009-2011) 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 In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Guardian of Excellence Awards in Employee Engagement (recipients were SCVMC, SCHHC, SMBHWN, SMV, SRS and SHC), Patient Satisfaction (SMH Sharp Senior Health Centers), and Physician Engagement (SCHHC, SMV) This designation recognizes awardees for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality performance based on one year of data</p>

Identifier	Return Reference	Explanation
		<p>In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Beacon of Excellence Awards in Employee Engagement (SHC), Patient Satisfaction (SMH), and Physician Engagement (SCHHC and SMV). This designation recognizes awardees for maintaining consistently high levels of excellence in patient satisfaction (based on a three-year period), employee engagement, or physician engagement (the latter two based on the two most recent survey periods). 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 ED find coverage options. Patients use a quick, simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow SHC staff to have an informed discussion about coverage options with the patient, empowering the patient with options. By September 2013, Sharp helped guide approximately 56,700 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity through this program. In addition, Sharp has three hospitals that qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Participation in the 340B Drug Pricing Program allows SMH, SCVMC and SGH to purchase outpatient drugs at reduced prices. The savings from this program are utilized to offset patient care costs for the most vulnerable patient populations and assist patients in obtaining access to medications through the Patient Assistance Team. The Patient Assistance Team works hard to help patients in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of medication access. The team members research all options available, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance, low-cost alternatives, or research where the patient might find their medication at a lower cost. 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 also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. Sharp also continued to collaborate 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. Community Health Screenings: Sharp's commitment to improving community health extends beyond the walls of its health care facilities, and beginning in FY 2013, Sharp provided free health screenings directly to community members at sites throughout San Diego. Screenings were open to adults over the age of 18, and were completely confidential; only community members retained a copy of their results. Throughout the year, Sharp health care professionals offered health screenings for cholesterol, blood sugar, body mass index (BMI), blood pressure.</p>

Identifier	Return Reference	Explanation
		<p>ure and tobacco use Approximately 50 screening events were held at nearly 20 sites across the County, and thousands of community members received screening results as well as personalized strategies to improve their overall health and well-being In the upcoming year, Sharp will continue its community health screenings with the goal of screening 5,000 community members throughout San Diego 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 2013, there were more than 4,000 student interns within the Sharp system, providing nearly 550,000 hours in disciplines that included 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, respiratory therapy, dietetics, lab, radiology, social work, psychology, business, health information management, 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), and Point Loma Nazarene University (PLNU), 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 2013</p>

Identifier	Return Reference	Explanation
		<p>Table 1 Sharp HealthCare Internships FY 2013 Sharp Chula Vista Medical Center Nursing Students - 837 Nursing Group Hours - 56,252 Nursing Precepted Hours - 21,107 Ancillary Students 165 Ancillary Hours - 39,053 Total Students - 1,002 Total Hours - 116,412 Sharp Coronado Hospital and Healthcare Center Nursing Students - 496 Nursing Group Hours 76,219 Nursing Precepted Hours 2,636 Ancillary Students 110 Ancillary Hours 21,121 Total Students - 606 Total Hours 99,976 Sharp Grossmont Hospital Nursing Students - 565 Nursing Group Hours 38,754 Nursing Precepted Hours 13,570 Ancillary Students 210 Ancillary Hours 48,273 Total Students - 775 Total Hours 100,597 Sharp Mary Birch Hospital for Women & New borns Nursing Students - 195 Nursing Group Hours 14,420 Nursing Precepted Hours 4,456 Ancillary Students 23 Ancillary Hours 4,864 Total Students - 218 Total Hours 23,740 Sharp Memorial Hospital Nursing Students 393 Nursing Group Hours 28,370 Nursing Precepted Hours 16,462 Ancillary Students 305 Ancillary Hours 56,276 Total Students - 698 Total Hours 101,108 Sharp Mesa Vista Hospital Nursing Students 307 Nursing Group Hours 23,628 Nursing Precepted Hours 3,272 Ancillary Students 26 Ancillary Hours 10,708 Total Students - 333 Total Hours 37,608 Sharp Hospice Care Nursing Students 87 Nursing Group Hours 0 Nursing Precepted Hours 696 Ancillary Students 2 Ancillary Hours 650 Total Students - 89 Total Hours 1,346 Sharp HealthCare Nursing Students 230 Nursing Group Hours 0 Nursing Precepted Hours 35,665 Ancillary Students 132 Ancillary Hours 32,138 Total Students - 362 Total Hours 67,803 Total Nursing Students 3,110 Nursing Group Hours 237,643 Nursing Precepted Hours 97,864 Ancillary Students 973 Ancillary Hours 213,083 Total Students 4,083 Total Hours 548,590 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 2013, more than 330 HSHMC students spent thousands of hours on various Sharp campuses 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 Throughout the school year, supervised HSHMC students rotated 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, engineering, pulmonary, cardiac services, and operations The students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on 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 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 HSHMC students also devote time to various SRS sites in San Diego</p>

Identifier	Return Reference	Explanation
		<p>Lectures and Continuing Education Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2013, Sharp staff committed hundreds of 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 pharmacy practice lectures, health information technology lectures at MC, clinical nurse specialist education at PLNU, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community.</p> <p>Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other health care professionals to better serve the health care needs of the San Diego community. In FY 2013, the professionals at Sharp HealthCare CME invested more than 2,200 hours in numerous CME activities open to San Diego health care providers, ranging from conferences on patient safety, readmissions, breast cancer, orthopedics, kidney transplant and diabetes, to presentations on the hospitalist's experience and hospital overcrowding.</p> <p>Research Innovation is critical to the future of health care, and Sharp HealthCare supports this innovation through its commitment to quality research initiatives that are safe and effective, provide valuable knowledge to the San Diego health care community, and positively impact patients and community members.</p> <p>Sharp HealthCare Institutional Review Board Sharp HealthCare's Institutional Review Board (IRB) seeks to promote a culture of safety and respect for individuals who choose to participate in research for the greater good of the community. All proposed Sharp entity research studies with human participants are required to be reviewed by the Sharp HealthCare IRB. The purpose of this review is to protect participant safety and maintain responsible research conduct. In FY 2013, a dedicated IRB committee of 12 individuals including physicians, psychologists, research nurses and pharmacists devoted hundreds of hours to the review and analysis of both ongoing and new research studies. The Sharp HealthCare IRB also provides education and guidance for researchers across Sharp as well as in the community. Nurses, pharmacy residents and other members of the health care community receive education on various study-specific requirements regarding the protection of human subjects and HIPAA compliance. Additionally, Sharp HealthCare's Research Department works with the IRB to provide quarterly research meetings (QRM) that are open to physicians, psychologists, research nurses and study coordinators throughout San Diego. Recent presentations have covered topics such as the administration of clinical trials, the use of statistical analysis in assessing test bias, the importance of outcomes-based research and the development of effective research questions.</p> <p>Outcomes Research Institute The Outcomes Research Institute (ORI) at Sharp was formed to measure long-term results of care and to promote and develop best practices of health care delivery for members of the professional health care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real world setting, reflecting an authentic picture of the health care environment. The ORI collaborates with all Sharp team members interested in optimizing patient care by facilitating the creation and design of patient-centered outcomes research projects, assisting in database development as well as data collection and analysis, assisting with grant writing and exploring funding mechanisms for research projects, and facilitating IRB application submissions. Among its current and future goals, the ORI aims to ensure patient care produces outcomes consistent with evidence-based medical literature, to analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives, to establish associations between practice, costs and outcomes for patient care, and to develop and disseminate effective approaches to quality care delivery in the health care community. The ORI has completed a number of pilot studies to collect data on optimal sample sizes and variables for expanded research measuring long-term influence of quality interventions on heart failure readmission, optimal glycemic control in the hospital setting, and inpatient complication rates and length of stay after bowel surgery. Currently the ORI has 12 active studies in various phases of development and analysis. The ORI is committed to educational outreach for Sharp HealthCare's clinicians and the health care community at large, and offers numerous educational presentations about outcomes research and health</p>

Identifier	Return Reference	Explanation
		<p>th care research methods to nurses, physicians and the broader community throughout the year. ORI staff have also been invited to present lectures on outcomes research and outcomes research designs to the broader health care community and at regional and national conferences. Additionally, the ORI collaborates with SDC education and research communities to develop and strengthen those connections. The ORI Student Research Intern Program offers advanced nursing and public health students an opportunity to learn about and become involved in outcomes research. Since its inception in 2011, the program has enrolled 11 students (approximately two per semester). The interns learn about outcomes research, and produce presentations that document their research study experience. Furthermore, the ORI has reached out to the academic community to foster partnership for outcomes research. As a result, the ORI currently is in discussion with researchers at National University (NU), SDSU's Cancer Center Comprehensive Partnership, and the Health Research and Educational Trust to develop common themes as the basis for future research collaborations. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. This change occurs through identifying a care problem, developing a plan to solve it, and then incorporating the new knowledge into practice. The EBPI is part of the Consortium of Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Rady Children's Hospital San Diego, UC San Diego Health System, San Diego VA Medical Center and Elizabeth Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU), and USD. In FY 2013, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony in November. The project results of all EBPI fellows are shared at the ceremony. EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellow through the process of evidence-based practice. Mentors also assist the fellow in working collaboratively with other key hospital leadership personnel.</p>

Identifier	Return Reference	Explanation
		<p>The San Diego EBPI includes six full-day class sessions that incorporate group activities, as well as self-directed learning programs outside of the classroom, in addition to the structured mentorship provided throughout the program. In FY 2013, 42 fellows graduated from the EBPI program, and completed projects that addressed compelling issues in the health care community, such as reducing ED recidivism in the homeless and underinsured population, pain reduction in the post-surgical open heart cardiac patients, noise reduction in the Intensive Care Unit (ICU) setting, and early mobilization of mechanically ventilated patients in the ICU setting. Sharp actively participates in the EBPI through the provision of instructors and mentors, as well as administrative coordination. Volunteer Service Sharp Lends a Hand. In FY 2013, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October, Sharp team members suggested project ideas that focused on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp for volunteer labor, supported nonprofit initiatives, community activities or other programs that serve the residents of SDC, and could be completed by September 30, 2013. Eleven projects were selected: Stand Down for Homeless Veterans, San Diego Food Bank, Serra Mesa Food Pantry, Feeding America San Diego, Life Rolls On They Will Surf Again, Just in Time for Foster Youth, Helen Woodward Animal Center Puppy Love 5K Run/Walk, USS Midway Foreign Object Damage Walk-Down, San Diego River Park Foundation Habitat Restoration, San Diego River Park Foundation River Mouth Restoration, and Waste Collection. In support of these projects, more than 1,400 Sharp employees, family members and friends volunteered over 4,600 hours. During eight days in June and July, more than 375 Sharp employees, family members and friends volunteered at Veterans Village of San Diego and San Diego High School. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego. The San Diego Food Bank feeds people in need throughout SDC, and advocates and educates the public about hunger-related issues. During ten days in March, April, May, June and August, more than 560 SLAH volunteers inspected and sorted donated food, assembled boxes, and cleaned the San Diego Food Bank warehouse. The Serra Mesa Food Pantry was created to provide food to individuals and families who live in the Serra Mesa area and who are experiencing temporary struggles in obtaining basic necessities during illness, unemployment, or other crisis. In April and May, 20 SLAH volunteers participated in the Serra Mesa Food Pantry to help lessen the impact of hunger in our community. Feeding America San Diego is SDC's largest distributor of food and the only Feeding America affiliate in the county. In partnership with more than 160 local school districts, agencies and a network of volunteers, the organization serves 73,000 children, families and seniors in need each week. In June, more than 120 SLAH volunteers joined Feeding America in an effort to create a hunger-free and healthy San Diego. More than 75 SLAH volunteers provided assistance to Life Rolls On They Will Surf Again in September. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury (SCI) through action sports. The award-winning series of bi-coastal events empowers paraplegics and quadriplegics to experience mobility through surfing, with support from adaptive equipment and volunteers. In June, nearly 20 SLAH volunteers joined Just in Time for Foster Youth, an organization dedicated to helping foster youth achieve self-sufficiency and well-being as they transition into adulthood. Each year, Just in Time volunteers come together to give dozens of transitioning foster youth the resources and encouragement they need to begin a new life chapter as college students. Participating youth connect with potential lifelong mentors and successful Just in Time alumni, receive laptops and printers, learn valuable tips on money management, legal matters and practical purchases, and pair up with a volunteer shopper to buy essential dorm furnishings and school supplies. During two days in February, nearly 30 SLAH volunteers provided support for the Helen Woodward Animal Center's Puppy Love 5K Run/Walk on Highway 101 in Solana Beach, including setting up exhibit booths, assisting with registration and working as route/road marshals. The Helen Woodward Animal Center is a San Diego-based nonprofit organization committed to saving the lives of animals by providing humane care, animal adoption, and other programs and resources for individuals who care for animals. In April,</p>

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		<p>approximately 20 SLAH volunteers helped keep the USS Midway decks clean during the USS Midway Foreign Object Damage Walk-Down, a routine activity on an active aircraft carrier to prevent debris from getting sucked into and damaging the aircraft engines. Founded in 2001, the San Diego River Park Foundation is a community-based grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. The Foundation works with community groups and other organizations dedicated to the San Diego River, the River Park, and its wildlife, recreation, water, cultural and community values. In January and May, nearly 80 SLAH volunteers joined the San Diego River Park Foundation's Habitat and River Mouth Restoration efforts. In support of waste reduction for a healthier environment, 16 SLAH volunteers participated in Sharp HealthCare's Waste Collection event for the community during Earth Week in April. At the event, community members and employees recycled approximately 150 pounds of pharmaceutical waste, 3,250 pounds of electronic waste and 1,200 pounds of shredded paper documents. Volunteers assisted attending collection agencies with set-up, clean-up, traffic control, and guiding event visitors.</p> <p>Sharp Humanitarian Service Program In FY 2013, the Sharp Humanitarian Service Program funded 50 Sharp employees, enabling them to participate in service programs that provide health care or other supportive services to underserved or adversely affected populations, including residents of Haiti, rural Guatemala and other impoverished areas. Sharp employees devoted their time and expertise to a variety of humanitarian organizations, including Camp Beyond the Scars, an effort of the San Diego Burn Institute that has been offered since 1994, and that provides one week of free summer camp in July for approximately 50 children between the ages of 5 and 17 with burn injuries. Another Sharp team member traveled to impoverished communities in India to assess the needs of the Tibetans, which included an interview with the Health Kalon for the Tibetan people living in exile in North India and Nepal. The trip also included time volunteering to provide Math and English lessons at a local school called "Shrestra," which translates to the idea that every child is a container of possibilities. In addition to providing academic lessons, the school serves as a safe haven for these children, providing some nutrition, care, and a refuge from their impoverished living conditions. The experience was not only beneficial for the children, but also inspiring and life-changing for the volunteers. Sharp staff also participated in multiple week-long medical/surgical mission trips to the northwest mountains of Guatemala in FY 2013. This included teams of 60 to 100 individuals consisting of Sharp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in this effort in partnership with the Guatemalan Medical Ministries and Help International. Over the course of each trip about ten days the teams provided surgeries under different specialties, such as General Surgery, OB/GYN, Plastics, ENT, Cleft Palate Repair, and Urology. Basic clinic and dentistry services were also available. In addition, a team built stoves in rural houses to keep fires off the floor and reduce burns and smoke inhalation exposure, and other teams provided a water purification unit.</p>

Identifier	Return Reference	Explanation
		<p>In the five days provided as a functioning temporary hospital, teams performed an average of 100 to 150 surgeries and saw 1,000 to 2,000 patients in clinic. The teams served rural and urban populations surrounding the sites at no cost, and in some cases, members of the impoverished mountain community traveled many hours to receive care at the hospital. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants.</p> <p>Community Walks For the past 18 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk. In September 2013, more than 1,000 walkers represented Sharp at the 2013 San Diego Heart & Stroke Walk held at Petco Park in the downtown area. Sharp was the No. 1 team in San Diego and the AHA Western Region Affiliates, raising nearly \$205,000.</p> <p>Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides a multitude of volunteer opportunities throughout SDC for individuals to serve the community, meet new people and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation. Sharp employees also donate time as volunteers for the Sharp organization.</p> <p>In FY 2013, Sharp HospiceCare provided extensive training for nearly 50 new volunteers. In FY 2013, Volunteers underwent a rigorous 32-hour training program to confirm their understanding of and commitment to hospice care prior to serving as part of the hospice interdisciplinary team. Once trained, volunteers devoted their time to both patient care and clerical and administrative support. In addition, Sharp HospiceCare offered its Teen Volunteer Program, training five teenagers in FY 2013. Through the program, teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes, including simple acts of kindness such as sitting with patients, listening to their stories, providing grooming and hygiene tasks, and being a comforting presence by just holding their hand.</p> <p>Sharp HospiceCare also hosted a student volunteer from San Diego Metropolitan Regional & Technical High School during FY 2013. The student spent time in both Sharp HospiceCare's administrative office and a Sharp HospiceCare home, and experienced hospice care through case conferences, interdisciplinary team (IDT) meetings and a variety of other tasks. Sharp HospiceCare also coordinates a volunteer-run wig donation program for community members who suffer from hair loss. In FY 2013, Sharp HospiceCare and its volunteers met with 29 individuals and provided approximately 58 wigs, as well as donated wigs to patients at the Douglas and Nancy Barnhart Cancer Center at SCVMC. Volunteers also participated in the Sharp HospiceCare Memory Bear Program to support community members who have lost a loved one. Through the program, volunteers sew teddy bears out of garments of those who have passed on, which serve as special keepsakes and permanent reminders of the grieving family member's loved one.</p> <p>In FY 2013, Sharp HospiceCare volunteers devoted approximately 3,400 hours to handcraft more than 750 bears for more than 260 families. Sharp HospiceCare recognized its volunteers by providing a monthly volunteer support group and acknowledging their valuable contribution during National Volunteer Month and National Hospice Month.</p> <p>At Sharp Metropolitan Medical Campus (SMMC), the volunteer-run Arts for Healing program was established to improve the spiritual and emotional health of patients that face significant medical challenges by utilizing the power of art and music to enhance the healing process. The program provides services at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC. Since the inception of the program in 2007, more than 36,000 patients and their families, guests and staff have benefitted from the time and talent provided by Arts for Healing staff and volunteers. Trained volunteers are the primary providers of the program, which is coordinated by a chaplain of the Spiritual Care program.</p> <p>In FY 2013, 50 volunteers, including several students from PLNU and San Diego Mesa College (MC), supported Arts for Healing by facilitating art activities for patients and their loved ones. In FY 2013, nearly 3,400 individuals volunteered for various programs across the Sharp system, contributing more than 247,000 hours of their time in service to Sharp and its initiatives. This includes more than 930 auxiliary members and thousands more individual volunteers from the San Diego community. More than 9,800 of these hours were provided exte</p>

Identifier	Return Reference	Explanation
		<p>rnally to the community through activities such as delivering meals to homebound seniors and assisting with health fairs and events Table 2 details the number of individual volunteers and the hours provided in service to each of Sharp's entities, specifically for patient and community support Volunteers also spent additional hours supporting Sharp's three foundations for events like the Grossmont Hospital Foundation's annual Golf Tournament, galas held for SCHHC and SGH, and other events in support of Sharp entities and services Table 2 Sharp Individual Volunteers and Volunteer Hours FY 2013 Sharp Chula Vista Medical Center Number of Individual Volunteers 368 Volunteer Hours - 4,935 Sharp Coronado Hospital and Healthcare Center Number of Individual Volunteers 132 Volunteer Hours 8,394 Sharp Grossmont Hospital Number of Individual Volunteers 738 Volunteer Hours 112,309 Sharp HospiceCare Number of Individual Volunteers 146 Volunteer Hours 12,356 Sharp Metropolitan Medical Campus Number of Individual Volunteers 1,862 Volunteer Hours 100,733 TOTAL Number of Individual Volunteers 3,246 Volunteer Hours 238,727 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 San Diego Imaging (SDI) Center 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 2013, 138 community members contributed their time to Sharp's boards</p>

Identifier	Return Reference	Explanation
		<p>Other Sharp Volunteer Efforts In FY 2013, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees gave of themselves to the San Diego community. SGH's Engineering Department participated in a number of initiatives in FY 2013, including the This Bud's for You program. The program brought comfort 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 patients and visitors of both the hospital and Sharp's hospice homes. The team also regularly offered single-stem roses in a small bud vase to passers-by. In its third year, This Bud's for You has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital. SGH also continued to provide the Shirt Off Our Backs program during the 2012 holiday season. Also in its third year, this program brought clothing, shoes, blankets and household items directly to San Diego's homeless population. The SGH landscape team and Engineering Department, the SGH Auxiliary and local businesses collaborated to implement the program, while 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 for delivery to the San Diego population in need. This year three pickup trucks were required to deliver the collected items. The efforts provided food and comfort to all who expressed need ranging from small children to adults of all sizes. The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2013. The goal of the program is to provide a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school, but are suffering from hunger over the week ends when little or no food is available. The objective of the program is to alleviate hunger, improve school performance, improve health and provide additional information to parents about other local community services. Through hospital-wide support at SGH, approximately 2,000 pounds of food were collected, filling more than 200 backpacks for chronically hungry elementary school students.</p> <p>All Ways Green Initiative As San Diego's largest private employer, Sharp recognizes that the health of its patients, employees and the community is directly tied to the health of their environment. Sharp promotes a culture of environmental responsibility by providing education and outreach to employees to improve their health and the health of those they serve. Sharp created its All Ways Green logo to brand its environmental activities and communicate sustainable activities throughout Sharp and the San Diego community. Sharp's systemwide All Ways Green Committee is charged with evaluating opportunities and recognizing best practices in seven distinct areas: (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) cleaner means of transportation, (6) green building design, and (7) sustainable food practices. Established Green Teams at each entity are responsible for developing new programs that educate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also partnered with its vendors and other organizations in the community to develop new programs and initiatives to help achieve its environmental goals. Sharp's Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves. According to the US Environmental Protection Agency (EPA), inpatient hospital facilities are 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, including retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives, occupancy sensor installation, energy audits, energy-efficient motor and pump replacements, equipment modernization, and development of a Sharp HealthCare Energy Guideline to help manage energy utilization practices throughout the system. In FY 2013, Sharp underwent a significant lighting retrofit.</p>

Identifier	Return Reference	Explanation
		<p>project that resulted in energy savings of more than 1.7 million kilowatt hours, and decreased carbon dioxide production by nearly 1,305 tons that year. Furthermore, Sharp was awarded a Certificate of Recognition from the EPA for instituting a power management program on more than 10,000 computers within the system in May. This effort enables computers and monitors to go into a low-power sleep mode after a period of inactivity, and has the potential for an annual savings of up to \$50.00 per computer by conserving unnecessary electricity. All Sharp entities participate in the EPA's Energy Star (ES) database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide, without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013. In addition, Sharp's new SRS Downtown medical office building is the first Leadership in Energy and Environmental Design (LEED) gold-certified medical office building in San Diego. According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the US. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure Sharp's facilities are optimally operated while monitoring and measuring water consumption, including installation of motion-sensing faucets and toilets in public restrooms, low-flow showerheads and toilets in patient rooms and locker rooms, drip irrigation systems, mist eliminators, micro-fiber mops, water-saving devices and equipment, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, reduced landscape watering times, hardscaping, and redesigning areas with low-water plant species.</p>

Identifier	Return Reference	Explanation																												
		<p>The EPA and Hospitals for a Healthy Environment report that each patient generates approximately 15 pounds of waste each day, while US medical centers generate approximately two million tons of waste each year. Sharp has implemented a comprehensive waste minimization program to significantly reduce the waste generated at each entity, including single-stream recycling, reprocessing of surgical instruments, use of reusable sharps and pharmaceutical waste containers, hard-sided surgical cases to reduce blue wrap used during the instrument sterilization process, use of recyclable paper for printing brochures, newsletters and other marketing materials, electronic patient bills and paperless payroll, recycling of expendable paper, repurposing of supplies, equipment and furniture, encouragement of reduced paper use at meetings through electronic correspondence, and use of one-at-a-time paper napkins and plastic cutlery dispensers. To reduce their carbon footprint, Sharp's primary office supply vendor, Office Depot, created the GreenerOffice Delivery Service in which they replaced its small and mid-sized cardboard boxes with paper bags composed of 40 percent post-consumer recycled material. The paper bags are protected during shipping by reusable plastic totes, which are returned to Office Depot for reuse. Sharp was an early adopter of the program in an effort to make their delivery requests more environmentally friendly. Sharp's participation in this program will result in an estimated annual reduction of 22,000 less pounds of wood, 24,000 pounds of CO2, 82,000 gallons of wastewater and 8,000 pounds of solid waste. Furthermore, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities. In April, Sharp was named Recycler of the Year at the City of San Diego's 21st annual Waste Reduction and Recycling Award program for SMH and SMBHWN. Also in April, Sharp held its fourth-annual systemwide All Ways Green Earth Week event, including Earth Fairs at each of the Sharp entities. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating practices and other sustainability efforts. Many of Sharp's key vendor partners participated in the Earth Fairs to help raise awareness of green initiatives and how they involve Sharp. During Earth Week Sharp hosted a free community waste collection event at their corporate office location where community members and employees recycled approximately 150 pounds of pharmaceutical waste, 3,250 pounds of electronic waste and 1,200 pounds of shredded paper documents. Throughout FY 2013 Sharp continued its recycling efforts with the Lion's Club Recycle Sight program, through which employees recycle their personal eyeglasses and sunglasses by donating them to people in need both locally and globally. On average, Sharp employees donated approximately 250 pairs of glasses through the program in FY 2013. Sharp also recognizes America Recycles Day each November through a systemwide electronic announcement highlighting Sharp's recycling efforts and accomplishments, and offering reminders for proper workplace recycling. The impact of Sharp's waste reduction programs has been significant. In FY 2013, Sharp facilities diverted over 7.6 million pounds of paper, cardboard, glass, metals, polystyrene, batteries, ink and toner, medical equipment and electronic waste from local landfills. This included, but was not limited to 36,827 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCHHC and SMMC, as well as systemwide recycling of 210,694 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs), and 37,246 pounds of waste diverted through surgical device reprocessing. Table 3 presents the quantity of waste diversion at Sharp shown as pounds (lbs) diverted. In the coming year, Sharp aims to reduce its waste generation by two percent, or approximately 430,000 pounds.</p> <table><tr><th colspan="4">Table 3 Sharp HealthCare Waste Diversion FY 2013</th></tr><tr><th>Entity</th><th>Recycled Waste Per Year (lbs)</th><th>Total Waste Per Year (lbs)</th><th>Percent Recycled</th></tr><tr><td>Sharp Chula Vista Medical Center</td><td>713,872</td><td>2,513,406</td><td>28%</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center</td><td>229,586</td><td>1,307,361</td><td>18%</td></tr><tr><td>Sharp Grossmont Hospital</td><td>1,617,209</td><td>4,887,676</td><td>33%</td></tr><tr><td>Sharp Metropolitan Medical Campus</td><td>2,335,655</td><td>6,814,358</td><td>34%</td></tr><tr><td>Total Sharp HealthCare</td><td>7,649,727</td><td>20,580,271</td><td>37%</td></tr></table> <p>*Total Sharp HealthCare includes all Sharp System Services and Sharp Rees-Stealy. Sharp implements sustainable food practices throughout the system, including removal of styrofoam from cafeterias, use of green-label kitchen soaps and cleansers, electronic cafe menus, r</p>	Table 3 Sharp HealthCare Waste Diversion FY 2013				Entity	Recycled Waste Per Year (lbs)	Total Waste Per Year (lbs)	Percent Recycled	Sharp Chula Vista Medical Center	713,872	2,513,406	28%	Sharp Coronado Hospital and Healthcare Center	229,586	1,307,361	18%	Sharp Grossmont Hospital	1,617,209	4,887,676	33%	Sharp Metropolitan Medical Campus	2,335,655	6,814,358	34%	Total Sharp HealthCare	7,649,727	20,580,271	37%
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Identifier	Return Reference	Explanation
		ecycling 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 of Sharp's hospitals and corporate office, Meatless Mondays, purchasing of hormone-free milk, and increased purchasing of locally grown fruits and vegetables, approaching 65 percent at some entities Both SMH and SCHHC have also created the first County -approved organic gardens with produce to be used at employee cafes

Identifier	Return Reference	Explanation
		<p>Since 2012, SMH and SMBHWN have partnered with the City of San Diego to implement a Food Waste Composting Program, making Sharp the first San Diego health care organization to join the city's initiative. Through this program, food waste is picked up weekly by EDCO, a solid waste vendor, for transport to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The composted rich soil is sold to commercial landscapers and non-city residents, and provided at no charge to city residents at volumes of up to two cubic yards. According to the City of San Diego, such waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. Sharp continues to work with the City to expand food waste composting to other Sharp entities.</p> <p>Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. 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. Sharp also ensures carpool parking spaces, designated bike racks and motorcycle spaces are available at each employee parking lot, as well as offers discounted monthly bus passes for purchase by employees. Throughout the year, Sharp's Commuter Solutions Sub-Committee works to develop new programs and marketing campaigns to educate employees on the benefits of ride sharing to further reduce the number of cars on the road. In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program exists at Sharp to help employees find convenient ride share partners. Sharp employees also utilize SANDAG's online iCommute TripTracker tool to monitor the cost and carbon savings of their alternate methods of commuting. In FY 2013, Sharp employees saved more than two million miles and reduced more than 1,383,000 pounds of carbon dioxide through carpooling, vanpooling, biking, walking, telecommuting and the use of public transportation. Through these efforts, Sharp achieved second place in the Mega Employer category through the SANDAG Rideshare 2013 Corporate Challenge. In March, Sharp was the only health care organization in SDC to be named an All-Star Award winner in SANDAG's 2013 Diamond Award program, which recognizes participants in SANDAG's iCommute program for their outstanding contributions to reducing traffic congestion and greenhouse gases in SDC. Sharp furthered its support of green transportation through several bike to work initiatives in FY 2013. In October, nearly 130 Sharp employees pedaled to work for Sharp HealthCare's first Bike to Work Day, while in May, Sharp encouraged employees to ride their bikes to work in recognition of National Bike to Work Day. In fact, Sharp participated in the 4th annual iCommute Bike to Work 2013 Corporate Challenge for the entire month of May (National Bike Month), competing with similar-sized organizations for the highest percentage of bike ridership for the month. In June, Sharp also promoted National Dump the Pump Day to employees by sharing special Dump the Pump Day promotions from iCommute, such as vanpool discounts and gift card drawings, for individuals who pledged to "Dump the Pump" and make green transportation choices. As part of the nationwide Electric Vehicle Project, Sharp has installed electric vehicle chargers (EVCs) at its corporate office location and SMMC. Sharp is the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities. In FY 2013, Sharp hosted two community workshops to share its waste minimization best practices. SMH and SMBHWN partnered with the City of San Diego to host a workshop for local companies to learn about the hospitals' food waste composting experiences and exploring composting at their own organizations. Sharp also partnered with SDC to host a complimentary community workshop on proper disposal of pharmaceuticals, including pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies. Participants included hospital and pharmacy personnel, and medical providers who handle pharmaceuticals. Sharp's waste minimization initiatives have been recognized by several publications, including BioCycle, a national magazine about composting, renewable energy and sustainability, San Diego Business Journal, and by the California State CalRecycle website, which cited Sharp HealthCare as one California's models for health care industry food scraps management. Table 4 below 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 opportunities to reduce its carbon.</p>

Identifier	Return Reference	Explanation
		<p>footprint Sharp's All Ways Green Committee continues to work with system employees, physicians and corporate partners to develop new and creative ways to reduce Sharp's impact on the environment and meet their goal of being an outstanding community citizen through environmental responsibility</p> <p>Table 4 All Ways Green Initiatives by Sharp Entity FY 2013 SCH HC</p> <p>*Energy Efficiency - Update elevators/chillers - Energy audits - Energy-efficient chillers/motors - Energy Star Award HVAC projects - Lighting retrofits</p> <p>*Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators</p> <p>*Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharp containers - Single-stream recycling - Surgical instrument reprocessing</p> <p>*Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion</p> <p>SCVMC</p> <p>*Energy Efficiency - Energy audits - Energy-efficient chillers/motors - Energy Star participation and award eligible - HVAC projects - Lighting retrofits</p> <p>*Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators</p> <p>*Waste Minimization - Compactor renovation - Electronic cafe menus - Single-stream recycling - Surgical instrument reprocessing</p> <p>*Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion</p>

Identifier	Return Reference	Explanation
		<p>SGH *Energy Efficiency - Energy audits - Energy Star participation - HVAC projects - Lighting retrofits - Retro-commissioning *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic cafe menus - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion Sharp System Services *Energy Efficiency - Electric vehicle chargers - Energy audits - Energy efficient chillers/motors - Energy Star participation - HVAC projects - Lighting retrofits - Occupancy sensors - Thermostat control software *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic patient bills and paperless payroll - Electronic and pharmaceutical waste recycling events - Green Grocer's market - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion SHP *Energy Efficiency - Energy audits - HVAC projects - Lighting retrofits - Occupancy sensors *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Education and Outreach - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Spring cleaning events - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion SMH/SMBHWN *Energy Efficiency - Electric vehicle chargers - Energy audits - Energy-efficient chillers/motors - Energy Star participation - HVAC projects - Lighting retrofits - Occupancy sensors - Pipe insulations *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic cafe menus - Food waste composting - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharp waste containers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Drought tolerant rooftop garden - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion SMV/ SMC *Energy Efficiency - Energy audits - Energy Star participation - HVAC projects - Lighting retrofits - Motor and pump replacements *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Styrofoam elimination - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion SRS *Energy Efficiency - Energy audits - Energy Star participation - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Low-flow systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Recycling of exam paper - Single-stream recycling - Styrofoam elimination *Education and Outreach - Contractor education - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion</p> <p>Emergency and Disaster Preparedness Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services Throughout FY 2013, Sharp provided education to community members, staff and other health care professionals on emergency and disaster preparedness Sharp's disaster preparedness team offered several disaster education courses to first responders , health care providers and community members across SDC The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff for a decont</p>

Identifier	Return Reference	Explanation
		<p>amination event. Course topics included decontamination principles and best practices, basic hazards, utilization of appropriate Personal Protective Equipment (PPE), response concepts, containment, decontamination and recovery. A standardized, on-scene federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), was also offered by Sharp's disaster team, as well as a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time. Sharp's disaster team also led a Pediatric/Burn Surge course to train hospital staff, health care providers and other emergency responders to effectively manage specific patient populations during a surge or abnormal event. In October 2012, Sharp's disaster preparedness team hosted a Domestic Chemical All-Hazards Conference for approximately 90 community health care and emergency preparedness professionals. The conference included a key note speaker from San Diego's Hazardous Materials (HAZMAT) Team, as well as presentations including Current Trends in Hazardous Material Response, Chemical Suicide, Chemical Agents Review, and Personal Readiness During Chemical Events. That same month, Sharp's disaster leadership presented at a statewide conference of more than 900 hospital staff, state and local officials, and key preparedness and response partners at the California Hospital Association's (CHA) eighth annual Disaster Planning for California Hospitals Conference in Sacramento, Calif. Presentations aimed at helping hospitals strengthen their disaster planning efforts, and included Business Continuity Planning Tips, Tools and Implementation, and Continuing Care During Loss of Power. In FY 2013, Sharp's disaster leadership donated their time to state and local organizations and committees, including Southern California Earthquake Alliance, County of San Diego Emergency Medical Care Committee (EMCC), San Diego Disaster Committee, and the County of San Diego Healthcare Disaster Council, a group of representatives from SDC hospitals, other health care delivery agencies, county officials, fire agencies, law enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness. In addition, Sharp's disaster leadership served on the Statewide Medical Health Exercise work group that designed training materials, including an exercise guidebook and other resources, for the 2013 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). The program is designed to guide local emergency planners in developing, planning and conducting emergency responses. Furthermore, Sharp disaster leadership is part of the San Diego Patient Tracking Committee, which is designing a Family Assistance Center (FAC) for the county in an effort to aid community members in finding their loved ones during a disaster event.</p>

Identifier	Return Reference	Explanation
		<p>Sharp supports safety efforts of the state and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH, to be used in response to a mass decontamination event. In addition, Sharp stores and maintains 24 state hospital ventilators at three of its hospitals, and is exploring opportunities to join the EMSA Mobile Field Hospital (MFH) program to provide maintenance and storage for a state MFH. The MFH is designed to increase disaster preparedness by rapidly responding to emergencies such as earthquakes, fires and floods that impact hospital surge needs. Within 72 hours of an emergency, the MFH can provide up to 600 acute care hospital beds for patient treatment and transport anywhere in the state. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted. As part of its participation in the US Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership). The Partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, MCAS Miramar Fire Department and Fresenius Medical Centers. The Partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2013, the Partnership drafted a SDC NICU Evacuation Plan to guide health care providers in the safe evacuation of the neonatal patient population during a disaster. Next, the Partnership will begin drafting a similar evacuation plan for the maternal and newborn patient population. In FY 2014, Sharp will host a Household Disaster Preparedness Expo to educate San Diego community members on effective disaster preparedness and response in the event of an earthquake, fire, power outage, or other emergency. The expo will include a variety of local disaster vendors and emergency personnel, and include valuable disaster education and emergency demonstrations. Sharp also plans to collaborate with other SDC hospitals to create regional decontamination teams of health care personnel trained to respond to a community decontamination event. Internally, Sharp plans to develop employee disaster teams who will be trained to provide leadership, order and safety during an emergency or disaster.</p> <p>Section 2 Executive Summary</p> <p>This Executive Summary provides an overview of community benefits planning at Sharp HealthCare (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) 2013 (October 1, 2012, through September 30, 2013). In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following entities:</p> <ul style="list-style-type: none"> * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp HospiceCare * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan <p>Community Benefits Planning at Sharp HealthCare Sharp bases its community benefits planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. Listing of Community Needs Addressed in this Community Benefits Report The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report:</p> <ul style="list-style-type: none"> * Access to care for individuals without a medical provider, and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education and screening activities for seniors * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of health care professionals * Collaboration with local schools to promote interest in health care careers * Welfare of seniors and disabled people * Cancer education, patient navigator services, and participation in clinical

Identifier	Return Reference	Explanation
		<p> 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 2013 The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2013 * 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 Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors, and unreimbursed costs of workers' compensation programs This also included financial support for on-site workers to process Medi-Cal 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 Stand Down for Homeless Veterans and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy </p>

Identifier	Return Reference	Explanation
		<p>* 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, as well as providing flu vaccinations, health screenings and support groups to the community. 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. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.</p> <p>* Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care professionals, as well as student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community.</p> <p>Economic Value of Community Benefits Provided in FY 2013</p> <p>In FY 2013, Sharp provided a total of \$331,338,317 in community benefit programs and services that were unreimbursed. Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697.</p> <p>Table 1: Total Economic Value of Community Benefits Provided Sharp HealthCare Overall FY 2013</p> <p>Senate Bill 697 Category: Programs and Services Included in Senate Bill 697 Category: Estimated FY 2013 Unreimbursed Costs</p> <p>*Medical Care Services Shortfall in Medi-Cal \$78,779,825 Shortfall in Medicare \$144,932,844 Shortfall in San Diego County Indigent Medical Services \$37,738,890 Shortfall in CHAMPVA/TRICARE \$4,374,145 Shortfall in Workers' Compensation \$228,311 Charity Care and Bad Debt \$54,315,585</p> <p>*Other Benefits for Vulnerable Populations: Patient transportation and other assistance for the needy \$2,336,152</p> <p>*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 \$2,019,316</p> <p>*Health Research, Education and Training Programs: Education and training programs for students, interns and health care professionals \$6,613,249</p> <p>TOTAL \$331,338,317</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 By Sharp HealthCare Entities FY 2013</p> <p>Estimated FY 2013 Unreimbursed Costs</p> <p>*Sharp Chula Vista Medical Center \$58,068,422</p> <p>*Sharp Coronado Hospital and Healthcare Center \$12,816,465</p> <p>*Sharp Grossmont Hospital \$91,752,299</p> <p>*Sharp Mary Birch Hospital for Women & Newborns \$16,555,900</p> <p>*Sharp Memorial Hospital \$142,526,818</p> <p>*Sharp Mesa Vista Hospital and Sharp McDonald Center \$9,506,932</p> <p>*Sharp Health Plan \$111,481</p> <p>*ALL ENTITIES \$331,338,317</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>In FY 2012, Sharp led the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems.</p>

Identifier	Return Reference	Explanation
		<p>Table 3 FY 2013 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp Chula Vista Medical Center *Medical Care Services - \$55,459,890 *Other Benefits for Vulnerable Populations - \$298,638 *Other Benefits for the Broader Community - \$357,808 *Health Research, Education and Training Programs - \$1,952,086 *Estimated FY 2013 Unreimbursed Costs - \$58,068,422 Sharp Coronado Hospital and Healthcare Center *Medical Care Services - \$11,632,883 *Other Benefits for Vulnerable Populations - \$45,919 *Other Benefits for the Broader Community - \$73,897 *Health Research, Education and Training Programs - \$1,063,766 *Estimated FY 2013 Unreimbursed Costs - \$12,816,465 Sharp Grossmont Hospital *Medical Care Services - \$89,362,696 *Other Benefits for Vulnerable Populations - \$714,579 *Other Benefits for the Broader Community - \$675,348 *Health Research, Education and Training Programs - \$999,676 *Estimated FY 2013 Unreimbursed Costs - \$91,752,299 Sharp Mary Birch Hospital for Women & Newborns *Medical Care Services - \$16,080,737 *Other Benefits for Vulnerable Populations - \$43,972 *Other Benefits for the Broader Community - \$130,528 *Health Research, Education and Training Programs - \$300,663 *Estimated FY 2013 Unreimbursed Costs - \$16,555,900 Sharp Memorial Hospital *Medical Care Services - \$139,240,414 *Other Benefits for Vulnerable Populations - \$742,030 *Other Benefits for the Broader Community - \$563,455 *Health Research, Education and Training Programs - \$1,980,919 *Estimated FY 2013 Unreimbursed Costs - \$142,526,818 Sharp Mesa Vista Hospital and Sharp McDonald Center *Medical Care Services - \$8,592,980 *Other Benefits for Vulnerable Populations - \$484,130 *Other Benefits for the Broader Community - \$113,683 *Health Research, Education and Training Programs - \$316,139 *Estimated FY 2013 Unreimbursed Costs - \$9,506,932 Sharp Health Plan *Medical Care Services - \$0 *Other Benefits for Vulnerable Populations - \$6,884 *Other Benefits for the Broader Community - \$104,597 *Health Research, Education and Training Programs - \$0 *Estimated FY 2013 Unreimbursed Costs - \$111,481 ALL ENTITIES *Medical Care Services - \$320,369,600 *Other Benefits for Vulnerable Populations - \$2,336,152 *Other Benefits for the Broader Community - \$2,019,316 *Health Research, Education and Training Programs - \$6,613,249 *Estimated FY 2013 Unreimbursed Costs - \$331,338,317</p> <p>Section 3 Community Benefits Planning Process For the past 17 years, Sharp HealthCare (Sharp or SHC) has based its community benefits planning on findings from a triennial Community Health Needs Assessment (CHNA) process, 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. Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations, and community agencies to conduct a triennial CHNA. Findings from the CHNA, the program and services expertise of each Sharp hospital, and knowledge of the populations and communities served by those hospitals combine to provide a foundation for community benefits planning and program implementation. To address the new requirements under Section 501(r) within Section 9007 of the Affordable Care Act, and IRS Form 990, Schedule H for not-for-profit hospitals, San Diego County (SDC) hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration. In this endeavor, Sharp collaborated with the Hospital Association of San Diego and Imperial Counties (HASD&IC), the Institute for Public Health (IPH) at San Diego State University (SDSU), and SDC hospital systems including Kaiser Foundation Hospital, San Diego, Palomar Health, Rady Children's Hospital, Scripps Health, Tri-City Medical Center and UC San Diego Health System. The complete report of this collaborative process the HASD&IC 2013 CHNA is available for public viewing at http://www.hasdic.org. The results of this collaborative CHNA process significantly informed the 2013 CHNAs for each Sharp hospital, and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hos</p>

Identifier	Return Reference	Explanation
		<p>hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2013 CHNAs for each Sharp hospital will guide current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for each of Sharp HealthCare's 2013 CHNAs: Data Collection and Analysis. As the study area for both the collaborative HASD&IC 2013 CHNA and the Sharp 2013 CHNAs cover SDC, the HASD&IC 2013 CHNA process and findings significantly informed Sharp's CHNA process and as such, are described as applicable throughout the various CHNA reports. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org. For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria:</p> <ul style="list-style-type: none">* Has a significant prevalence in the community* Contributes significantly to the morbidity and mortality in SDC* Disproportionately impacts vulnerable communities* Reflects a need that exists throughout SDC* Can be addressed through evidence-based practices by hospitals and health care systems <p>Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the US Census Bureau, the Centers for Disease Control and Prevention, and others. The variables analyzed are included in Table 1 below, and were analyzed at the ZIP code level wherever possible.</p>

Identifier	Return Reference	Explanation
		<p>Table 1 Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs *Secondary Data Variables - Inpatient Hospitalizations by Cause - Emergency Department Visits by Cause - Demographic Data (socio-economic indicators) - Mortality Data - Regional Disease-Specific Health Data (County HHSA) - Self-Reported Health Data (California Health Interview Survey) - Specialized Health Data /Reports (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (CNI) to identify communities in SDC with the highest level of health disparities and needs Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the CHNA Planning Teams at each Sharp hospital, additional, specific feedback from additional key informants and community residents was also collected Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being Findings Through the combined analyses of the results for all the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order) * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type II * High-Risk Pregnancy * Obesity * Orthopedics * Senior Health (including end-of-life care) As the CHNAs were hospital-specific, not all of Sharp's hospitals identified all of the above priority health needs through their CHNA process, given the specific services the individual hospitals provide to the community For instance, Sharp Mesa Vista Hospital, the largest provider of mental health, chemical dependency and substance abuse treatment in SDC, identified behavioral health as a priority health need for the community members it serves, however it did not identify other needs such as cancer, high-risk pregnancy, etc In addition, as part of the collaborative CHNA process, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process key informants, online survey respondents and community members and found that the input fell into one of the following five categories * Access to Care or Insurance * Care Management * Education * Screening Services * Collaboration Sharp is committed to the health and well-being of the community, and the findings of Sharp's 2013 CHNAs will help to inform the activities and services provided by Sharp to improve the health of the community members it serves The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the CHNA process While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their most vulnerable community members With the challenging and uncertain future of health care, there are many factors to consider in the development of programs to best serve members of the San Diego community The health conditions and health issues identified in this CHNA, including, but not limited to health care and insurance access and education and information for all community members, will not be resolved with a quick fix On the contrary, these resolutions will be a journey requiring time, persistence, collaboration and innovation It is a journey that the entire Sharp system is committed to making, and Sharp remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans The 2013 CHNAs for each Sharp hospital are available online at http://www.sharp.com/about/community/community-health-needs-assessments or by contacting Sharp HealthCare Community Benefits at community</p>

Identifier	Return Reference	Explanation
		<p>benefits@sharp.com Determination of Priority Community Needs Sharp HealthCare Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region.</p> <p>Steps Completed to Prepare an Annual Community Benefits Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefits Report:</p> <ul style="list-style-type: none"> * Establishes and/or reviews hospital-specific measurable objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs * Reports on activities conducted in the prior fiscal year * FY 2013 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken * FY 2014 Plan * Reports and categorizes the economic value of community benefits provided in FY 2013, 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 <p>Ongoing Commitment to Collaboration</p> <p>In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, HASD&IC, and other local collaboratives such as Combined Health Agencies and the Community Health Improvement Partners Behavioral Health Work Team.</p> <p>Section 4 Sharp Health Plan</p> <p>Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123. SHP is not required to develop a community benefits plan as part of Senate Bill 697, nor are they required to participate in a community health needs assessment. However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year (FY) 2013, a selection of which are highlighted in this section.</p> <p>SHP services include health plans for both large and small employers.</p> <p>FY 2013 Community Benefits Program Highlights</p> <p>SHP provided a total of \$111,481 in community benefits in FY 2013. See Table 1 in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697.</p>

Identifier	Return Reference	Explanation
		<p>Table 1 Economic Value of Community Benefits Provided Sharp Health Plan FY 2013 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2013 Unreimbursed Costs *Other Benefits for Vulnerable Populations Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank \$6,884 *Other Benefits for the Broader Community Health education programs, donations to community organizations and participation in community organizations \$104,597 *Health Research, Education and Training Programs Support of education and training programs for students, interns and health care professionals \$0 TOTAL \$111,481 Key highlights * Other Benefits for Vulnerable Populations included donations to community health centers and other agencies to support low-income and underserved populations and other assistance for the needy * Other Benefits for the Broader Community included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations such as 2-1-1 San Diego, Family Health Centers of San Diego (FHCS), Girl Scouts San Diego, Health Sciences High and Middle College (HSHMC), Pacific Arts Movement (Pac-Arts) and Second Chance See Appendix A for a listing of Sharp's community involvement * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Identified Community Need Support of Community Nonprofit Health Organizations Rationale Support of community nonprofit health organizations is an effective means to raise awareness of various health and social issues, such as behavioral health and the disabled, collaborate to maximize community efforts without duplication of resources, and continue to share experiences and leadership capacity with others that have similar goals To this end, SHP participates in community-sponsored events, assists with coordination, provides financial support or fundraises for health- and social-related causes, and contributes time to community boards and committees Measurable Objective * Participate in community-sponsored events and support nonprofit health organizations through financial donations, board service and other contributions FY 2013 Report of Activities Throughout FY 2013, SHP provided financial support to, as well as participated in, numerous community-sponsored events and community boards and committees Among the many community organizations supported by SHP in FY 2013, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community 2-1-1 San Diego connects people with community, health and disaster services through a free, 24/7, stigma-free, confidential phone service and searchable online database To ensure this critical access for the San Diego community, SHP continued its established partnership with 2-1-1 throughout 2013, which included financial support of the annual 2-1-1 Connections Luncheon This important gathering of San Diego's leaders celebrates our community's commitment to provide critical health, social and disaster services for San Diego Additionally, SHP's Chief Executive Officer continued to serve on the organization's Board of Directors With cardiovascular disease as the second leading cause of death for San Diego County residents, SHP also continued its commitment to the heart health of its community members through support of the American Heart Association (AHA) in a number of ways In FY 2013, SHP employees continued to participate in the annual AHA Heart & Stroke Walk, which promotes physical activity and a heart-healthy lifestyle In addition, SHP provided financial support for the Teaching Gardens at Tiffany Elementary School, one of several gardens established by the AHA to support better health for Chula Vista's education communities By providing a hands-on learning experience for students and their families, this innovative, evidence-based Teaching Gardens program shapes positive attitudes towards fruits and vegetables for a lifetime To further support the AHA's vision and direction, SHC leaders also serve on the organization's Board of Directors The mission of the Girl Scouts is to " build girls of courage, confidence, and character, who make the world a better place " To support San Diego youth, in 2013 SHP continued its established partnership with this mainstay of San Diego Throughout the year, SHP provided ongoing support to the Girl Scouts San Diego with board service as well as financial contributions for key community initiatives, including the New Day 5K, an all-ages walk and run event, and the Urban Campout, the Girl Scouts' signature fundraising gala</p>

Identifier	Return Reference	Explanation
		<p>FY 2014 Plan SHP will do the following</p> <ul style="list-style-type: none"> * Participate in community-sponsored events to provide health information and education as requested by community partners * Provide coordination, financial support and fundraising-related activities for local nonprofit organizations * Continue to serve on various community boards throughout San Diego <p>Appendix A Sharp HealthCare Involvement in Community Organizations</p> <p>The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2013</p> <p>Community organizations are listed alphabetically</p> <ul style="list-style-type: none"> * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Access to Independence * Adult Protective Services * Aging and Independence Services (AIS) * Alzheimer's Association * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society (ACS) * American College of Cardiology * American College of Healthcare Executives (ACHE) * American Diabetes Association (ADA) * American Foundation for Suicide Prevention * American Health Information Management Association * American Heart Association (AHA) * American Hospital Association (AHA) * American Lung Association * American Liver Foundation * American Parkinson Disease Association, Inc * American Psychiatric Nurses Association * American Red Cross of San Diego * Arc of San Diego * Arthritis Foundation * Asian Business Association * Association for Ambulatory Behavioral Health Care (National) * Association for Ambulatory Behavioral Health Care of Southern California * Association for Clinical Pastoral Education (ACPE) * Association of California Nurse Leaders (ACNL) * Association of periOperative Registered Nurses (AORN) * Association of Practical and Professional Ethics * Association of Rehabilitation Nurses * Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) * Azusa Pacific University (APU) * Bankers Hill Park West Community Development Corporation * Beacon Council Patient Safety Collaborative * Boys and Girls Club of San Diego * Bonita Business and Professional Organization * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College, San Diego * California Council for Excellence * California Department for Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association * Center for Behavioral Health * California Library Association * California Nursing Student Association * California State Bar, Health Subcommittee * California State University San Marcos * California Teratogen Information Service * California Women Lead * Caregiver Coalition of San Diego * Caring Hearts Medical Clinic * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Board * CHIP Health Literacy Task Force * CHIP Suicide Prevention Work Team * CHIP Independent Living Association (ILA) Advisory Board and Peer Review Advisory Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Family Health Center * Chula Vista Rotary * City of Chula Vista Wellness Program * Coalition to Transform Advanced Care (CTAC) * Combined Health Agencies * Community Emergency Response Team (CERT) * Consortium for Nursing Excellence, San Diego * Coronado Chapter of Rotary International * Coronado Christmas Parade * Coronado Fire Department * Creative Arts Consortium * Council of Women's and Infants' Specialty Hospitals (CWISH) * Cycle EastLake * Behavioral Diabetes Institute * Disabled Services Advisory Board * Downtown San Diego Partnership * East County Senior Service Providers * El Cajon Community Collaborative Council * El Cajon Fire Department * El Cajon Rotary * Elderhelp of San Diego * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Facing Futures * Family Health Centers of San Diego (FHCS) * Gardner Group * Gary and Mary West Senior Wellness Center * Girl Scouts of San Diego Imperial Council, Inc * Grossmont College (GC) * Grossmont Healthcare District * Grossmont Union High School District (GUHD) * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program (HICAP) * Helen Woodward Animal Center * Helix Charter High School * Helping Older People Equally (HOPE) * Home of Guiding Hands * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * Health Sciences High and Middle College (HSHMC) Board * I Love a Clean San Diego * International Association of Eating Disorders Profess

Identifier	Return Reference	Explanation
		ionals (IAEDP) * International Lactation Consultants Association (ILCA) * Jewish Family Services of San Diego * Jewish Federation of San Diego County Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan College Advisory Board * Kiwanis Club of Chula Vista * Komen Latina Advisory Council * Komen Race for the Cure Committee * La Maestra Family Clinics * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Hermanas * LEAD, San Diego, Inc * Leukemia & Lymphoma Society * Liberty Charter High School

Identifier	Return Reference	Explanation
		<p> * Mama's Kitchen * March of Dimes * Meals-on-Wheels * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America Board * Mental Health Coalition * Mesa College HEIT Program Advisory Board * Miracle Babies * MRI Joint Venture Board * National Alliance on Mental Illness (NAMI) * National Association of Neonatal Nurses (NANN) * National Association of Hispanic Nurses (NAHN), San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Council on Alcoholism and Drug Dependence (NCADD) * National Hospice and Palliative Care Association * National Initiative for Children's Healthcare Quality * National Kidney Foundation * National Perinatal Information Center * National University * Neighborhood Healthcare Community Clinic Board of Directors * North County Health Project * NurseWeek * Orchard Apartments * Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation) * Palliative Care Action Community * Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable) * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network (PON) * Project CARE Council * Public Health Nurse Advisory Board * Recovery Innovations of California (RICA) * Regional Home Care Council * Regional Perinatal System (RPS) * Residential Care Council * Safety Net Connect * San Diego Community Action Network (SanDi-CAN) * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association for Healthcare Recruitment * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Care Transitions Partnership (SDCTP) * San Diego City College * San Diego City Parks and Recreation * San Diego Committee on Employment of People with Disabilities * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition * San Diego County Council on Aging (SDCCOA) * San Diego County Perinatal Care Network * San Diego County Taxpayers Association * 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 Nurses Advisory Board * San Diego Food Bank * San Diego Foundation * San Diego Health and Human Services Agency, Live Well San Diego * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Housing Commission (SDHC) * San Diego Immunization Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc (The Center) * San Diego Mental Health Coalition * San Diego Mesa College * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Nutrition Council * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life Sustaining Treatment (POLST) Coalition * San Diego Regional Energy Office * San Diego Regional Homecare Council * San Diego Rescue Mission * San Diego Restorative Justice Mediation Program * San Diego Stroke Consortium * San Diego Urban League * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * San Diego Science Alliance * San Ysidro High School * San Ysidro Middle School * Santee Chamber of Commerce * SAY San Diego * Schizophrenics in Transition * San Diego State University (SDSU) * Senior Community Centers of San Diego * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern Caregiver Resource Center * St Paul's Retirement Homes Foundation * St Vincent de Paul Village * Susan G Komen Breast Cancer Foundation * Sustainable San Diego * Sweetwater Union High School District (SUHSD) * The Meeting Place * Third Avenue Charitable Organization (TACO) * Trauma Center Association of America * United Service Organizations Council of San Diego * United Way of San Diego County * University of California, San Diego (UCSD) * University of San Diego (USD) * VA San Diego Healthcare System * Veterans Home of Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * Walk San Diego * Women, Infants and Children Program (WIC) * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA In the Company of Women Event </p>

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

2012

Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Sharp Coronado Hospital & HealthCare Center 250 Prospect Place Coronado, CA 92115 95-0651579	Hospital	CA	501(c)(3)	Line 3	Sharp HealthCare	Yes	
(2) Sharp Chula Vista Medical Center 751 Medical Center Court Chula Vista, CA 91911 95-2367304	Hospital	CA	501(c)(3)	Line 3	Sharp HealthCare	Yes	
(3) Sharp HealthCare Foundation 8695 Spectrum Center Court San Diego, CA 92123 95-3492461	Healthcare Foundation	CA	501(c)(3)	Line 7	Sharp HealthCare	Yes	
(4) Sharp Memorial Hospital 7901 Frost Street San Diego, CA 92123 95-3782169	Hospital	CA	501(c)(3)	Line 3	Sharp HealthCare	Yes	
(5) Sharp HealthCare 8695 Spectrum Center Court San Diego, CA 92123 95-6077327	Healthcare Organization	CA	501(c)(3)	Line 3	N/A		No
(6) Grossmont Hospital Corporation 555 Grossmont Center Drive La Mesa, CA 91942 33-0449527	Hospital	CA	501(c)(3)	Line 3	Sharp HealthCare	Yes	
(7) Grossmont Hospital Foundation 8695 Spectrum Center Court San Diego, CA 92123 33-0124488	Hospital Foundation	CA	501(c)(3)	Line 7	Grossmont Hospital Corporation	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Continuous Quality Insurance SPC 23 Lime Tree Bay Avenue PO Box 1 Grand Cayman CJ	Captive Insurance Company	CJ	N/A	C					No

Part V

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

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

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 or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

No

Yes

No

Yes

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	M	87,824,278	Accrual
(2) Grossmont Hospital Corporation	M	547,149	Accrual
(3) Sharp Chula Vista Medical Center	M	96,218	Accrual
(4) Sharp HealthCare Foundation	C	1,048,506	Accrual

Schedule R (Form 990) 2012

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

[illegible]

Software ID:
Software Version:
EIN: 33-0519730
Name: Sharp Health Plan

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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