



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



2013

Open to Public Inspection

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable	C Name of organization Sharp Health Plan		D Employer identification number 33-0519730
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	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
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489		
<input type="checkbox"/> Application pending			G Gross receipts \$ 390,853,036

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 subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--

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	H(b) Are all subordinates included? If "No," attach a list (see instructions)
---------------------	---	--

J Website: ► www.sharperhealthplan.comK Form of organization Corporation Trust Association Other ► L Year of formation 1992 M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities See Schedule O		
<hr/> <hr/>		
2 Check this box ► 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 2013 (Part V, line 2a)	5	138
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,373,795
b Net unrelated business taxable income from Form 990-T, line 34	7b	-110,889

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,048,506	Current Year 365,266
	9 Program service revenue (Part VIII, line 2g)	320,426,803	382,630,336
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,154,726	1,388,517
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322,630,035	384,384,119

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year 139,331	Current Year 192,533
	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)	10,944,534	12,990,813
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	305,878,452	362,875,965
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	316,962,317	376,059,311
	19 Revenue less expenses Subtract line 18 from line 12	5,667,718	8,324,808

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 65,837,815	End of Year 86,745,310
	21 Total liabilities (Part X, line 26)	18,624,092	30,305,066
	22 Net assets or fund balances Subtract line 21 from line 20	47,213,723	56,440,244

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 Rita Datko VP, CFO		Date 2015-08-07
	Type or print name and title		

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 AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ 366,275,365 including grants of \$ 192,533) (Revenue \$ 382,591,876)

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 \$ 38,460)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$ 38,460)

4e **Total program service expenses** ► 366,275,365

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2	Yes	
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
25b	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? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
28c	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? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
35b	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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 or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	193	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	138	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	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)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
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? . . .	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966? . . .			
b Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13b		
c Enter the amount of reserves on hand . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	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				
b Enter the number of voting members included in line 1a, above, who are independent	1b	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	
b 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		Yes	
a The governing body?	8b		Yes	
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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
b 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	
b 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c 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	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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	
b 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
 Own website Another's website Upon request 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 921231450 (858) 499-8391

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►24**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Sharp Memorial Hospital 8965 Spectrum Center Blvd San Diego CA 92123	Medical Services	89,841,538
Sharp Rees Stealy Medical Group 4000 Ruffin Rd Ste E San Diego CA 92123	Medical Services	60,255,059
Sharp Community Medical Group SD 8695 Spectrum Center Blvd Fl 4 San Diego CA 92123	Medical Services	46,860,741
Palomar Pomorada Health 15255 Innovation Dr Ste 150 San Diego CA 92128	Medical Services	13,991,656
Body Childrens Hospital LSC 2020 Childrens Way MC 5001 San Diego CA 92122	Medical Services	7,440,722

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: 60

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 365,266			
	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		365,266		
Program Service Revenue	2a Prem fr Employer Groups	Business Code 524114	382,591,225	379,217,430	3,373,795
	b Partnership Income	523000	38,460	38,460	
	c Other	900099	651	651	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		382,630,336		
	3 Investment income (including dividends, interest, and other similar amounts)		765,933		765,933
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	7,091,501				
c Gain or (loss)	6,468,917				
d Net gain or (loss)	622,584		622,584	622,584	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a				
c Net income or (loss) from fundraising events	b				
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		384,384,119	379,256,541	3,373,795	1,388,517

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 or note to any line 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	192,533	192,533		
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	1,706,294	278,126	1,428,168	
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	8,975,009	4,701,186	4,273,823	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	162,431	89,337	73,094	
9 Other employee benefits	1,373,725	755,549	618,176	
10 Payroll taxes	773,354	425,345	348,009	
11 Fees for services (non-employees)				
a Management	1,622,012	1,622,012		
b Legal	44,374		44,374	
c Accounting	221,321		221,321	
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)	345,216,879	345,216,879		
12 Advertising and promotion	437,876	179,807	258,069	
13 Office expenses	1,355,683	1,172,237	183,446	
14 Information technology	2,362,191	2,125,972	236,219	
15 Royalties				
16 Occupancy	857,116	703,241	153,875	
17 Travel	147,654	94,499	53,155	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	83,944	17,662	66,282	
20 Interest	977		977	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	568,174	511,357	56,817	
23 Insurance	116,836	102,753	14,083	
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 ACA Fees	6,713,196	6,041,876	671,320	
b System Allocation	855,518		855,518	
c Dues & Subscriptions	502,849	452,564	50,285	
d Registry	448,837	403,953	44,884	
e All other expenses	1,320,528	1,188,477	132,051	
25 Total functional expenses. Add lines 1 through 24e	376,059,311	366,275,365	9,783,946	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 ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	-107,107	1
	2 Savings and temporary cash investments	24,349,062	2
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	3,781,908	4
	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	371,466	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,976,089	
	10b Less accumulated depreciation	992,445	10c
		1,049,102	983,644
	11 Investments—publicly traded securities	36,253,261	11
	12 Investments—other securities See Part IV, line 11	140,125	12
	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)	65,837,815	16
		86,745,310	
Liabilities	17 Accounts payable and accrued expenses	11,793,070	17
	18 Grants payable	18	
	19 Deferred revenue	6,019,763	19
	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	25	1,284,209
	26 Total liabilities. Add lines 17 through 25	18,624,092	26
		30,305,066	
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
Net Assets or Fund Balances	27 Unrestricted net assets	47,213,723	27
	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	47,213,723	33	56,440,244
34 Total liabilities and net assets/fund balances	65,837,815	34	86,745,310

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	384,384,119
2	Total expenses (must equal Part IX, column (A), line 25)	2	376,059,311
3	Revenue less expenses Subtract line 2 from line 1	3	8,324,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,213,723
5	Net unrealized gains (losses) on investments	5	1,081,380
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	-179,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,440,244

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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	2a	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	2b	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	2c	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?	3a	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	3b	

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2013

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service**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? Yes No

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? Yes No

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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$ _____

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

	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	(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

(ii) related organizations

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	9,441	42,056	
d Equipment		1,924,592	983,004	941,588	
e Other					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					983,644

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	385,465,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,081,381
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	1,081,381
3	Subtract line 2e from line 1	3	384,384,119
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	384,384,119

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	376,059,311
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	376,059,311
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	376,059,311

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2014 and 2013, no such assets or liabilities were recorded

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation

**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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Open to Public Inspection

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
See Additional Data Table							

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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.

Additional Data

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)	8,373				Sponsorship/"Teaching Garden at Tiffany Elementary School"

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
Girl Scouts San Diego 1231 Upas St San Diego, CA 92103	95-1644585	501c(3)	13,500				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
Info Line of San Diego County 5251 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)	25,000				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
San Diego North Chamber of Commerce 10875 Rancho Bernardo Road Suite 104 San Diego, CA 92127	20-3185588	501c(6)	16,500				Sponsorship/"2014 Celebration of Business"

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 Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501c(3)	15,450				Sponsorship/"Women's Health Symposium"

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 Diego 740 13th St Ste 502 San Diego, CA 92101	46-0505205	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
Speed of Change Inc 4305 University Ave Ste 200 San Diego, CA 92105	27-3027343	501c(3)	29,500				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
American Diabetes Association 5060 Shoreham Place Ste 100 San Diego, CA 92122	13-1623888	501c(3)	10,000				Sponsorship/"Tour de Cure"

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
Community Health Improvement Partners 5095 Murphy Canyon Road Ste 105 San Diego, CA 92123	33-0496092	501c(3)	6,500				Sponsorship

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

b If 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**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** 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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		No
2		No
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$300
Part I, Line 4b	Sharp HealthCare (Company) sponsors an Executive Flexible Benefit Plan (Plan) to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan (SSAB) to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
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.

Additional Data

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 Chairman	(i) 0 (ii) 1,168,056	0 415,264	0 57,084	0 79,698	0 16,284	0 1,736,386	0 0
Ann Pumplian Treasurer	(i) 0 (ii) 627,547	0 163,873	0 17,500	0 29,906	0 11,968	0 850,794	0 0
John LeMoine MD Director	(i) 0 (ii) 307,888	0 0	0 7,602	0 9,658	0 13,320	0 338,468	0 0
Alison Fluery Secretary	(i) 0 (ii) 352,329	0 90,962	0 17,500	0 21,612	0 16,223	0 498,626	0 0
Melissa Cook President & CEO	(i) 397,420 (ii) 0	97,931 0	12,481 0	775 0	16,234 0	524,841 0	0 0
Rita Datko VP, Chief Financial Officer	(i) 190,443 (ii) 0	49,812 0	4,624 0	9,153 0	16,590 0	270,622 0	0 0
Leslie Pels-Beck Chief Operating Officer	(i) 167,958 (ii) 0	42,556 0	10,530 0	11,208 0	11,464 0	243,716 0	0 0
Michael Byrd Business Development Officer	(i) 173,913 (ii) 0	43,958 0	7,139 0	6,111 0	16,516 0	247,637 0	0 0
Lori Stone MD Chief Medical Officer	(i) 276,630 (ii) 0	278 0	2,590 0	11,590 0	7,534 0	298,622 0	0 0
Judith Schaller Acct Exec- Large Group	(i) 95,159 (ii) 0	46,605 0	86 0	5,646 0	11,548 0	159,044 0	0 0
Gregory Limon Dir Med Economics/Contracting	(i) 140,151 (ii) 0	18,956 0	8,233 0	6,998 0	569 0	174,907 0	0 0
Paul Piche Manager Accounting & Finance	(i) 118,794 (ii) 0	17,867 0	4,783 0	5,090 0	7,134 0	153,668 0	0 0
Jeffrey Melillo MGR Network Dvlpmnt/Prac Support	(i) 118,088 (ii) 0	15,832 0	17,533 0	4,141 0	5,926 0	161,520 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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**Name of the organization
Sharp Health Plan**Employer identification number**

33-0519730

Return Reference	Explanation
Form 990, Part I, Line 1 & 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 lawfully do, not inconsistent with the purposes of the Corporation or with the rights and purposes of a nonprofit organization

Return Reference	Explanation
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 since 1992. Sharp Health Plan offers a variety of health insurance options for individuals, families and businesses that combine affordability and choice, while delivering high quality health care and personal service. Members have access to valuable plan enhancements, such as interactive wellness resources, dental discounts, Sharp Nurse Connection and our exclusive global emergency services program. In 2013, Sharp Health Plan was selected as one of 13 health plans to participate in Covered California's individual marketplace and one of six health plans to participate in Covered California's Small Business Health Options Program ("SHOP") marketplace for small businesses.</p>

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

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

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)

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Tax & Accounting, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of Form 990.

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>

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 2013.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>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)</p>

Return Reference	Explanation
Form 990, Part IX, line 11g	Fee for service medical expense Program service expenses 77,879,199 Management and general expenses 0 Fundraising expenses 0 Total expenses 77,879,199 Capitation medical expense Program service expenses 256,524,446 Management and general expenses 0 Fundraising expenses 0 Total expenses 256,524,446 Purchased services Program service expenses 3,938,603 Management and general expenses 0 Fundraising expenses 0 Total expenses 3,938,603 Broker commissions Program service expenses 6,874,631 Management and general expenses 0 Fundraising expenses 0 Total expenses 6,874,631

Return Reference	Explanation
Form 990, Part XI, line 9	Change in minimum pension liability -179,667

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

Return Reference	Explanation	
	Form 990, Part III, line 4b	<p>Fiscal Year 2014 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, 21 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 3.2 million in San Diego County (SDC), as of September 30, 2014, Sharp is licensed to operate 2,087 beds, and has approximately 2,600 Sharp-affiliated physicians and nearly 17,000 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. SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, women and infants and the only bloodless medicine and surgery center in SDC. 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 (536 beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in SDC. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Memorial Hospital (656 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation. SMH houses San Diego's largest emergency and trauma center.</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California. Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services. Sharp McDonald Center (16 beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital. Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the 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 patients' 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, safety, 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> <p>Values * Integrity, Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring, Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins * Safety, Reliable, Competent, Inquiring, Unswerving, Resilient, Transparent, Sound Decision Making</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b	<p>ng * Innovation Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence Quality Focused, Compelled by Operational and Service Excellence, Cost Effective, and Accountable Culture The Sharp Experience For more than 14 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 purposeful, 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 * 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 this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In FY 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. This year, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety, and incorporating the commitment to become a High Reliability Organization ("HRO") in all aspects of the organization. At the core of HROs are five key concepts *Sensitivity to operations *A reluctance to simplify *Preoccupation with failure *Deference to expertise *Resilience Applying high reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>With this learning, Sharp is now a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven 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. Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations. Keep patients, employees and physicians safe and free from harm. Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence. Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission and vision. Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization. Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Be an exemplary community citizen by making a difference in the community and supporting the stewardship of our environment. 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 company in San Diego 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)," a survey conducted by health care data analyst IMS Health. This was the 14th consecutive year that Sharp placed among the top in the state. Sharp HealthCare was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2014 "Best of San Diego" Readers Poll, and Sharp Rees-Stealy Medical Group was named "Best Medical Group" in 2014. SGH was named "Best Hospital," while SMH and SMBHWN were ranked second and fourth "Best Hospitals." 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 from 2012 to 2014, as well as from 1999 to 2009, by Hospitals & Health Networks magazine's 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 2014, SCVMC and its onsite Birch Patrick Convalescent Center became the first co-located hospital and skilled nursing facility in the nation to be designated as a Planetree Patient-Centered Organization. SCVMC joins both SMH and SCHHC in Planetree distinction. In 2012, SMH was designated as a Planetree Patient-Centered Hospital, and is the largest hospital-only designated facility in the U.S. 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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>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 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. 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. San Diego Gas & Electric (SDG&E) recognized Sharp HealthCare for outstanding results in energy efficiency and conservation. Sharp was named San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation. In 2013, Sharp HealthCare was named a "Recycler of the Year" at the City of San Diego's annual Waste Reduction and Recycling Awards for a successful and extensive recycling program. SMH and SMBHN were honored for their comprehensive waste reduction programs. 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 AwardsSM in Employee Engagement (recipients were SCVMC, SCHHC, SMBHN, SMV, SRS and SHC), Patient Satisfaction (SMH Sharp Senior Health Centers), and Physician Engagement (SCHHC and SMV). This designation is based on one year of data and recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Beacon of Excellence AwardsSM 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). Sharp Health Plan was ranked a top 100 U.S. health plan and a top 3 California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015. Sharp Health Plan is the largest locally based commercial health plan in San Diego. 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.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp provides services to help every unfunded patient received in the Emergency Department (ED) find opportunities for health coverage through PointCare a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a 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 and supportive discussion about health care coverage with the patient, empowering them with options. From the inception of the program in FY 2010 through September 2014, Sharp helped guide approximately 70,200 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity throughout the process. In January, 2014 Sharp hospitals implemented an onsite process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility). Sharp was the first hospital system in San Diego County to provide these services, and secured this benefit for 9,500 unfunded patients in the ED during FY 2014. In anticipation of Covered California's roll out, 28 members of Sharp's registration staff completed the State's Certified Enrollment Counselor Certification to better assist both patients and the general community navigate the Covered California website (CoveredCA.com) and plan enrollment. In addition, three Sharp hospitals SCVMC, SGH, and SMH qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team. The Patient Assistance Team works hard to help those 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 and other low-cost alternatives. 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 preventing unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients struggling 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 and medications, as well as outpatient dialysis and nursing home stays. Through collaboration with the San Diego Rescue Mission, SCHC, 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. Community Health Screenings Sharp's dedication to improving community health extends beyond the walls of its health care facilities, and Sharp continues to demonstrate this commitment with its community-wide health screening program. These complimentary health screenings provide community members with information on their current health status to help determine their risk for common diseases including diabetes, heart disease and other health conditions. The screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use. From May 1, 2013 to April 30, 2014, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 100 community health screening events across San Diego ultimately screening more than 7,400 San Diegans and positively changing countless lives. Participants were not asked to provide personal information, nor were they required to show proof of insurance or have any relationship with Sharp to be eligible for the screening. All participants received their results and</p>

Return Reference	Explanation																																																																			
	Form 990, Part III, line 4b (continued)	<p>an informational brochure that outlined strategies to improve health and well-being. Participants were then encouraged to share the results with their primary care physician to determine an appropriate, customized follow-up plan. Since its inception, the community screening effort has conducted events at more than 40 locations across San Diego, including vulnerable communities. Sharp team members devoted nearly 1,900 hours actively screening community members, not including time spent on administrative support and logistics. Twenty-eight team members provided screenings and 37 team members served as concierge personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish. But the biggest indicator of success cannot be measured numerically. In response to the community screenings, Sharp received countless emails and letters expressing heartfelt gratitude from community members, many of whom were inspired to take control of their health after their screening. Through these efforts, Sharp's community health screenings brought helpful, and at times, life-changing, health information to the people of San Diego truly exemplifying Sharp's commitment to the health of its community. Health Professions Training Students and recent health care graduates are a valuable asset to the community. 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 2014, there were more than 4,500 student interns within the Sharp system, providing nearly 618,000 hours in disciplines including nursing, allied health and professional educational programs. Sharp provided education and training programs for nursing students (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, exercise physiology, cardiovascular, 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), San Diego City College, and Southwestern College (SWC), local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU), and vocational schools such as Kaplan College (KC) participated in Sharp's health professions education and training. Table 1 presents the number of students and student hours at each of the Sharp entities in FY 2014.</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Students</th> <th>Total Hours</th> </tr> </thead> <tbody> <tr> <td>Sharp HealthCare Internships</td> <td>4,500</td> <td>618,000</td> </tr> <tr> <td>Sharp Chula Vista Medical Center Nursing Students</td> <td>920</td> <td>60,905</td> </tr> <tr> <td>Sharp Chula Vista Medical Center Precepted Hours</td> <td>20,616</td> <td></td> </tr> <tr> <td>Sharp Chula Vista Medical Center Ancillary Students</td> <td>193</td> <td>34,884</td> </tr> <tr> <td>Sharp Chula Vista Medical Center Total Students</td> <td>1,113</td> <td>116,405</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center Nursing Students</td> <td>487</td> <td>83,781</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center Precepted Hours</td> <td>2,088</td> <td></td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center Ancillary Hours</td> <td>106</td> <td>22,544</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center Total Students</td> <td>593</td> <td>108,333</td> </tr> <tr> <td>Sharp Grossmont Hospital Nursing Students</td> <td>581</td> <td>44,428</td> </tr> <tr> <td>Sharp Grossmont Hospital Precepted Hours</td> <td>13,472</td> <td></td> </tr> <tr> <td>Sharp Grossmont Hospital Ancillary Hours</td> <td>226</td> <td>51,324</td> </tr> <tr> <td>Sharp Grossmont Hospital Total Students</td> <td>807</td> <td>109,224</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns Nursing Students</td> <td>194</td> <td>14,035</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns Precepted Hours</td> <td>4,991</td> <td></td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns Ancillary Hours</td> <td>30</td> <td>7,200</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns Total Students</td> <td>224</td> <td>26,226</td> </tr> <tr> <td>Sharp Memorial Hospital Nursing Students</td> <td>442</td> <td>30,680</td> </tr> <tr> <td>Sharp Memorial Hospital Precepted Hours</td> <td>20,386</td> <td></td> </tr> <tr> <td>Sharp Memorial Hospital Ancillary Hours</td> <td>318</td> <td>62,074</td> </tr> <tr> <td>Sharp Memorial Hospital Total Students</td> <td>760</td> <td>113,140</td> </tr> </tbody> </table>	Entity	Students	Total Hours	Sharp HealthCare Internships	4,500	618,000	Sharp Chula Vista Medical Center Nursing Students	920	60,905	Sharp Chula Vista Medical Center Precepted Hours	20,616		Sharp Chula Vista Medical Center Ancillary Students	193	34,884	Sharp Chula Vista Medical Center Total Students	1,113	116,405	Sharp Coronado Hospital and Healthcare Center Nursing Students	487	83,781	Sharp Coronado Hospital and Healthcare Center Precepted Hours	2,088		Sharp Coronado Hospital and Healthcare Center Ancillary Hours	106	22,544	Sharp Coronado Hospital and Healthcare Center Total Students	593	108,333	Sharp Grossmont Hospital Nursing Students	581	44,428	Sharp Grossmont Hospital Precepted Hours	13,472		Sharp Grossmont Hospital Ancillary Hours	226	51,324	Sharp Grossmont Hospital Total Students	807	109,224	Sharp Mary Birch Hospital for Women & Newborns Nursing Students	194	14,035	Sharp Mary Birch Hospital for Women & Newborns Precepted Hours	4,991		Sharp Mary Birch Hospital for Women & Newborns Ancillary Hours	30	7,200	Sharp Mary Birch Hospital for Women & Newborns Total Students	224	26,226	Sharp Memorial Hospital Nursing Students	442	30,680	Sharp Memorial Hospital Precepted Hours	20,386		Sharp Memorial Hospital Ancillary Hours	318	62,074	Sharp Memorial Hospital Total Students	760	113,140
Entity	Students	Total Hours																																																																		
Sharp HealthCare Internships	4,500	618,000																																																																		
Sharp Chula Vista Medical Center Nursing Students	920	60,905																																																																		
Sharp Chula Vista Medical Center Precepted Hours	20,616																																																																			
Sharp Chula Vista Medical Center Ancillary Students	193	34,884																																																																		
Sharp Chula Vista Medical Center Total Students	1,113	116,405																																																																		
Sharp Coronado Hospital and Healthcare Center Nursing Students	487	83,781																																																																		
Sharp Coronado Hospital and Healthcare Center Precepted Hours	2,088																																																																			
Sharp Coronado Hospital and Healthcare Center Ancillary Hours	106	22,544																																																																		
Sharp Coronado Hospital and Healthcare Center Total Students	593	108,333																																																																		
Sharp Grossmont Hospital Nursing Students	581	44,428																																																																		
Sharp Grossmont Hospital Precepted Hours	13,472																																																																			
Sharp Grossmont Hospital Ancillary Hours	226	51,324																																																																		
Sharp Grossmont Hospital Total Students	807	109,224																																																																		
Sharp Mary Birch Hospital for Women & Newborns Nursing Students	194	14,035																																																																		
Sharp Mary Birch Hospital for Women & Newborns Precepted Hours	4,991																																																																			
Sharp Mary Birch Hospital for Women & Newborns Ancillary Hours	30	7,200																																																																		
Sharp Mary Birch Hospital for Women & Newborns Total Students	224	26,226																																																																		
Sharp Memorial Hospital Nursing Students	442	30,680																																																																		
Sharp Memorial Hospital Precepted Hours	20,386																																																																			
Sharp Memorial Hospital Ancillary Hours	318	62,074																																																																		
Sharp Memorial Hospital Total Students	760	113,140																																																																		

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp Mesa Vista Hospital Nursing Students 330 Nursing Group Hours 25,457 Nursing Precepted Hours 3,128 Ancillary Students 34 Ancillary Hours 16,524 Total Students 364 Total Hours 45,109 Sharp HospiceCare Nursing Students 96 Nursing Group Hours 0 Nursing Precepted Hours 768 Ancillary Students 1 Ancillary Hours 80 Total Students 97 Total Hours 848 Sharp HealthCare Nursing Students 368 Nursing Group Hours 0 Nursing Precepted Hours 55,730 Ancillary Students 197 Ancillary Hours 42,531 Total Students 565 Total Hours 98,261 Health Sciences High and Middle College Since 2007, Sharp has been an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real world application of their school-based knowledge and skills. This collaboration 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. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHVN in 2009, SCHC in 2010, and SCVMC in 2011. HSHMC students also devote time to various SRS sites in San Diego. New in FY 2014, HSHMC students begin their experience with a systems-wide orientation to Sharp HealthCare and their upcoming job-shadowing activities. Throughout FY 2014, nearly 400 HSHMC students were supervised for thousands of hours on various Sharp campuses, where they rotated through instructional positions in specialty areas such as nursing, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, surgical intensive care unit (SICU), medical intensive care unit (MICU), imaging, rehabilitation, laboratory services, pharmacy, engineering, pulmonary services, 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 as well as job and education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. Even with many of HSHMC students facing financial hardship, the free and reduced price meal (FRPM) eligibility rate is higher than the averages for SDC and California. The charter school excels in preparing students for high school graduation, college entrance and a future career. In 2014, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 82 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 99 percent graduation rate, higher than California's 80 percent state average, as well as an Academic Performance Index score of 827, exceeding the state's goal of 800. In addition, HSHMC is a U.S. News & World Report "Best High Schools" bronze award winner, a National School Safety Advocacy Council award-winning school and is recognized by the California Department of Education as a Title I Academic Achievement Award winner and a California Distinguished School. Each year, Sharp HealthCare reviews and evaluates the collaboration with HSHMC to promote long-term sustainability. Lectures and Continuing Education Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2014, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including pharmacy practice lectures, health information technology lectures at MC and USD, nutrition lectures at PLNU, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remains active and engaged with San Diego's academic health care community. To better serve the health care needs of the San Diego community, Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other non-Sharp health care professionals. In FY 2014, the professionals at Sharp HealthCare CME invested more than 1,850 hours in numerous CME activities open to San Diego health care providers, ranging from conferences around primary care, atrial fibrillation, kidney transplant, compassion cultivation training, bimonthly breast and cervical cancer and presentations on the Kenyan perspective of spine surgery and the power of mindfulness. Research innovation is critical to the future of health care. Sharp HealthCare Center for Research (Center for Research) supports innovation through its commitment to quality research initiatives that are safe.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>and effective, provide valuable knowledge to the San Diego health care community, and positively impact patients and community members. To date, Sharp HealthCare participates in more than 365 research studies. The Center for Research provides education and guidance for researchers across Sharp, and 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 Health Insurance Portability and Accountability Act compliance. Additionally, the Center for Research hosts quarterly meetings on relevant educational topics to the research community within and outside of Sharp HealthCare. These meetings are open to physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have covered topics such as "Taking the Mystery out of the IRB Process," "Research and the Sunshine Act" and "Riding the Big Data Wave in Health Care." The Center for Research also includes the Sharp HealthCare Institutional Review Board (IRB) and the Sharp HealthCare Outcomes Research Institute (ORI). Sharp HealthCare Institutional Review Board Sharp HealthCare's IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants are required to be reviewed by the Sharp HealthCare IRB in order to protect participant safety and maintain responsible research conduct. In FY 2014, a dedicated IRB committee of 14 including physicians, psychologists, research nurses and pharmacists devoted hundreds of hours to the review and analysis of both ongoing and new research studies. Research is conducted on all phases of drug and device development, and spans from research with newborns to older adults with Alzheimer's disease. Current studies include regenerative medicine (stem cells), gene therapy and neonatal research. Sharp Outcomes Research Institute The Sharp ORI began in 2010 as a pilot initiative funded by Sharp HealthCare Foundation. The ORI is dedicated to facilitating interdisciplinary research on health care practices for generating the clinical knowledge necessary to improve overall patient-centered health outcomes, as well as promoting the importance of outcomes research and best practices to 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. The ORI has made it a priority to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research, with the aim of improving patient and community health. This networking has resulted in collaborative research partnerships with investigators at National University (NU) and SDSU. In addition, 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 ORI has successfully graduated nine interns. Interns have presented ORI-sponsored posters throughout San Diego to educate students on the importance of research to develop evidence-based practice.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>In order to develop and promote best practices across the health care community, the ORI has conducted numerous research studies to identify the benefit and outcomes of quality patient care. This includes recently completed feasibility studies examining:</p> <ul style="list-style-type: none"> * The association of perfect adherence to heart failure quality care measures for hospitalized patients with readmission and mortality rates * Sharp HospiceCare's Transitions chronic disease management program influence on advanced heart failure patient care patterns, including regular and acute care utilization (ED use, overall hospitalization rates) and costs * The association of a 90-day remote-monitoring program with acute care utilization (including readmission rates and use of ED) for underserved heart failure and Chronic Obstructive Pulmonary Disease (COPD) patients compared to a similar but untreated patient sample * The predictive capacity of evidence-based and Sharp physician-identified clinical factors for identifying patients at risk for poor blood sugar control when hospitalized <p>The ORI has developed educational presentations that foster awareness of the importance of research for improving health outcomes, provide information on ORI study results, and provide practical information about research designs and methods to the greater health care research community. The ORI has also presented peer-reviewed abstracts of its research results and provided lectures to the health care community on innovative research designs. ORI presentations have been delivered at the Heart Failure Society of America, the Council for Advancement of Nursing Science, the Society for Obstetric Anesthesia and Perinatology, the Association of California Nurse Leaders and the American Association of Colleges of Nursing. 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 evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this 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, Palomar Health, Rady Children's Hospital San Diego, UC San Diego Health System, VA San Diego Healthcare System and Elizabethtown Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU) and USD. Sharp actively supports the EBPI by providing instructors and mentors, as well as administrative coordination. The San Diego EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship provided throughout the program. The 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 fellows through the process of evidence-based practice. Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel. In FY 2014, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony. In November, where the project results of all EBPI fellows were shared. Forty-one fellows graduated from the EBPI program in FY 2014, and completed projects that addressed the following issues in clinical practice and patient care: managing electrocardiographic nuisance alarms, bedside shift reports, the effect of teach-back on patient satisfaction, reducing catheter-associated urinary tract infections, hand massage in older adults to reduce pain and anxiety, and strategies for clinicians to combat fatigue on the night shift.</p> <p>Volunteer Service Sharp Lends a Hand In FY 2014, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). In October, Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely on Sharp for volunteer labor only, support existing nonprofit initiatives, community activities or other programs that serve SDC, and could be completed by September 30, 2014. Eleven projects were selected: Stand Down for Homeless Veterans, San Diego Food Bank, San Diego Half Marathon, San Diego Center for Children Spring Garden Project, Life Rolls On They Will Surf Again, San Diego River Park Foundation Point Loma Native Plant Garden, San Diego River Park Foundation Creek Cleanup at Forester Creek in Santee, Habitat for Humanity, USS Midway Foreign Object Damage Walk-Down, Special Olympics and Electronic and Pharmaceutical Waste Collection. More than 1,770 Sharp employees, family members and friends volunteered nearly 6,200 hours in support of these projects. During</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ing ten days in June and July, more than 500 volunteers joined the Veterans Village of San Diego in Stand Down for Homeless Veterans, a community-based intervention program designed to help the nation's estimated 200,000 homeless veterans endure life on the streets. Volunteers sorted and organized clothing donations and provided onsite support, medical services and companionship to hundreds of San Diego's homeless veterans. The San Diego Food Bank feeds people in need and advocates and educates the public about hunger-related issues. Across 14 days in January, February, March, April, May, August and September, more than 840 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse. In March, 75 SLAH volunteers provided registration and finish line support at the San Diego Half Marathon, a premier race that raises money for vulnerable communities. With all net proceeds going towards service projects and select charitable causes in San Diego, the race inspires volunteerism as a way to help struggling communities throughout the city. The San Diego Center for Children provides behavioral health care services for the county's most vulnerable children suffering from behavioral and emotional health issues. In April, 12 volunteers dedicated their time to the San Diego Center for Children Spring Garden Project by weeding, planting, spreading mulch and other light gardening work to beautify the garden for children in the community. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bicoastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In July, approximately 100 SLAH volunteers assisted Life Rolls On They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. Founded in 2001, the San Diego River Park Foundation is a 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 wildlife, recreation, water, and cultural and community values of the San Diego River and the River Park. In November and December, 40 SLAH volunteers assisted the San Diego River Park Foundation with cleaning up Forester Creek in Santee and caring for the Point Loma Native Plant Garden. Habitat for Humanity believes that every man, woman and child should have a decent, safe and affordable place to live. From January through May, nearly 100 SLAH volunteers joined this volunteer labor organization dedicated to building and repairing houses all over the world. During the effort, volunteers worked alongside construction professionals to complete a home for a selected family in need. In April, 20 SLAH volunteers helped keep the decks of the legendary USS Midway aircraft carrier clean during the USS Midway Foreign Object Damage (FOD) Walk-Down. Walking in the footsteps of sailors who have served our country, volunteers used hand tools and vacuums to clear the carrier decks and prevent debris from getting sucked into and damaging the aircraft engines. The Special Olympics program provides free, year-round sports training and competitions for children and adults with intellectual disabilities. It uses sports as an opportunity for physical fitness, social interaction, community involvement and empowerment. In April, nearly 30 SLAH volunteers attended the Special Olympics, providing competition assistance in running and long jump events and serving the athletes lunch.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>In support of waste reduction for a healthier environment, approximately 50 SLAH volunteers participated in Sharp HealthCare's Community Waste Collection Events in October and April. Through the events, community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents. Volunteers assisted the attending collection agencies with set-up, clean-up, traffic control, and guiding event visitors.</p> <p>Sharp Humanitarian Service Program</p> <p>In FY 2014, the Sharp Humanitarian Service Program funded 52 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations including Haiti, Guatemala, Peru, West Africa and other vulnerable areas. Sharp employees volunteered with humanitarian organizations, including Project Compassion. This non profit, multi-denominational medical mission organization is dedicated to the physical and spiritual needs of people and provides free medical care in communities with little to no care available. In addition, the organization builds clinics and churches, and provides assistance to orphanages.</p> <p>In July 2014, Sharp team members participated in Project Compassion's medical mission trip to Cameroon, West Africa, where they provided education and physical therapy care to approximately 1,500 impoverished community members.</p> <p>In May 2014, a Sharp team member led a three-week medical mission trip to Haiti. The team included 12 nursing and pre-med students with PLNU's LoveWorks program, which conducts mission trips across the world. The team also collaborated with Heart to Heart International, a nonprofit organization committed to improving global health with initiatives that connect people and resources to communities in need. The team worked in mobile clinics in 11 different rural mountain villages in Southeast Haiti, as well as a downtown Port-au-Prince clinic, where clinic visits are typically twice per month. Over the three weeks, the team triaged thousands of community members ranging from infants to the elderly. The team assessed patients for health conditions, dispensed prescribed medication and provided education regarding medication management and diet. The experience was not only special and rewarding for the Sharp team member, but also for the students, as it further enhanced their skills, confidence and passion for the health care field.</p> <p>Through Sharp's Humanitarian Service Program, another Sharp team member took a medical mission trip to Peru serving as a nurse in several of the shanty towns outside of Lima. Health care providers set up tents to treat people of all ages who were without access to health care. Because several community members were treated for parasites, the team also provided significant amounts of education on hand hygiene.</p> <p>The team consisted of three medical providers and six college students, and treated approximately 175 patients each day. The medical team also mentored the attending students, teaching them to perform health assessments, obtain vital signs and perform blood glucose tests.</p> <p>In December 2013, another Sharp team member traveled to India, treating wounded patients and teaching wound care to students. The trip was organized by Health Volunteers Overseas, a nonprofit organization that sends health care workers all over the globe. At a 300-bed hospital in Raxaul near the border of Nepal the Sharp team member joined with other foreign medical staff and learned how local health care workers treated wound care patients. In addition, Sharp donated medical supplies to the hospital, including much-needed suture material. Over nine days, the medical team taught local health care professionals and students various types of wound dressings, performed student rounds and provided lectures on wound care.</p> <p>In FY 2014, Sharp team members once again participated in multiple weeklong medical/surgical mission trips to the northwest mountains of Guatemala. This included teams of 60 to 100 Sharp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in partnership with the Ioamai Medical Ministries and Helps International. Over the course of each 10-day trip the teams provided surgeries under different specialties including general surgery, OB/GYN, plastics, otolaryngology, cleft palate repair, and urology. Basic clinic and dentistry services were also available. A team also built stoves in rural houses to keep fires off the floor and reduce burns and smoke inhalation exposure, while other teams provided a water purification unit. In the time provided as a functioning temporary hospital, teams performed an average of 100 surgeries and treated approximately 1,500 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.</p>

Return Reference	Explanation																									
	Form 990, Part III, line 4b (continued)	<p>traveled many hours to receive care. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants. Community Walks For the past 19 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk. In September 2014, more than 800 walkers represented Sharp at the 2014 San Diego Heart & Stroke Walk held at Balboa Park. Sharp was the No. 1 team in San Diego and the No. 3 team in the AHA Western Region Affiliates, raising nearly \$180,000. Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides many volunteer opportunities for individuals to serve the community, meet new people and assist in programs ranging from pediatrics to Sharp's 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. In FY 2014, more than 3,300 individuals volunteered for various programs across the Sharp system, contributing more than 302,500 hours of service time to Sharp and its initiatives. This includes more than 800 auxiliary members and thousands of individual volunteers from the San Diego community. More than 10,600 of these hours were provided externally 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.</p> <p>Table 2 Sharp Individual Volunteers and Volunteer Hours FY 2014</p> <table> <tbody> <tr> <td>Sharp Chula Vista Medical Center Individual Volunteers</td> <td>369</td> <td>Volunteer Hours</td> <td>56,597</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center Individual Volunteers</td> <td>184</td> <td>Volunteer Hours</td> <td>8,627</td> </tr> <tr> <td>Sharp Grossmont Hospital Individual Volunteers</td> <td>724</td> <td>Volunteer Hours</td> <td>115,756</td> </tr> <tr> <td>Sharp HospiceCare Individual Volunteers</td> <td>142</td> <td>Volunteer Hours</td> <td>10,325</td> </tr> <tr> <td>Sharp Metropolitan Medical Campus Individual Volunteers</td> <td>1,748</td> <td>Volunteer Hours</td> <td>101,565</td> </tr> <tr> <td>TOTAL Individual Volunteers</td> <td>3,167</td> <td>Volunteer Hours</td> <td>292,870</td> </tr> </tbody> </table>	Sharp Chula Vista Medical Center Individual Volunteers	369	Volunteer Hours	56,597	Sharp Coronado Hospital and Healthcare Center Individual Volunteers	184	Volunteer Hours	8,627	Sharp Grossmont Hospital Individual Volunteers	724	Volunteer Hours	115,756	Sharp HospiceCare Individual Volunteers	142	Volunteer Hours	10,325	Sharp Metropolitan Medical Campus Individual Volunteers	1,748	Volunteer Hours	101,565	TOTAL Individual Volunteers	3,167	Volunteer Hours	292,870
Sharp Chula Vista Medical Center Individual Volunteers	369	Volunteer Hours	56,597																							
Sharp Coronado Hospital and Healthcare Center Individual Volunteers	184	Volunteer Hours	8,627																							
Sharp Grossmont Hospital Individual Volunteers	724	Volunteer Hours	115,756																							
Sharp HospiceCare Individual Volunteers	142	Volunteer Hours	10,325																							
Sharp Metropolitan Medical Campus Individual Volunteers	1,748	Volunteer Hours	101,565																							
TOTAL Individual Volunteers	3,167	Volunteer Hours	292,870																							

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation. Sharp employees also donate time as volunteers for the Sharp organization. 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, and the Grossmont Imaging LLC Board. Volunteers on Sharp's auxiliary boards and the various Sharp entity boards volunteer to provide program oversight, administration and decision making regarding financial resources. In FY 2014, 125 community members contributed their time to Sharp's boards. This section describes various Sharp volunteer programs, as well as their achievements in FY 2014.</p> <p>Sharp HospiceCare Volunteer Programs In FY 2014, Sharp HospiceCare provided extensive training for nearly 70 new volunteers. Because volunteers are often considering a career in the medical field, they gain important knowledge and experience. They learn how to provide valuable services to the hospice organizations, including companionship to those near the end-of-life, support for families and caregivers and help with community outreach. Before being with patients and providing administrative support activities, hospice volunteers go through an extensive, 32-hour training program to confirm their understanding of and commitment to hospice care. In FY 2014, Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program. Through the program, teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes. The teens provide 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. Three nursing students from PLNU also volunteered at Sharp HospiceCare in FY 2014, offering assistance to family caregivers in private homes. The Sharp HospiceCare Memory Bear Program supports community members who have lost a loved one. Through the program, volunteers created teddy bears out of the garments from those who have passed on. The bears serve as special keepsakes and permanent reminders of the grieving family member's loved one. In FY 2014, Sharp HospiceCare volunteers devoted approximately 3,200 hours to handcraft more than 800 bears for approximately 400 families. Sharp HospiceCare recognized its volunteers by providing a monthly support group to enhance their education and training as volunteers, and by acknowledging their valuable contribution during National Volunteer Month and National Hospice Month. Sharp HospiceCare furthers its volunteer efforts through the 11th Hour Program, a special program to ensure that no patient dies alone. Through this program, patients at the end-of-life without family members by their side are accompanied by a Sharp HospiceCare volunteer. During their final moments, the volunteer sits with and comforts the patient by holding their hand, reading softly to them and simply being present. In addition, families who are present with the dying loved one may prefer the company of a volunteer to help them feel comfortable as their loved one passes away.</p> <p>Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV) Volunteer Programs To help serve and comfort patients without family or friends to support them during their hospital stay, SMH created the Community Care Partner (CCP) program. This unique program hand-selects and trains hospital volunteers to become Community Care Partners (CCPs). The CCPs act as companions to provide comfort and help keep patients safe by notifying medical staff as needed a task that is usually performed by a family member or friend, but often overlooked for patients who lack a companion. The CCPs provide patients with company and support, share common interests, spend time together in conversation, read to patients, write letters, take walks and play games. Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have provided the Health Information Ambassador Program for patients and family members during their stay at SMH and the Perinatal Special Care Unit at SMBHWN. The Health Information Ambassador Program brings the library's services directly to patients and their families, and empowers them to become involved in their own health care. The Health Information Ambassadors are volunteers who receive special training through the Community Health Library. The volunteers visit patients in their rooms and ask if they or their family members would like to receive any further information on their diagnosis, and then bring any requests to the consumer health librarian. The librarian prints out consumer-oriented information from quality websites and sends the information back with the volunteers.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>to the patients' rooms. After they've been discharged, patients are also welcome to keep in touch with the library to ensure they have reliable health information at home. In FY 2014, the volunteers visited nearly 3,400 patients and approximately 900 information requests were filled. At Sharp Metropolitan Medical Campus (SMMC), the volunteer-run Arts for Healing Program was established to improve the spiritual and emotional health of patients facing significant medical challenges. Through art, music and creative writing at the patient's bedside or in group activities, Arts for Healing helps reduce a patient or loved one's feelings of fear, stress, pain and isolation, improving emotional and spiritual health and facilitating faster recovery. Arts for Healing is led by Sharp's Spiritual Care Program chaplain, and is implemented with help from licensed music and art therapists, as well as a team of trained volunteers serving as the primary providers of the program. The program is offered at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC, as well as at events throughout the San Diego community. At SMH, Arts for Healing typically serves patients recovering from stroke, receiving treatment for cancer, facing life with newly acquired disabilities following catastrophic events, recovering from surgery, waiting for organ transplant or receiving palliative care. In December, Arts for Healing provided art activities for children at Saturday With Santa, a public event hosted by the SMH Auxiliary for children to have their picture taken with Santa, and attended by approximately 500 community members. In February, the program celebrated Valentine's Day by providing more than 130 patients, visitors and staff with a card-making activity in the SMH lobby. In May, nearly 50 staff members participated in a craft activity to celebrate Hospital Week and in June, 60 patients, guests and staff at the OPP made a craft to celebrate Cancer Awareness Week. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who stay at SMBHWN for several days to up to four months awaiting childbirth. These mothers are susceptible to stress and loneliness over the separation from their families. In February 2014, Arts for Healing began providing music therapy in the SMBHWN neonatal intensive care unit (NICU) to help promote development in premature babies. SMBHWN staff, patients and guests also participated in special Arts for Healing activities celebrating Valentine's Day and National Hospital Week in FY 2014. At SMV and SMC, Arts for Healing provided several therapy groups. They included art and music therapy groups at SMV for patients recovering from drug addiction and receiving treatment for mood and anxiety disorders, a music therapy group at SMV for older adults receiving treatment for dementia and depression, and an art group for patients recovering from drug addiction at SMC. In collaboration with social workers and palliative care nurses, Arts for Healing also facilitated the donation of nearly 180 blankets and quilts to patients receiving end-of-life care at SMH. Eighteen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also help reduce anxiety and depression from the patients making and donating the blankets. In FY 2014, 50 volunteers, including several students from PLNU and MC, supported Arts for Healing by facilitating art activities for patients and their loved ones. Arts for Healing also provided music at several hospital and systemwide events, including Sharp's Disaster Preparedness Expo at the Spectrum corporate office in September. Since the inception of the program in 2007, more than 50,000 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing group.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>In FY 2014, SMH and SMBHWN brought the Junior Volunteer Program to high school students interested in future health care careers. The program is open to 10th through 12th grade students, ages 15 years or older who maintain a minimum grade point average (GPA) of 3.25 for two full semesters. New volunteers are placed either as guest ambassadors at the concierge desk or in the upscale gift shop or boutiques. The junior volunteers enhance the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. Through volunteering in the gift shop or boutiques, junior volunteers learn about merchandizing and retail sales while also helping to raise funds for the SMH Auxiliary. After completing a six-month, 100-hour commitment, 11th and 12th grade volunteers have the opportunity to earn promotions into clinical units based on their good attendance, professional communication and high level of productivity. In FY 2014, 110 junior volunteers provided more than 7,800 hours of service to the program. In FY 2015, SMH and SMBHWN plan to continue expanding opportunities for the Junior Volunteer Program.</p> <p>Other Sharp Volunteer Efforts</p> <p>In FY 2014, Sharp staff donated 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 participated in the community.</p> <p>SGH's Engineering Department volunteered in a number of initiatives in FY 2014, including This Bud's for You, a program that delivers flowers hand-picked from the campus' abundant gardens to unsuspecting patients and their loved ones. The SGH landscape team grows, cuts, bundles and delivers 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 offers single-stem roses in a small bud vase to passers-by. In FY 2014, the team delivered a daily average of eight to 10 vases of flowers to patient rooms, with as many as 20 vases or more during peak flower season and upon additional requests. In its fourth 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. The Engineering Department further extends the spirit of caring through Sodexo Cares Cheer Bouquets. During their work day, the engineers keep an eye out for patients or visitors that appear to need encouragement or cheer. With help from Sodexo, the hospital's food service, housekeeping and engineering vendor, a bouquet of balloons, ribbon, a teddy bear or Sodexo football, plus an inspirational quote are quickly assembled. The gift is delivered to bring the patient or visitor comfort and joy while at the hospital. The SGH Engineering Department, landscape team, SGH Auxiliary and local businesses collaborated to bring The Shirt Off Our Backs program to San Diego's needy population during the 2013 holiday season. During the holidays, this program collects, prepares and donates a variety of items to homeless or low-income community members ranging from small children to adults helping to meet their basic needs and bring them holiday joy. Volunteers for The Shirt Off Our Backs program personally collected and filled three trucks with food and other essential items, including hand-made sandwiches, water bottles, clothing, socks, shoes, toiletries, pet food, children's toys, towels, blankets and other household items. In its fourth year, The Shirt Off Our Backs program is committed to bringing comfort and hope to all who express need. The hospital furthers its efforts to provide for those in need during the holidays through its annual Santa's Korner giving event. For more than 30 years, various hospital departments have adopted a family referred by local service agencies, and dedicated personal time to making the holidays the best they can be for each family. Special holiday gifts including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys, and a holiday meal are purchased for the families by hospital staff using primarily their personal resources, and through occasional fundraisers. The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2014. The program provides 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 weekends when little or no food is available. Food 4 Kids strives to alleviate hunger, improve school performance, improve health and provide additional information to parents about available local community services. Through hospital-wide support at SGH, approximately 2,000 pounds of food were collected, filling more than 200 backpacks.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>backpacks for chronically hungry elementary school students in FY 2014. Similarly, the Labor and Delivery Department at SMBHVN is committed to the fight to end hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious food is provided to children from kindergarten through 5th grade in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week, Labor and Delivery staff volunteer their time to stuff backpacks with non-perishable, nutritious food that can feed a family of four for the weekend. The backpacks are also stuffed with weekly nutrition-related prizes to encourage students and families to learn and participate in their own nutrition, as well as with occasional holiday-related gifts. Since the start of the program in May 2013, the SMBHVN Labor and Delivery Department has dedicated over 70 weeks of service to filling 1,800 backpacks for approximately 25 children and their families per school year. All Ways Green Initiative Maintaining a healthy environment is central to the health of our community. By improving environmental health, Sharp HealthCare is helping fulfill its mission to improve the health of the communities it serves. As San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education and outreach. Sharp created the All Ways Green logo to brand its environmental activities and communicate sustainability throughout Sharp and the San Diego community. Sharp's systemwide All Ways Green Committee is charged with identifying, creating and evaluating opportunities and best practices in seven distinct areas: (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) commuter solutions, (6) green building design and (7) sustainable food practices. Established Green Teams at each entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also partnered with key vendors and community organizations to identify and develop new programs and initiatives to help achieve its environmental goals. Sharp also participates in San Diego's Gathering of Green Teams, a group of teams from a variety of local businesses who meet quarterly to share innovative sustainability solutions. Sharp's Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>According to the US EPA, health care ranks as the country's second most energy intensive industry. Furthermore, the US Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's carbon dioxide (CO₂) emissions. 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. The EPA estimates that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp has responded to the need for hospitals to conserve energy and reduce carbon emissions by implementing numerous green initiatives. Some of those include retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives, occupancy sensor installation, energy audits, and energy-efficient motor and pump replacements. In addition, in 2013 Sharp implemented a computer power management program which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on 14,500 computers and has resulted in annual energy savings of 1.2 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA in 2013. Sharp's energy-saving initiatives are driven by its Energy Conservation Guideline to help manage energy utilization practices throughout the system. Since 2009, these initiatives have reduced the system's energy consumption by more than 17 million kWh and 200,440 natural gas therms (unit of heat energy). As a result of its lighting retrofits alone, Sharp has saved approximately 3.9 million kWh, resulting in annual energy costs savings of more than \$500,000. In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 17,000 metric tons of CO₂ each year. In May, Sharp was named as San Diego's HealthCare 2014 Energy Champion by SDG&E in recognition of its commitment to the innovative programs it has implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp HealthCare participates in SDG&E's Major Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues. All Sharp entities participate in the EPA's ES data base 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 SRS Downtown medical office building was built to Leadership in Energy and Environmental Design (LEED) gold-certification specifications, one of the first medical office buildings in San Diego of its kind. According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the US. On any given day, Sharp uses an average of 575,000 gallons of water. Of this, approximately 25 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while monitoring and measuring water consumption. These changes include installation of motion-sensing faucets and toilets in public restrooms, low-flow showerheads and toilets in patient and locker rooms, mist eliminators, micro-fiber mops, water-saving devices and equipment, installation of water-efficient chillers, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, and landscape improvements including reduced watering times, drip irrigation systems, hardscaping and planting succulents and other drought tolerant plants. According to the Healthier Hospitals Initiative (HHI), hospitals generate an average of</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>f 26 pounds of waste per staffed bed each day Sharp has implemented a comprehensive waste minimization program to significantly reduce waste at each entity and extend the lifespan of local landfills A systemwide, multi-disciplinary Waste Minimization Team has been established to oversee system waste minimization initiatives, 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, blue wrap and exam paper recycling, use of recyclable paper for printing brochures, newsletters and other marketing materials, electronic patient bills, paperless payroll, repurposing of supplies, equipment and furniture, encouragement of reduced paper use at meetings through electronic correspondence, laptops and double-sided paper, and use of one-at-a-time paper napkin and plastic cutlery dispensers In FY 2014, Sharp contracted with a vendor to help create an Integrated Waste Stream Solution Program, by separating waste into wet and dry categories The effort can reduce waste stream disposal costs by an estimated ten percent primarily through increased recycling, thus extending the life of the local landfill To further reduce Sharp's carbon footprint, Office Depot (Sharp's primary office supply vendor) created the GreenerOffice Delivery Service Small and mid-sized cardboard boxes have been replaced with paper bags composed of 40 percent post-consumer recycled material and then returned to Office Depot for reuse Sharp became an early adopter of the program in 2013 in an effort to make supply delivery more environmentally friendly Sharp's participation in this program results in an estimated annual reduction of 22,000 pounds of wood, 24,000 pounds of CO2, 82,000 gallons of wastewater and 8,000 pounds of solid waste Office Depot and Sharp have also arranged for 30 percent recycled copy paper to be used at all Sharp entities Sharp furthered its recycling efforts in FY 2014 through continued participation in the Lion's Club Recycle Sight program, through which employees and hospital visitors donated approximately 175 pairs of eyewear to people in need both locally and globally Sharp also hosted a complimentary community workshop on pharmaceutical waste management in partnership with the County of San Diego The workshop was designed to educate participants, including hospitals, pharmacy personnel and medical providers who handle pharmaceuticals, about the proper disposal of pharmaceutical waste Information included pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies Sharp also recognizes Earth Day and America Recycles Day Each year emails are sent out that highlight Sharp's recycling efforts and accomplishments, and offer reminders for proper workplace recycling, carpooling and energy and water conservation In April 2014, Sharp held its fifth annual systemwide All Ways Green Earth Week event, including All Ways Green fairs at each Sharp entity 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 fairs to help raise awareness of green initiatives and how Sharp HealthCare is involved in those programs In October 2013 and April 2014, Sharp hosted two free Community Waste Collection Events where community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents</p>

Return Reference	Explanation																																					
	Form 990, Part III, line 4b (continued)	<p>The impact of Sharp's waste reduction programs has been significant. In FY 2014, Sharp facilities diverted over 7.5 million pounds of waste from local landfills, which equates to an overall recycling rate of 37 percent. This included, but was not limited to 111,608 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCHHC and SMHC, as well as systemwide recycling of 270,464 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs), and 39,784 pounds of waste diverted through surgical device reprocessing. In the coming year, Sharp has a system goal of diverting 7.6 million pounds of waste from local landfills. Table 3 presents the waste diversion rates at Sharp HealthCare in FY 2014:</p> <table border="1"> <thead> <tr> <th>Facility</th> <th>Recycled Waste Per Year (lbs.)</th> <th>Total Waste Per Year (lbs.)</th> <th>Percent Recycled</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center</td> <td>773,131</td> <td>2,665,343</td> <td>29%</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>252,848</td> <td>1,335,244</td> <td>18%</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>1,761,515</td> <td>Total Waste Per Year (lbs.) 4,703,949</td> <td>37%</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women and Newborns</td> <td>2,006,597</td> <td>Total Waste Per Year (lbs.) 6,450,334</td> <td>34%</td> </tr> <tr> <td>Sharp Mesa Vista Hospital</td> <td>257,739</td> <td>Total Waste Per Year (lbs.) 555,811</td> <td>46%</td> </tr> <tr> <td>Sharp Rees-Stealy Medical Centers</td> <td>1,158,209</td> <td>Total Waste Per Year (lbs.) 2,743,139</td> <td>42%</td> </tr> <tr> <td>Sharp Corporate Sites</td> <td>1,329,075</td> <td>Total Waste Per Year (lbs.) 2,154,748</td> <td>92%</td> </tr> <tr> <td>Sharp HealthCare</td> <td>7,539,114</td> <td>Total Waste Per Year (lbs.) 20,608,568</td> <td>37%</td> </tr> </tbody> </table> <p>According to the Intergovernmental Panel on Climate Change, agriculture is responsible for 13.5 percent of greenhouse gas emissions worldwide. Sharp is committed to making eco-friendly food choices to minimize its environmental footprint. This includes a systemwide focus on its sustainable Mindful food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. In collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful program includes Meatless Mondays, Wellness Menus, Community Supported Agriculture (CSA) fresh produce, food composting, increased recycling activities, the promotion of sugarless beverages, the use of post-consumer recycled packaging solutions and increased local and organic food purchases which are approaching 65 percent at some entities. In addition, SMH, SMV, and SCHHC created the first county-approved organic gardens and use the produce from these gardens in the meals served at the hospital cafes. Sharp has implemented many other sustainable food practices including the use of green-label kitchen soaps and cleansers, electronic cafe menus, recycling of all cardboard, cans and grease from cafes, organic markets at each hospital and corporate office, purchasing of hormone-free milk, and partnering with vendors who are committed to reducing product packaging. In April 2014, Sodexo began replacing the traditional foam, plastic and aluminum packaging commonly used in food service, and expanded purchases of paper products made from recycled, compostable and chlorine-free renewable materials. If recycled, these paper napkins, cups, bowls and take-out containers will divert 3,220 pounds of waste from the local landfill each month. In 2012, Sharp partnered with the City of San Diego to implement a Food Waste Composting Program in the kitchen that services SMH and SMBMVN, making Sharp the first San Diego health care organization to join the city's initiative. In FY 2014, SMV joined this effort and SCHHC plans to participate in 2015. Through the program, food waste is picked up weekly by EDCO, a solid waste vendor, and transported to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The food waste is processed into a rich compost product and sold to commercial landscapers and non-city residents, and to city residents at no charge at volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water, and helping the environment by recycling valuable organic materials. 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. Sharp's waste minimization initiatives have been recognized by several publications, including BioCycle, a national magazine about composting.</p>	Facility	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	Percent Recycled	Sharp Chula Vista Medical Center	773,131	2,665,343	29%	Sharp Coronado Hospital and Healthcare Center	252,848	1,335,244	18%	Sharp Grossmont Hospital	1,761,515	Total Waste Per Year (lbs.) 4,703,949	37%	Sharp Mary Birch Hospital for Women and Newborns	2,006,597	Total Waste Per Year (lbs.) 6,450,334	34%	Sharp Mesa Vista Hospital	257,739	Total Waste Per Year (lbs.) 555,811	46%	Sharp Rees-Stealy Medical Centers	1,158,209	Total Waste Per Year (lbs.) 2,743,139	42%	Sharp Corporate Sites	1,329,075	Total Waste Per Year (lbs.) 2,154,748	92%	Sharp HealthCare	7,539,114	Total Waste Per Year (lbs.) 20,608,568	37%
Facility	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	Percent Recycled																																			
Sharp Chula Vista Medical Center	773,131	2,665,343	29%																																			
Sharp Coronado Hospital and Healthcare Center	252,848	1,335,244	18%																																			
Sharp Grossmont Hospital	1,761,515	Total Waste Per Year (lbs.) 4,703,949	37%																																			
Sharp Mary Birch Hospital for Women and Newborns	2,006,597	Total Waste Per Year (lbs.) 6,450,334	34%																																			
Sharp Mesa Vista Hospital	257,739	Total Waste Per Year (lbs.) 555,811	46%																																			
Sharp Rees-Stealy Medical Centers	1,158,209	Total Waste Per Year (lbs.) 2,743,139	42%																																			
Sharp Corporate Sites	1,329,075	Total Waste Per Year (lbs.) 2,154,748	92%																																			
Sharp HealthCare	7,539,114	Total Waste Per Year (lbs.) 20,608,568	37%																																			

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ting, renewable energy and sustainability, San Diego Business Journal, and by the California State CalRecycle website, which cited Sharp as one California's models for health care industry food scraps management. According to the Journal of the American Medical Association (JAMA), the U.S. health care industry produces eight percent of the country's total carbon dioxide emissions. 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's employee parking lots offer carpool parking spaces, designated bike racks and motorcycle spaces. Employees can also purchase discounted monthly bus passes. In addition, as part of the nationwide Electric Vehicle Project, Sharp has installed 17 electric vehicle chargers (EVCs) at its corporate office location and SMMC. Sharp was 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.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>In partnership with the San Diego Association of Governments (SANDAG), Sharp offers a vanpool and carpool match-up 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 2014, for the second year in a row and for the third time in four years, Sharp was awarded the top spot in the Mega Employer Category in the iCommute Rideshare Corporate Challenge. Throughout the month of October, 51 organizations representing more than 102,000 employees participated in the challenge in which employees earned points for replacing their solo drive with a sustainable commute choice, such as biking, walking, carpooling, vanpooling and public transit. Through the challenge, more than 750 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,600 gallons of gasoline and approximately 341,000 pounds of carbon dioxide. To further reduce the number of cars on the road Sharp's Commuter Solutions Sub-Committee continuously works to develop new programs and marketing campaigns to educate employees on the benefits of ride sharing. The committee has overseen the implementation of bike racks and designated car pool spots, as well as adding a Bicycle Commuter Benefit, which each year gives employees who bike to work up to \$20 per month to use for qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp furthered its support of green transportation through several bike to work initiatives in FY 2014. This included two Bike to Work Day events during which Sharp employees opted to ride their bike to work in place of driving. Sharp also participated in the fifth annual iCommute Bike to Work 2014 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 promoted National Dump the Pump Day to employees by sharing special promotions from iCommute, such as vanpool discounts and gift card drawings, for individuals who pledged to "Dump the Pump" and make greener transportation choices. Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 200 employees so that they are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an onsite presence, such as information technology support, transcription and human resources. Table 4 highlights the All Ways Green efforts at Sharp entities. Going forward, Sharp remains committed to the All Ways Green initiative and will continue to investigate opportunities to reduce its carbon 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 its impact on the environment and meet the goal of being an outstanding community citizen through environmental responsibility. Table 4 All Ways Green Initiatives by Sharp Entity FY 2014 SCHHC</p> <p>*Energy Efficiency - Update elevators/ chillers - Energy audits - Energy-efficient chillers/motors - ES Award HVAC projects - 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 - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharps containers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion SCVMC *Energy Efficiency - Energy audits - Energy-efficient chillers/ motors - ES participation and award eligible - HVAC projects - 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 - Mist eliminators *Waste Minimization - Compactor renovation - Electronic cafe menus - 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 SGH *Energy Efficiency - Energy audits - ES 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 di</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>spenders - 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 - EVCs - Energy audits - Energy efficient chillers/motors - ES 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 *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Spring cleaning events *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Recycling education - Ride share promotion SMH/SMBHWN *Energy Efficiency - EVCs - Energy audits - Energy-efficient chillers/motors - ES 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 - ES 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 - ES 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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>- Environmental policy - Green Team - No smoking policy - Recycling education - Ride share promotion Emergency and Disaster Preparedness Sharp protects the San Diego community through essential emergency and disaster planning activities and services Throughout FY 2014, Sharp provided education and training to community members, staff and other health care professionals on emergency and disaster preparedness Sharp's disaster preparedness team offered disaster trainings to first responder and health care providers across SDC This included 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), and 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 In March, Sharp's disaster team participated in the 2014 Mass Rescue Operations Exercise (MRO) at the San Diego Mission Bay Lifeguard Headquarters During the exercise, the San Diego Lifeguards, US Coast Guard, American Red Cross (ARC), multiple response agencies, UC San Diego Health System, Palomar Health and Sharp HealthCare engaged in a maritime emergency simulation designed to practice and improve communication, water rescue, helicopter support and Emergency Medical Services (EMS) handoff of victims In July, Sharp hosted the 5th Annual Disaster Partnership Conference at its Spectrum office location The conference was attended by approximately 100 health care providers, county emergency personnel, Sharp HealthCare employees and community members and included speakers from SDC hospitals plus a review of lessons learned during an active shooter response exercise In September, Sharp's disaster leadership presented to more than 900 California hospital staff, state and local officials, and key preparedness and response partners at the California Hospital Association's (CHA) 9th annual Disaster Planning for California Hospitals Conference in Sacramento, California Presentations aimed at helping hospitals strengthen their disaster planning efforts, including how to develop a perinatal evacuation plan Sharp's disaster leadership donated their time to multiple state and local organizations and committees in FY 2014 This included the Southern California Earthquake Alliance, the County of San Diego Emergency Medical Care Committee (EMCC) Disaster Operations 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, ARC and others who meet monthly to share best practices for emergency preparedness Sharp's disaster leadership also served on the Statewide Medical Health Exercise work group that designed training materials for the 2014 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 outlets in developing, planning and conducting emergency responses Furthermore, Sharp disaster leadership is part of the San Diego Patient Tracking Committee, which is in the process of designing a countywide Family Assistance Center (FAC) to aid community members in finding their loved ones during a disaster event Sharp supports safety efforts of the state and the city through maintenance and storage of a county decontamination trailer at SGH, to be used in response to a mass decontamination event Sharp has also arranged for the prospective storage of 24 state hospital ventilators at three Sharp hospitals Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event that the system's normal water supply is interrupted As part of its participation in the US Department of Health & Human Services (DHHS) Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp continued its involvement in the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership) The Partnership includes SCVMC, SCHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, Kaiser Foundation Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station (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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>resources, training and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In September, Sharp hosted its 3rd annual Disaster Preparedness Expo to educate San Diego community members on preparing their household for an earthquake, wildfire, power outage or other emergency. This free, interactive event featured disaster preparedness vendors, special appearances by local emergency service units and first responders, demonstrations by the San Diego Search & Rescue Dog Team, education on caring for pets during a disaster, opportunity drawings, and the Quake Cottage an 8.0 magnitude earthquake simulator. Sharp plans to collaborate with other SDC hospitals to create regional 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. Employee Wellness: Sharp Best Health Recognizing the importance of improving the health of its team members as part of impacting the health of the broader community, Sharp HealthCare established the Sharp Best Health employee wellness program in 2010. With a goal to improve the overall health, happiness and productivity of Sharp's workforce, Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their journey to attain their personal health goals. Sharp Best Health provides team members with the tools, information and resources for them to get fit and stay healthy. The program includes a comprehensive and interactive website the Sharp Best Health Web Portal - that Sharp team members can access any time of day to support their health improvement efforts. The Sharp Best Health Web Portal offers team members a variety of digital health tools, including a personal health assessment, meal and exercise planners, food and physical activity logs, healthy recipes and tips, a progress tracker and health library. The web portal also provides information and resources on available support groups, classes and events, wellness workshops, health coaching, and discounts on thousands of health and wellness products including dinner delivery, gym memberships, wellness centers, training clubs, footwear, weight management, golf packages, yoga, massage and more. Through Sharp Best Health, employees can participate in a variety of health and wellness events throughout the year. Sharp team members are encouraged to take advantage of onsite fitness classes, walking and running clubs and events such as bike to work days, wellness days and take the stairs days. In May, Sharp Best Health collaborated with SANDAG to recognize National Bike to Work Day and promote a healthier alternative for commuting to work. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, the AHA Go Red for Women, National Nutrition Month, the American Diabetes Association (ADA) Tour de Cure Bike Ride, National Walking Day, Fit for the Holidays and "Caught in the Act" of being healthy at work (i.e. taking the stairs, walking outside, etc.).</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>In addition, each Sharp hospital as well as SRS has a dedicated Best Health committee, which works to promote employee wellness in different ways for their team members. For instance, in FY 2014, more than 700 Sharp team members attended the annual Wellness Fair at SCVMC Organized by SCVMC's Best Health committee, the event provided an inviting atmosphere for employees to improve wellness of the mind, body and spirit. Educational resources included employee safety, cancer awareness, physical therapy and weight management, as well as bone density screenings and a nutrition booth that offered healthy food samples. At SMH, the Best Health committee provided a Best Health wellness cart, led by members of the committee and a physical therapist. The cart navigated throughout the SMH campus and provided team members with healthy food and wellness tips, such as how to perform stretch breaks and other healthy ideas. Sharp Best Health added healthy vending machine options on all hospital campuses, as well as healthy food items in each cafeteria and retail area. Sharp Best Health also conducts a semi-annual food and nutrition survey at each Sharp hospital and corporate office location to assess employee satisfaction of the organization's cafeteria food and customer service, including requests for feedback and suggestions for improvement. Additionally, in September, Sharp Best Health supported Fresh Fruit and Vegetable Month through the Five-A-Day Challenge, a 21-day initiative designed to motivate Sharp team members to increase their daily consumption of fruits and vegetables. In collaboration with Sodexo and Specialty Produce, Sharp Best Health offers the Green Grocers Delivered to You program at more than 15 Sharp sites. Through the Green Grocers program, seasonally available, locally grown and organic produce can be selected online and delivered to the workplace twice a month. The program provides a convenient method for employees and their families to incorporate more fruits and vegetables into their diet. Along with supporting employee health, the purchase of locally grown produce helps support local farmers and the San Diego community. Since January 2014, Sharp team members have ordered approximately 17,024 pounds of produce through the Green Grocers program. Sharp Best Health also provides a free Nutrition Education Series to employees and family members designed to help Sharp team members develop healthier eating habits. The program includes live workshops with cooking demonstrations from registered dietitians, educational videos and blog posts. More than 30 nutrition classes were offered to Sharp employees and their families by Sharp Best Health in FY 2014. Offsite activities like hiking and walking clubs are also available to Sharp team members, family and friends. In FY 2014, Sharp Best Health organized 12 systemwide hikes with more than 80 attendees. Beginning in FY 2013, Sharp Best Health has offered annual health screenings to Sharp employees in order to raise awareness of important biometric health measures and help team members understand how to reduce their risk of related health issues. Screenings are completed in less than 15 minutes and include indicators for blood pressure, body mass index (BMI), blood sugar, tobacco use and cholesterol. In FY 2014, more than 9,400 Sharp employees participated in the screening effort, and more than 2,300 employees reduced their risk levels in at least one screening metric when compared to FY 2013 screening results. A variety of post-screening resources and tools are available for Sharp employees and their family members, including a free health coach and classes on diabetes, heart disease, smoking cessation, healthy weight and eating, physical activity and stress management. As a fun incentive for completing their health screening, Sharp Best Health provided employees with a Fitbit Zip wireless pedometer that tracks steps, distance and calories, and syncs these statistics to computers or smartphones. Sharp Best Health highly encourages its team members to utilize the Fitbit Zip to track their physical activity and achieve their personal fitness goals. On a monthly basis, Sharp Best Health provides a systemwide update on each entry's Fitbit Zip activity levels to inform team members of their progress, and encourage them to continue working toward the recommended goal of 10,000 steps per day. Since January 2014, Sharp's Fitbit Zip users have achieved a daily average of 8,260 steps. The success of Sharp Best Health's employee health screenings prompted the design and implementation of a free health screening program for the broader San Diego community (non-Sharp employees). Checking for the same health indicators included in the employee health screenings, as well as follow-up resources, Sharp team members conducted screening events at community sites throughout San Diego. Through these different programs, Sharp connects with both its employees and community members.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>s and encourages them to achieve healthy lifestyles. Sharp Best Health also offers community members free fitness and stretch break activities. Looking forward, Sharp Best Health remains committed to an environment that promotes healthy and sustainable lifestyle choices for Sharp team members and the San Diego community. Sharp Best Health plans to provide highly nutritious food options in Sharp's cafeterias that balance nutrition with appealing flavors. Future plans of implementing a new color coding system in cafeterias and vending machines will make it easier for team members, visitors and guests to quickly discern the nutritional value of items based on the item's color categorization. Sharp Best Health continues to search for creative ways to support a healthier lifestyle. Sharp Best Health was awarded the 2014 and 2013 American Heart Association Fit-Friendly Worksites Honor Roll award (Gold Category). The Fit-Friendly program recognizes employers that promote a culture of health and physical activity in the workplace or the community. Section 2 Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2014 (October 1, 2013, through September 30, 2014). In addition, the summary reports the economic value of community benefit 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 Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital * Sharp McDonald Center * Sharp Health Plan <p>Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit 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 the Sharp HealthCare Community Benefit Plan and Report, FY 2014 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit 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, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education for the community <p>Highlights of Community Benefit Provided by Sharp in FY 2014 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2014:</p>

Return Reference	Explanation
	<p>Form 990, Part III, line 4b (continued)</p> <p>* 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 service members, National Guard and Reserve members, retirees, 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, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Habitat for Humanity, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members. * 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. * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care professionals, as well as supervision and support for students and interns, and time devoted to generalizable, health-related research projects that were made available to the broader health care community. Economic Value of Community Benefit Provided in FY 2014 In FY 2014, Sharp provided a total of \$354,271,459 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. Table 1 Total Economic Value of Community Benefit Provided Sharp HealthCare Overall FY 2014 *Medical Care Services Shortfall in Medi-Cal \$129,446,653 Shortfall in Medicare \$160,841,853 Shortfall in San Diego County Indigent Medical Services \$10,547,826 Shortfall in CHAMPVA/TRICARE \$2,664,033 Shortfall in Workers' Compensation \$167,061 Charity Care and Bad Debt \$41,362,966 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$2,340,135 *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 \$2,090,478 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$4,810,454 TOTAL \$354,271,459 Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity. Table 2 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities FY 2014 Estimated FY 2014 Unreimbursed Costs Sharp Chula Vista Medical Center \$66,364,211 Sharp Coronado Hospital and Healthcare Center \$15,755,637 Sharp Grossmont Hospital \$116,587,353 Sharp Mary Birch Hospital for Women & Newborns \$17,069,286 Sharp Memorial Hospital \$126,648,487 Sharp Mesa Vista Hospital and Sharp McDonald Center \$11,714,311 Sharp Health Plan \$132,174 TOTAL FOR ALL ENTITIES \$354,271,459 Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. In FY 2013, Sharp led the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems. Table 3 FY 2014 Detailed Economic Value of Community Benefit at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp Chula Vista Medical Center *Medical Care Services - \$64,918,400 *Other Benefits for Vulnerable Populations - \$310,178 *Other Benefits for the Broader Community - \$225,236 *Health Research, Education and Training Programs - \$9,10,397 *Estimated FY 2014 Unreimbursed Costs - \$66,364,211 Sharp Coronado Hospital and Healthcare Center *Medical Care Services - \$14,858,765 *Other Benefits for Vulnerable Populations - \$22,021 *Other Benefits for the Broader Community</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>munity - \$160,405 *Health Research, Education and Training Programs - \$714,446 *Estimated FY 2014 Unreimbursed Costs - \$15,755,637 Sharp Grossmont Hospital *Medical Care Services - \$114,172,426 *Other Benefits for Vulnerable Populations - \$721,474 *Other Benefits for the Broader Community - \$590,239 *Health Research, Education and Training Programs - \$1,103,214 *Estimated FY 2014 Unreimbursed Costs - \$116,587,353 Sharp Mary Birch Hospital for Women & Newborns *Medical Care Services - \$16,613,741 *Other Benefits for Vulnerable Populations - \$45,880 *Other Benefits for the Broader Community - \$162,516 *Health Research, Education and Training Programs - \$247,149 *Estimated FY 2014 Unreimbursed Costs - \$17,069,286 Sharp Memorial Hospital *Medical Care Services - \$123,785,739 *Other Benefits for Vulnerable Populations - \$711,595 *Other Benefits for the Broader Community - \$530,820 *Health Research, Education and Training Programs - \$1,620,333 *Estimated FY 2014 Unreimbursed Costs - \$126,648,487 Sharp Mesa Vista Hospital and Sharp McDonald Center *Medical Care Services - \$10,681,321 *Other Benefits for Vulnerable Populations - \$511,787 *Other Benefits for the Broader Community - \$311,288 *Health Research, Education and Training Programs - \$209,915 *Estimated FY 2014 Unreimbursed Costs - \$11,714,311 Sharp Health Plan *Medical Care Services - \$0 *Other Benefits for Vulnerable Populations - \$17,200 *Other Benefits for the Broader Community - \$109,974 *Health Research, Education and Training Programs - \$5,000 *Estimated FY 2014 Unreimbursed Costs - \$132,174 ALL ENTITIES *Medical Care Services - \$345,030,392 *Other Benefits for Vulnerable Populations - \$2,340,135 *Other Benefits for the Broader Community - \$2,090,478 *Health Research, Education and Training Programs - \$4,810,454 *Estimated FY 2014 Unreimbursed Costs - \$354,271,459 Section 3 Community Benefit Planning Process For the past 18 years, Sharp HealthCare has based its community benefit planning on findings from a triennial Community Health Needs Assessment (CHNA) process, as well as from 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 collaboration 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 benefit 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 hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of 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.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>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 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 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 help inform current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for 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 U.S. 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. Table 1. Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs.</p> <p>*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)</p> <p>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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>d 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 of 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 2 * 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 HA SD&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 Benefit at communitybenefits@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. Steps Completed to Prepare an Annual Community Benefit Report On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefit Report</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>* Establishes and/or reviews hospital-specific 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 2014 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken FY 2015 Plan * Reports and categorizes the economic value of community benefit provided in FY 2014, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to Collaboration In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of 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 Section 4 Sharp Health Plan 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 benefit 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) 2014, a selection of which are highlighted in this section SHP services include health plans for both large and small employers FY 2014 Community Benefit Program High lights SHP provided a total of \$132,174 in community benefit in FY 2014 See Table 1 in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Health Plan FY 2014 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2014 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 - \$17,200 *Other Benefits for the Broader Community Health education programs, donations to community organizations and participation in community organizations - \$109,974 *Health Research, Education and Training Programs Support of education and training programs for students, interns and health care professionals - \$5,000 TOTAL - \$132,174 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 vulnerable and high-risk community members * 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 (FHCSD), Girl Scouts San Diego, Health Sciences High and Middle College (HSHMC), Community Health Improvement Partners (CHIP) 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 Further, the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA) identified collaboration with community organizations as a critical factor in addressing community health needs Objective * Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions FY 2014 Report of Activities SHP participates in community-sponsored events, assists with event coordination, provides financial support and fundraises for health- and social-related causes, and contributes time to community boards and committees</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>tees SHP assisted numerous organizations through financial support in FY 2014, including but not limited to 2-1-1 San Diego, American Diabetes Association, American Heart Association, Asian Business Association, Centers for Community Solutions, Chicano Federation of San Diego, Community Health Improvement Partners, Family Health Centers of San Diego, Girl Scouts San Diego, Helen Woodward Animal Center, Helix Charter High School, National Asian American Coalition, North County Health Project, San Diego Food Bank, San Diego Rescue Mission, SAY San Diego, Second Chance, St. Paul's Retirement Home Foundation, and Walk San Diego. Among the many community organizations supported by SHP in FY 2014, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community. With the historic launch of Covered California in 2014, there was an unprecedented need to support San Diego communities this past year, and SHP helped fellow San Diegans understand the new health coverage options available through Covered California. The effort began with a special gathering of community leaders, who had a unique opportunity to share the needs of San Diego's most vulnerable communities with SHP and Covered California. This discussion was followed by a press conference to announce key initiatives that would support outreach and education for Covered California. As a result of this collaboration, in FY 2014 SHP hosted a series of free weekly educational forums to provide information about Covered California's goals, processes and resources. SHP also established special enrollment labs for the community where attendees were given the opportunity to ask questions of a fellow San Diegan, as well as to review personal questions, understand enrollment options, and access online resources with the assistance of SHP team members. As cardiovascular disease persists as the second leading cause of death for San Diego County residents, in FY 2014 SHP 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 2014, 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, SHP leaders also serve on the organization's board of directors. With 480,000 San Diegans living in food-insecure households, SHP believes it is critical to support hunger-relief organizations, such as The Jacobs & Cushman San Diego Food Bank (San Diego Food Bank). Last year, the San Diego Food Bank distributed \$22.3 million pounds of food, and served approximately 320,000 people per month in San Diego County. Throughout the year, SHP employees volunteered time packing and distributing food for the San Diego Food Bank on multiple occasions. In addition, SHP provided financial support for several San Diego Food Bank initiatives, including Children and Families Initiative for Emergency Food Support, Senior Food Program, Fresh Produce Initiative, Military Support Initiative, and the Food 4 Kids Backpack Program, which provides local children with food during the weekend. FY 2015 Plan SHP will do the following:</p>

Return Reference	Explanation	
Form 990, Part III, line 4b (continued)		<p>* Participate in community-sponsored events to provide health information and education as requested by community partners, and to address identified health needs for members of the San Diego community * Provide coordination, financial support and fundraising-related activities for local nonprofit organizations, particularly those that support San Diego's vulnerable community members * Continue to serve on various community boards that support the health and well-being of San Diegans Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2014. Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Independence Services (AIS) * Alzheimer's Association * American Association of Colleges of Nursing (AACN) * American Association of Critical Care Nurses, San Diego Chapter (AACCN) * American Cancer Society (ACS) * 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 Psychiatric Nurses Association * American Red Cross of San Diego (ARC) * Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education (ACPE) * Association of California Nurse Leaders (ACNL) * Association of periOperative Registered Nurses (AORN) * Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) * Azusa Pacific University (APU) * Beacon Council's 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 of Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association (CHAPCA) * California Hospital Association Center for Behavioral Health * California Library Association * California State University San Marcos (CSUSM) * California Teratogen Information Service * Caregiver Coalition of San Diego * Caregiver Coalition of San Diego Caregiver Education Committee * Caring Hearts Medical Clinic * Centers for Community Solutions * 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 Fire Department * Council of Women's and Infants' Specialty Hospitals (CWISH) * Cycle EastLake * Downtown San Diego Partnership * East County Senior Service Providers (ECSSP) * El Cajon Fire Department * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego (FHCSD) * 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) * Health Volunteers Overseas * Heart to Heart International * Helen Woodward Animal Center * Helix Charter High School * Helps International * Home of Guiding Hands * Hospice-Veteran Partnership (HVP) * 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 Professionals (IAEDP) * International Lactation Consultants Association (ILCA) * International Relief Team (IRT) * Iomai Medical Ministries * Jewish Family Service of San Diego * Jewish Federation of San Diego County Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan Coll</p>

Return Reference	Explanation	
Form 990, Part III, line 4b (continued)		<p>Age 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 Patronas * Las Primeras * March of Dimes * Meals-on-Wheels * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America (MHA) * Mental Health Coalition * 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 Hospice and Palliative Care Organization (NHPCO) * National Initiative for Children's HealthCare Quality (NICHQ) * National Kidney Foundation * National University (NU) * Neighborhood Healthcare Community Clinic * North County Health Project * NurseWeek * Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation) * 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 * Project Compassion * Public Health Nurse Advisory Board * Recovery Innovations California * Regional Perinatal System (RPS) * Residential Care Council * Safety Net Connect * San Diego Community Action Network (SanD-CAN) * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Community Care Transitions Partnership (SDCCTP) * San Diego Center for Children * San Diego City College * San Diego City Parks and Recreation * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition * San Diego County Coalition for Improving End-of-Life Care (SDCCEOL) * San Diego County Council on Aging (SDCCOA) * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency (HHS) * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Taxpayers Association * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Board * San Diego Emergency Medical Care Committee (EMCC) * San Diego Eye Bank Nurses Advisory Board * San Diego Food Bank * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Hospice and Palliative Nurses Association (HPNA) * San Diego Housing Commission (SDHC) * 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 (MC) * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * 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 Home Care Council (SDRHH) * San Diego Rescue Mission * San Diego River Park Foundation * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * San Diego Science Alliance * San Diego State University (SDSU) * San Ysidro High School * Santee Chamber of Commerce * SAY San Diego * Second Chance * Serving Seniors (formerly known as Senior Community Centers of San Diego) * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses</p>

Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<ul style="list-style-type: none"> * South Bay Community Services * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern Caregiver Resource Center (SCRC) * Special Olympics * St. Paul's Retirement Homes Foundation * St. Vincent de Paul Village * Susan G. Komen Breast Cancer Foundation * 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 * University of California, San Diego (UCSD) * University of San Diego (USD) * VA San Diego Healthcare System * Veterans Home of California, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	M	103,049,762	Accrual
(2) Grossmont Hospital Corporation	M	633,370	Accrual
(3) Sharp Chula Vista Medical Center	M	54,901	Accrual
(4) Sharp HealthCare Foundation	C	365,266	Accrual

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2013

Additional Data**Software ID:**
Software Version:**EIN:** 33-0519730**Name:** Sharp Health Plan**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

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