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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A F	or the	2013 cal	endar year, or tax year beginning	10-01-2013 , 2013, and ending 09	-30-2014				
B CI	neck if a	applicable	C Name of organization SHARP HEALTHCARE FOUNDATION			D Employ	er ident	ification number	
	dress cl	hange				95-34	92461		
ГΝ	me cha	ange	Doing Business As						
┌ In	ıtıal retu	urn	Number and street (or P O box if m	all is not delivered to street address) Room/	'suite	E Telepho	ne numbe	or	
Гте	rmınate	ed	8695 SPECTRUM CENTER BLVD			·			
┌ Ar	nended	return	City or town, state or province, coun	ntry, and ZIP or foreign postal code		(838)	499-51	30	
	plicatio	n pending	SAN DIEGO, CA 921231489			<b>G</b> Gross re	ceipts \$ 3	30,073,814	
			<b>F</b> Name and address of prin	cipal officer	H(a) ⊺	s this a group	return fo	or	
			WILLIAM S LITTLEJOHN	RLVD		subordinates?		┌ Yes <b>┌</b> No	
			8695 SPECTRUM CENTER I SAN DIEGO, CA 92123148		ш/ы	\ =    =b =d		┌ Yes ┌ No	
						Are all subordır ncluded?	iates	j resj no	
I T	ax-exen	mpt status	▼ 501(c)(3)	nsert no ) 4947(a)(1) or 527	I	f "No," attach	a list (s	see instructions)	
J V	/ebsit	e:► WV	WW SHARP COM/SHARP-FOUND	NOITAG	H(c)	Group exemptı	on numl	ber ►	
<b>K</b> Fo	m of or	rganızatıon	Corporation Trust Association	Other ►	<b>L</b> Year	of formation 197	9 <b>M</b> S	tate of legal domicile CA	
Pa	rt I	Sum	ımary		<b>!</b>		<u> </u>		
	1	Briefly d	escribe the organization's missio	n or most significant activities					
			DE SUPPORT AND ASSISTANCE						
ဗ									
ē									
E e	,	Check th	his box 🕶 if the organization dis	scontinued its operations or disposed	d of more th	an 25% of its	net ass	ets	
Activities & Governance	-								
<u>ئ</u>	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	37	
۵) (۵)	4	Number	of independent voting members of	of the governing body (Part VI, line 1	b)		4	32	
툿	5	Total nu	mber of individuals employed in o	calendar year 2013 (Part V, line 2a)			5	20	
ਤੂ	6	Total nu	mber of volunteers (estimate if n	ecessary)			6	110	
٠,	7a	Total un	related business revenue from Pa	art VIII, column (C), line 12			7a	0	
	Ь	Net unre	elated business taxable income fr	om Form 990-T, line 34			7b	0	
						Prior Year		Current Year	
	8	Contri	ibutions and grants (Part VIII, lir	ne 1h)		5,245,5	17	11,745,986	
를	9		am service revenue (Part VIII, lii		3,299,9	04	3,551,450		
Revenue	10			(A), lines 3, 4, and 7d)		2,579,4	86	2,654,654	
ά	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		2,8	02	34,493	
	12	Total	revenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ıne				
						11,127,7		17,986,583	
	13		• • •	IX, column (A), lines 1-3)		7,793,6		7,479,188	
	14			X, column (A), line 4)			0	0	
ss.	15	Saları 5-10		e benefits (Part IX, column (A), lines	5	2,515,5	67	2,577,484	
Expenses	16a		, ssional fundraising fees (Part IX,	column (A ), line 11e)		. 0			
<b>⊕</b>	Ь		indraising expenses (Part IX, column (D)						
Ш	17			ines 11a-11d, 11f-24e)	· . <del>                                   </del>	766,4	28	840,496	
	18			st equal Part IX, column (A), line 25)		11,075,6		10,897,168	
	19			18 from line 12		52,0		7,089,415	
<u>&gt; 27</u>	1		,			nning of Currer			
Not Assets or Fund Balances						Year		End of Year	
93.4£	20	Total	assets (Part X, line 16)			86,819,4	72	91,755,819	
45	21	Total	liabilities (Part X, line 26)			41,174,3	75	39,385,637	
<u> </u>	22	Netas	ssets or fund balances Subtract	line 21 from line 20		45,645,0	97	52,370,182	
Pa	rt II	Sign	nature Block					_	
my k	nowle	dge and		nmined this return, including accompa oplete Declaration of preparer (other					
٦ ٢		, K	·						
		TK .				2015-08-07			
Sig	n	Signa	ature of officer			Date			
Her			IAM S LITTLEJOHN SVP/CEO FOUNDATIO	ON					
			e or print name and title						
		F	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN PO06494	95	
Pai	d	-	Firm's name FRNST & YOUNG US LL		<u> </u>	self-employed Firm's EIN ► 34	P006494 -6565596		
			mini a manic F LKNOI & TUUNG US LL	<u>.</u>		1 IIII 1 5 LIN F 34	0202390	•	
Pre	pare	er i							

SAN DIEGO, CA 92122

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌ No

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	Yes	
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	15		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? 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	
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	Yes	
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

Pal	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	· ·	▽ No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   66		105	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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
ь	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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
	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).			i
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
А	If "Yes," indicate the number of Forms 8282 filed during the year   7d   2		103	
u	The state the number of forms 5252 med during the year.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
i.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

36	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 12a b	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 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

interest policy, and financial statements available to the public during the tax year  $\frac{1}{2}$ 

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►STACI DICKERSON 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 (858) 499-5150

Form 990	(2013	
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D	-	$\alpha$	Δ	4
г	a	ч	_	•

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one both	box, an	heck unless officer stee)	3	( <b>C</b> Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima amount o compens from t	ited f other sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	) (	organizati relati organiza	ed
1b	Sub-Total			•			1	<b>-</b>						
С	Total from continuation sheet	s to Part VII, S	ection A	۹.				Þ						
d	Total (add lines 1b and 1c) .				•	•	•	<u> </u>		0	_,,,,,	39		236,919
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
													Yes	No.
3	Did the organization list any <b>f</b> o	<b>ormer</b> officer, dii	rector o	r trus	tee	, key	emplo	yee,	, or highes	t compen	sated employee		res	No
	on line 1a? If "Yes," complete S					•		•				3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual			• •		•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	_		
	Services remacrea to the organ	neacion 1, , co	, сол, р		c,, cu	<b>u</b> , c 3	, , 0, 54	cii pi				5		No
Se	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
	N	(A) lame and business	address							Des	(B) scription of services		(C Comper	
PRES	ENTATION DESIGN GROUP LLC 1010 O									EVENT AUC	•			101,263
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed t	o thos	e list	ed above)	who rece	ived more than			

Part V	ATT	Stateme Check if S
	1a	Federated
ant	ь	Membersh
Ğ.	С	Fundraisir
iffs lar /	d	Related or
im:	е	Government
rtior er S	f	All other con sımılar amou
g ja	g	Noncash cor 1a-1f \$
Con. and	h	Total. Add
<u></u>		
жеп	2a	FUNDRAISIN
9 <del>.</del>	b c	HEALTHCAR
S.	d	
<i>3</i> 6	e	
∑ Grag	f	All other p
<u>*</u>	g	Total. Add
	3	Investme
	4	Income from
	5	Royalties
	6a	Gross ren
	ь	Less rental expenses
	С	Rental incon or (loss)
	d	Net rental
	7a	Gross amou
		from sales o assets other than invento
	ь	Less cost of other basis a
	c	sales expens
	d	Net gain o
	8a	Grossince
nue		events (no
Reven		of contribi See Part I
ier F	ь	Less dire
₹	c	Net incom
	9a	Gross inc
		See Part I
	b	Less dire
	10a	Net incom Gross sale
		returns an
	ь	Less cos
	С	Net incom
	11a	Miscella
	ь	
	c	
	d	All other r
	e	Total. Add
	12	Total reve

<u> </u>	Check if Schedi	ule O contains a respo	nse or note to any lu	ne in this Part VIII			
		·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a	3,433				
ь	Membership du	ies <b>1b</b>					
С	Fundraising eve	ents <b>1</b> 0	512,944				
d	Related organiz	zations 1d	231,760				
e	Government grants	s (contributions) <b>1e</b>	224,640				
f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	10,773,209				
g	Noncash contribute	ons included in lines	3,999,184				
h	Total. Add lines	s 1a-1f	🛌	11,745,986			
1			Business Code				
2a	FUNDRAISING ACT	TIVITIES	900099	3,051,066	3,051,066		
ь	HEALTHCARE EDUC	CATION	900099	500,384	500,384		
С							
d							
e							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a – 2f		3,551,450			
3		ome (including dividen		1,253,580			1,253,580
4		ar amounts) stment of tax-exempt bond		, ,			, ,
5	Royalties		▶				
		(ı) Real	(II) Personal				
	Gross rents						
b	Less rental expenses						
c	Rental income or (loss)						
d	Net rental inco	me or (loss)	,				
	Gross amount	(ı) Securities	(II) Other				
7a	from sales of assets other	12,830,569	417,928				
١.	than inventory						
Ь	Less cost or other basis and	11,233,532	613,891				
С	sales expenses Gaın or (loss)	1,597,037	-195,963				
d	Net gain or (los	ss)		1,401,074			1,401,074
8a	Gross income f events (not inc \$ 512	=					
		s reported on line 1c) ne 18					
١.		a	259,861				
b c		penses <b>b</b> (loss) from fundraising	239,698	20,163			20,163
9a		rom gaming activities	events p				
		ne 19					
		a 	14,440				
b c		penses <b>b</b> (loss) from gamıng actı	110 vities	14,330			14,330
10a	Gross sales of returns and allo						
ь	Less cost of a	oods sold <b>b</b>					
		(loss) from sales of inv	entory 🛌				
	Miscellaneous	s Revenue	Business Code				
11a							
b							
C .							
d	All other reven						
e	Total. Add lines		• • • •				
12	Total revenue.	See Instructions .	•	17,986,583	3,551,450	0	2,689,147

	,
Part IX	Statement of Functional Expenses
Section 50:	1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

5000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the United States See Part IV, line 21	7,375,705	7,375,705		
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	103,483	103,483		
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	452,844	22,642	90,569	339,633
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,684,053	84,203	336,811	1,263,039
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,025	3,401	13,605	51,019
9	Other employee benefits	244,469	12,223	48,894	183,352
10	Payroll taxes	128,093	6,405	25,619	96,069
11	Fees for services (non-employees)				
а	Management	34,604	1,730	6,921	25,953
b	Legal	7,659		1,915	5,744
С	Accounting	3,375		3,375	
d	Lobbying	143	7	29	107
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	146,180		146,180	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	73,591	3,680	14,718	55,193
12	Advertising and promotion	5,329	· ·	1,066	3,997
13	Office expenses	202,763		<del>                                     </del>	152,072
14	Information technology	35,933	<u> </u>	7,187	26,949
15	Royalties	33,933	1,797	7,107	20,949
	,				
16 17	Occupancy	14.016	746	2.002	11 107
17	Travel	14,916	746	2,983	11,187
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,612	781	3,122	11,709
20	Interest		1		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,547	4,677	18,709	70,161
23	Insurance				
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)				
а	DUES, FOOD & OTHER	206,844	10,342	41,369	155,133
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,897,168	7,642,226	803,625	2,451,317
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 Sheet

		Check if Schedule O contains a response or note to any line in the	nis Par	tX	(A)		(B)
	Т.	Cook was substant became			Beginning of year		End of year
	1	Cash-non-interest-bearing			1,265,219	1	4 746 490
	2	Savings and temporary cash investments					1,746,180
	3	Pledges and grants receivable, net			7,148,625		7,117,850
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L	rt II of			5	
its	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$ ), persons described in section $4958(c)(3)(E)$ employers and sponsoring organizations of section $501(c)(9)$ volume beneficiary organizations (see instructions) Complete Part II of	3), and olunta	contributing ry employees'		6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			33,126	<u> </u>	36,535
	10a	Land, buildings, and equipment cost or other basis Complete	 i	i	00, 120	-	00,000
	100	Part VI of Schedule D	10a	246,368			
	Ь	Less accumulated depreciation	10b	72,901	177,854	<b>10</b> c	173,467
	11	Investments—publicly traded securities			27,601,091	11	29,935,951
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			50,593,557	15	52,745,836
	16	Total assets. Add lines 1 through 15 (must equal line 34)			86,819,472	16	91,755,819
	17	Accounts payable and accrued expenses			474,142	17	408,627
	18	Grants payable				18	
	19	Deferred revenue			98,969	19	61,032
	20	Tax-exempt bond liabilities				20	
φ.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
ilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		stees,			
Liabilit		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 relate and other liabilities not included on lines 17-24) Complete Par	t X of S	Schedule			
		D			40,601,264		38,915,978
	26	Total liabilities. Add lines 17 through 25			41,174,375	26	39,385,637
ي. ط		Organizations that follow SFAS 117 (ASC 958), check here ► 5	and	complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.			4,271,819	27	7,782,344
<u>ರ</u>	27	Unrestricted net assets	•		36,433,853		39,430,059
<u> </u>	28	Temporarily restricted net assets		•	4,939,425		5,157,779
Fund Balances	29	Permanently restricted net assets		 —	4,939,425	29	5, 157,779
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
\$	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			45,645,097	$\vdash$	52,370,182
	34	Total liabilities and net assets/fund balances			86,819,472	34	91,755,819

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,9	986,583
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,8	397,168
3	Revenue less expenses Subtract line 2 from line 1	3		7,0	89,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45,6	545,097
5	Net unrealized gains (losses) on investments	5		-:	11,850
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		- 2	252,480
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		52,3	370,182
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

# Software ID: Software Version:

**EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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

Form 990, Part VII - Compensate Compensated Employees, and I	tion of Officers, Independent Cor	Direct otracto	ors, ers	Tru	ste	es, i	Сеу	Employees, High	nest	
( <b>A</b> ) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (c nan o n is b	ne b oth	ox,ι an o	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
STEVE AUSTIN	50	х						0	0	0
DIRECTOR DAVE BARKER	0 00	X						0	0	0
DIRECTOR CONNIE CONARD	18 00					-			0	0
DIRECTOR	2 00	X						0	0	0
BETTY COOPER DIRECTOR	2 00 40 00	×						0	48,751	7,898
ROBERT DEROSE	4 00	х						0	0	0
STEVE FINDEN	50	х						0	0	0
DIRECTOR JUDI FREEMAN	0 00									
DIRECTOR DAN GENSLER	0 00	X						0	0	0
DIRECTOR	2 00	х						0	0	0
ELIZABETH GILDRED SECRETARY	3 00	×		х				0	0	0
STEVE KAVY MD	2 00	х						0	0	0
DIRECTOR  JC KYRILLOS	2 00	X						0	0	0
DIRECTOR MIKE LABELLE	0 00									
VICE CHAIR ERIC LINEBARGER MD	0 00	×		Х				0	0	0
DIRECTOR	0 00	Х						0	0	0
WILLIAM LITTLEJOHN SR VP/CEO FOUNDATION	40 00	×		х				0	420,385	30,635
ROBERT MAXWELL	2 00	х						0	0	0
DIRECTOR KATHRYN MCCOY-O'NEILL	2 00	X						0	0	0
DIRECTOR BRIDGET MCDONALD	0 00					-			0	ı
DIRECTOR	0 00	Х						0	0	0
LINDA MILLER DIRECTOR	1 00	x						0	0	0
MICHAEL W MURPHY PRESIDENT & CEO, SHARP HEALTHCARE	4 00 60 00	х		х				0	1,640,404	95,982
ERIC NORTHBROOK	1 00	х						0	0	0
DIRECTOR STEVE NORTON	0 00							0		
DIRECTOR RALPH PESQUEIRA	0 00	X						0	0	0
DIRECTOR	0 00	Х						0	0	0
JIM REOPELLE TREASURER	2 00	х		х				0	538	0
VALERIE ROBBINS	2 00	Х						0	0	0
DIRECTOR HOWARD ROBIN MD	0 00	×						0	48,000	0
DIRECTOR	0 00									

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

CD   Reportable   Compensation from the compensation from the and Title   A verage hours per week (its any hours for related organizations) below dotted line)   Position (do not check more than one box, unless person is both an officer any hours for related organizations) below dotted line)   Position (do not check more than one box, unless person is both an officer any hours for related organization (W-2/1099-MISC)   Position (do not check more than one box, unless person is both an officer any hours for related organization (W-2/1099-MISC)   Position (do not check more than one box, unless person is both an officer any hours person is both an officer any hours person is both an officer any hours person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than one box, unless person is both an officer and a director/frustree)   Position (do not check more than officer and a director/frustree)   Position (do not check more than one box, unless person of the form the organization (do not check more than one box, unless person of the form the organization (do not check more than one box, unless person of the form the organization (do not check more than organization (do not check more than
CHAIR   10 00
CHAIR
CHAIR   10 00
DIRECTOR
TED SCHROEDER
DIRECTOR   O 00   O   O   O   O   O   O   O   O
CHARLES M SCHUETZ MD
DIRECTOR   0 00
REGINA SMITH         2 00         X         0
DIRECTOR
TODD STICHLER         1 00         X         0
DIRECTOR         0 00         X         0         0           TROY STORK         3 00         X         0         0           DIRECTOR         0 00         X         0         0           JOSEPH J STRAZZERI         2 00         X         0         0           DIRECTOR         0 00         X         0         0
TROY STORK         3 00         X         0         0           DIRECTOR         0 00         X         0         0           JOSEPH J STRAZZERI         2 00         X         0         0           DIRECTOR         0 00         X         0         0
DIRECTOR         0 00         X         0         0           JOSEPH J STRAZZERI         2 00         X         0         0           DIRECTOR         0 00         X         0         0
DIRECTOR 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECTOR X 0 0 0
MARK LAMSEN MI)
200   x
DIRECTOR 30 00
TOM TOURTELLOTT 1 00 X 0 0
DIRECTOR 0 00
REBECCA TUGGLE 2 00 X 0 0
DIRECTOR 0 00
JANET VOHARIWATT 2 00 X 0 0
DIRECTOR 0 00
RAY WILLENBERG 2 00 X 0 0
DIRECTOR 0 00
ANNE JIGGER 40 00 X 0 235,975
VP PHILANTHROPY 0 00
MARSHA LUBICK 24 00 X 0 161,741
VP PHILANTHROPY 0 00
PAMELA BARNETT 40 00 X 0 147,658
MGR DONOR RELATIONS 0 00 147,658
JAMES SARDINA 40 00 X 0 122,333
MGR DEVELOPMENT 0 00 122,333
SUSAN RESSMEYER 45 00 V 0 100 054
MGR ADMIN SVC 0 109,054

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OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name of the organization SHARP HEALTHCARE FOUNDATION **Employer identification number** 

									95-34924		
	t I			blic Charity Sta						<u>nstructions</u>	
The o	rganı:	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	lines 1 throu	ıgh 11, check	only one b	ox)		
1		A chur	ch, conventi	on of churches, or a	ssociation of	f churches d	lescribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2		A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ibed in <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	Γ			n organization operat	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the
5	_			ty, and state erated for the benefi	+ -6 II		*·· -···			<b>.</b>	
5	ı	_	•	A)(iv). (Complete P	=	e or universi	ty owned or o	perated by	a governmen	tai uiiit üest	.nbed iii
6	_			local government or	•	tal unit dace	ribad in <b>casti</b>	on 170/b\/	1\(A\(\)		
7	고			at normally receives	-			. , .	,, ,, ,	rom the gen	oral nublic
•	١٠	_		on 170(b)(1)(A)(vi).		•	support from	a governin	ental unit of f	ioni the gen	erar public
8	$\vdash$			described in <b>section</b>			mplete Part II	)			
9	Γ	An orga	anization tha	at normally receives	(1) more th	an 331/3% d	of its support	from contri	butions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331	/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ess taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Pa	rt III )		
10	$\Gamma$	An orga	anızatıon org	ganized and operated	d exclusively	to test for	public safety	See <b>sectio</b>	n 509(a)(4).		
11		_	,	ganized and operated	,				,	,	
				ly supported organiz						ee <b>section 5</b>	<b>09(a)(3).</b> Check
				bes the type of supp <b>b</b> Type II <b>c</b>						on-functions	lly integrated
e	$\vdash$			ox, I certify that the							
•	'	,	_	on managers and otl	_		,		, ,	•	•
			509(a)(2)	_		•	,	-			
f				received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organization,
g			this box	2006, has the organi	ization accer	nted any dift	or contributi	on from any	ofthe		ı
9			ig persons?	1000, has the organi	ization accep	occu any gne	. or continuer	on nom any	or the		
		(i) A p	erson who d	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No
		and (III	) below, the	governing body of th	ie supported	organizatioi	n?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				<b>11</b> g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organızat	ion(s)				
	_	_					T	_	T		T
•	) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of monetary
	uppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat col (i) org		support
-	9			lines 1 - 9 above	your gove		suppor	•	in the U		- Support
				or IRC section	docume	nt?					
				(see							]
				instructions))	Yes	No	Yes	No	Yes	No	
T-4-1											

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

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

Se	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,152,106	7,317,682	6,705,715	5,245,517	11,745,986	39,167,006
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	8,152,106	7,317,682	6,705,715	5,245,517	11,745,986	39,167,006
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,183,528
6	<b>Public support.</b> Subtract line 5 from line 4						33,983,478
	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	beginning in) A mounts from line 4	8,152,106	7,317,682	6,705,715	5,245,517	11,745,986	39,167,006
8	Gross income from interest,	3,132,133	.,01.,002	5,1.55,1.25	5,2 .5,52.	117. 107500	05/101/000
	dividends, payments received on securities loans, rents, royalties and income from similar sources	591,936	972,581	1,336,302	1,298,080	1,253,580	5,452,479
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,916	8,358		2,802	34,493	50,569
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,637					16,637
11	Total support (Add lines 7 through 10)						44,686,691
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	18,342,973
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>	<u> </u>	<u> </u>		•		·
	ection C. Computation of Pub						
14	Public support percentage for 2013			11, column (f))		14	76 050 %
15	Public support percentage for 2012	Schedule A, Par	t II, line 14			15	73 550 %
16a	<b>33</b> 1/3% <b>support test—2013.</b> If the	•		•	ne 14 is 33 1/3%	or more, check t	_
	and stop here. The organization qua 33 1/3% support test—2012. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee	organization did r n qualifies as a pu – <b>2013.</b> If the orga tion meets the "fa	not check a box o ublicly supported anization did not o acts-and-circums	n line 13 or 16a, organization check a box on lin ctances" test, che	e 13, 16a, or 16 ck this box and s	b, and line 14 <b>stop here.</b> Explair	<b>▶</b> 厂
b 18	organization  10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization	<b>–2012.</b> If the organization meets the tion meets the "fa	anization did not o e "facts-and-circ acts-and-circums	check a box on lin umstances" test, tances" test The	e 13, 16a, 16b, check this box a e organization qu	or 17a, and line nd <b>stop here.</b> alifies as a public	<b>▶</b> ┌
10	instructions	ion did not check	a box on line 13	, 10a, 10D, 1/a, C	n 170, check thi	s bux and see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions INCOME

	<u> </u>
	<b>formation.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER	MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493223013305

## OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

	me of the organization ARP HEALTHCARE FOUNDATION			Employe	r iden	tification number
				95-3492		
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section	527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV		
2	Political expenditures			•	•	\$
3	Volunteer hours					
ar	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).		
1	<u> </u>	e tax incurred by the organization i	-		►	\$
2	Enter the amount of any excis	e tax incurred by organization mana	agers under sectio	n 4955	<b>•</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except sectio	n 50	1(c)(3).
1		ended by the filing organization for			•	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527	<b>.</b>	<b>d</b>
2	·	tures Add lines 1 and 2 Enter her	o and an Farm 117	00 DOL line 17h	_	ዋ
3	·		e and on Form 112	O-POL, line 17b	-	\$
4	Did the filing organization file I					☐ Yes ☐ No
5	organization made payments	nd employer identification number ( For each organization listed, enter ns received that were promptly and	the amount paid fro	om the filing organizat	ion's f	
		political action committee (PAC)				nızatıon, such as a
	(a) Name	(b) Address			format rom n's	nızatıon, such as a
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	If additional space	(d) A mount paid filing organization	format rom n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2013						Page 2
Pä	art III-A Complete if the organization	is exemp	t under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► If the filing organization belongs to a	on offiliated	aroup (and	List in Dort IV or	ah affiliated are	un mambaria nam	o addraca EIN
~	expenses, and share of excess lobb	ich ammateu gro	up member s nam	e, address, ETN			
<u>B</u>	Check ► ☐ if the filing organization checked bo	x A and "lim	ited contro	ol" provisions ap	oly		
	Limits on Lobbying E (The term "expenditures" means ar			l.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o						
b	Total lobbying expenditures to influence a legisl	ative body (	direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount is columns	from the follo	wing table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ing nontax	able amount is:			
	Not over \$500,000						
	Over \$500,000 but not over \$1,000,000	000					
	Over \$1,000,000 but not over \$1,500,000						
	Over \$1,500,000 but not over \$17,000,000						
	Over \$17,000,000						
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	er-0-					
i	Subtract line 1f from line 1c If zero or less, ente	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line	1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t Lobbying Exp	section 5 he instruc	01(h) el ctions fo	r lines 2a thr	have to cor ough 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a	) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) Total
<u>2a</u>	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						

	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a)		(b)	
actıv		Yes	No		Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	1		
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?	Yes				14
j	Total Add lines 1c through 1i					14
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912		No			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s		n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		- 1	2	1	
						-
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "			3 or s		
	t III-B Complete if the organization is exempt under section 501(c)(4), section !			3 or s		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C		3 or s		
Par 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	No" C		3 or s		
Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C		3 or s		
Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	No" (		3 or s		
Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	1 2a 2b		3 or s		
Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3		3 or s		
1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2a 2b 2c 3		3 or s		
1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	2a 2b 2c 3		3 or s		
1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information  vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the section section is an expensive to the section secti	1 2a 2b 2c 3 4 5	OR (b)	3 or s ) Par	t III-	-A,
1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  TIV Supplemental Information	1 2a 2b 2c 3 4 5	OR (b)	3 or s ) Par	t III-	-A,

Belledale e (Form 330 of	-		rage <del>-r</del>
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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DLN: 93493223013305

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

	me of the organization ARP HEALTHCARE FOUNDATION		Employer identification number
0			95-3492461
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the
	organization unonorda 100 to 101111 250	(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 advis- funds are the organization's property, subject to the or		or advised Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene- conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)  Preservation of an Preservation of a c	ertified historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in ti	ne form of a conservation
	,,,,,,,	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferi	ed, released, extinguished, or terminate	d by the organization during
	the tax year 🛌		
4	Number of states where property subject to conservat	ion easement is located 🗠	<u> </u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and <b>Yes No</b>
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
7	A mount of expenses incurred in monitoring, inspecting	a. and enforcing conservation easements	during the year
•	<b>▶</b> \$	· -	-
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(H)^{2}$	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial	
Pai	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		· -
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Tr</u>	easu	res, or O	<u>ther</u>	Similar As	sets (c	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	 s, ch	eck			_		significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Other	-					
C	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explain	how	v the	y furthe	er the o	rganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o									_	_
D	assets to be sold to raise funds rather than t									┌ Yes	│ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	J Y€	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets n		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollow	ıng t	able		_				
									An	nount	
C	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	expla	nati	on has	been p	rovided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete										
_		(a)Current year 9,322,834	(b)	Prior y			o years back 7,221,406		hree years back 7,525,406	(e)Four	years back 6,616,919
1a	Beginning of year balance	9,322,834			998,340 487,523		93,034	-	-11,044		7,629
b	Contributions	981,542			467,523		93,034		-11,044		7,629
С	Net investment earnings, gains, and losses	724,823			946,842		927,635		-207,299		966,905
d	Grants or scholarships	103,706			102,650		105,600		84,068		66,047
е	Other expenditures for facilities and programs	1,446			7,221		138,135		1,589		
f	Administrative expenses	10.024.047			222 024		7.000.240		7 221 406		7 525 406
g	End of year balance	10,924,047		-	322,834		7,998,340		7,221,406		7,525,406
2	Provide the estimated percentage of the curi	·	(lın	e 1g	, colum	n (a)) h	ield as				
а	Board designated of quasi-endownent	17 000 %									
b	Permanent endowment ► 83 000 %										
c	Temporarily restricted endowment ► Continuous The percentages in lines 2a, 2b, and 2c shows the percentages.	) % uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion t	hat a	are held	d and a	dmınıstered	l for t	he		<del></del>
	organization by  (i) unrelated organizations								3a(	Yes	No No
	(ii) related organizations								3a(		No
b	If "Yes" to 3a(II), are the related organization						· . · . · .	٠. ٠	3	_	<del>                                     </del>
4	Describe in Part XIII the intended uses of th	e organization's endo	owme	ent f	unds						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		e or	rgan	ızatıor	n answ	ered 'Yes	' to F	orm 990, Pa	art IV, l	ine
	Description of property				i) Cost o sis (inve		(b)Cost or o basis (other		(c) Accumulate depreciation	d <b>(d)</b> E	Book value
1a	Land						168	,408			168,408
Ь	Buildings										
c	Leasehold improvements										
d I	Equipment						77	,960	72,9	01	5,059
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	colu	mn (	B), line	10(c).)					173,467
									Schedule [	(Form	990) 2013

Part VII Investments—Other Securities. Con	nplete 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		Cost of end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		<del>_</del>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ption	(b) Book value
(1) DEFERRED PLANNED GIFTS		17,056,926
(2) PLANNED GIVING RESERVES (ANNUITIES, PIF)		5,753,720
(3) OTHER RECEIVABLES		568,187
(4) LOAN RECEIVABLE-SHC INVESTMENT FUND X		29,319,003
(5) OTHER INVESTMENTS LT		48,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.		52,745,836
Part X Other Liabilities. Complete if the orga	nization answered 'Yes' t	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
	(b) Book value	
Federal income taxes		
DEFERRED PLANNED GIFT LIABILITIES	5,046,648	
LINE OF CREDIT (SHC)	3,018,997	
INTERCOMPANY PAYABLE	30,850,333	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	38,915,978	
2 Labelle Carrier Labelle Comments of the Comm	the toyt of the factoria to the	

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

		enue per Audited Financial Stat ed 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er R	eturn Complete If
1	_	upport per audited financial statements			1	7,011,436
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				, ,
а	Net unrealized gains on investme		2a	-111,850		
b	Donated services and use of facil	ities	2b	28,677		
c	Recoveries of prior year grants		2c	·		
d	Other (Describe in Part XIII ) .		2d	-12,672		
e	Add lines 2a through 2d				2e	-95,845
3	Subtract line <b>2e</b> from line <b>1</b>				3	7,107,281
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a	144,953		
b	Other (Describe in Part XIII ) .		4b	10,734,349		
c	Add lines 4a and 4b				4c	10,879,302
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line	12)		5	17,986,583
Part		enses per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		nts With Expenses	per	Return. Complete
1	Total expenses and losses per au	dited financial statements			1	4,057,249
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facil	ties	2a	28,677		
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d	239,808		
e	Add lines 2a through 2d				2e	268,485
3	Subtract line <b>2e</b> from line <b>1</b>				3	3,788,764
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a	144,953		
b	Other (Describe in Part XIII ) .		4b	6,963,451		
c	Add lines <b>4a</b> and <b>4b</b>				4c	7,108,404
5	Total expenses Add lines 3 and 4	<b>k.</b> (This must equal Form 990, Part I, lin	e 18 )		5	10,897,168
Part	XIII Supplemental Infor	mation				
Part		rt II, lines 3, 5, and 9, Part III, lines 1a es 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	V, LINE 4 SI	HARP HEALTHCARE FOUNDATION HA NDOWMENTS RESTRICTED FOR A VAR MERGENCY SERVICES, WOMEN'S RESE ABORATORY, HOSPITAL EQUIPMENT	IETY (	OF PURPOSES, SUCH A , ONCOLOGY, NURSIN	AS RE IG ED	HABILITATION, UCATION,
PART	X, LINE 2  M TI R B FI	HARP RECOGNIZES TAX BENEFITS FRORE LIKELY THAN NOT THE TAX POSTECHNICAL MERITS, WITH THE TAXING THAT THE MOSTELEVANT INFORMATION SHARP RECENTED TO THAT THE MOSTELEVANT INTERIM PERIOD THAT THE MOSTELEVANTES ASSETS ASSETTS A	OM AN TION GAUTH DRDS A TIONS	Y UNCERTAIN TAX POWILL BE SUSTAINED, HORITY HAVING FULL A LIABILITY FOR UNRES AS DISCRETE TAX A	SITI BASE KNOV ECOG DJUS1 HOLD	ONS ONLY IF IT IS D SOLELY ON ITS VLEDGE OF ALL NIZED TAX TMENTS IN THE IS NOT MET SHARP

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

TEMPORARILY RESTRICTED REVENUE 10,572,534 PERMANENTLY RESTRICTED REVENUE

TEMPORARILY RESTRICTED EXPENSES 6,997,838 LOSS ON SALE OF ASSETS -34,387

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 239,808

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 239,808

UNCOLLECTIBLE PLEDGES -252,480

196,202 LOSS ON SALE OF ASSETS -34,387

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Schedule	D (Form	990)	2013

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization RP HEALTHCARE FOUNDATION	I			Employer ident	ification number	
					95-3492461		
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered	
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other	
3	Activites per Region (The follow	/ing Part I , line 3	B table can be d	uplicated if additional spa	ce is needed )		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1)	) NORTH AMERICA	0	0	SALE OF INVESTMENTS - PROPERTY		31,000	
( 2	)						
( 3	)						
(4	)						
( 5	)						
3a	Sub-total	0	0			31,000	
	Total from continuation sheets to Part I	0	0			0	
(	Totals (add lines 3a and 3b)	0	0	1		31,000	

			ived more than \$5,0					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
( 2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	⊽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS REPORTED

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DLN: 93493223013305

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Supplemental Information Regarding** 

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization ARP HEALTHCARE FOUNDA	TION					Employer iden	tification number	
SHARF HEALTHCARL FOUNDATION						95-3492461			
Pa	<b>Fundraising Act</b> Form 990-EZ filers				on answered "Yes" part.	to Form	990, Part IV	, line 17.	
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the f	following activities Che	eck all th	at apply		
а	Indicate whether the organization raised funds through any of the following activities. Check all that apply  Mail solicitations  e								
b	Internet and email soli	cıtatıons		f	Solicitation of gov	_	_		
c	Phone solicitations			а	Special fundraisin		<b>J</b>		
d	In-person solicitations								
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  Yes								
b	If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents unde	er which the fu	ndraiser is	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
—	al		<u> </u>	<u> </u>					
3	List all states in which the registration or licensing	organization is regis	tered or lı	censed to	 	l or has bee	n notified it is	exempt from	

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi				
			(a) Event #1 SMH GOLF	(b) Event #2  SMV ANNIVERSARY	(c) O ther events	(d) Total events (add col (a) through col (c))	
			(event type)	(event type)	(total number)		
E Le	1	Gross receipts	200,737	90,525	481,543	772,805	
Revenue	2	Less Contributions	117,126	75,794	320,024	512,944	
_	3	Gross income (line 1 minus line 2)	83,611	14,731	161,519	259,861	
	4	Cash prizes					
မွာ	5	Noncash prizes	36,099		31,187	67,286	
Expenses	6	Rent/facility costs	15,760		30,767	46,527	
ᄶ	7	Food and beverages .	24,976	14,731	85,103	124,810	
Direct	8	Entertainment	325		750	1,075	
Δ	9	Other direct expenses .					
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•	(239,698)	
	11	Net income summary Subtract lii	ne 10 from line 3, column	(d)		20,163	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than	
Revenue	1	Gross revenue	(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Expenses	2	Cash prizes					
<u>8</u>	3	Non-cash prizes					
	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	Г Yes% Г Nо	┌ Yes %			
		Direct expense summary Add line:	-		<b>.</b>		
9 a b	Ente Is th	er the state(s) in which the organizate he organization licensed to operate	ition operates gaming act gaming activities in each	civities of these states?			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No							

						1:			
Does	s the organization operate gaming activi	ties with nonmember	rs?	Г	Yes No				
12	Is the organization a grantor, beneficia								
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes F	No No			
13	Indicate the percentage of gaming act	ivity operated in							
а	The organization's facility					%			
b	An outside facility			13b		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records								
	Name <b>▶</b>								
	Address ►								
15a b	Does the organization have a contract revenue?	••••••••••••••••••••••••••••••••••••••	he organization 🟲 \$		· 「Yes「	– No			
	amount of gaming revenue retained by	the third party 🟲 \$ _							
C	If "Yes," enter name and address of th	e third party							
	Name ▶	Name 🟲							
	Address ►								
16	Gaming manager information								
	Name 🕨								
	Gaming manager compensation ► \$								
	Description of services provided								
	Director/officer	Employee	☐ Independent con	tractor					
17	Mandatory distributions								
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	proceeds to					
	retain the state gaming license?								
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	ın the organization's own exempt activities during the tax year ▶ \$								
Pai		5b, 15c, 16, and 17	xplanations required by Part I 7b, as applicable. Also comple			and			
	Return Reference		Explanati	on					
		<u> </u>		Schodulo G /For	000 av 000 F	7) 2012			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493223013305

OMB No 1545-0047

**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** 

Name of the organization						Employer identification number		
SHARP HEALTHCARE FOUNDATIO	N					95-3492461		
Part I General Information	on on Grants and	Assistance				•		
<ul> <li>Does the organization maintain the selection criteria used to an Describe in Part IV the organization</li> </ul>	ward the grants or ass	sistance?					<b>∀</b> Yes	
Part II Grants and Other A Form 990, Part IV, lin							es" to	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
See Additional Data Table								

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . .
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) CONE GRANT	5	40,000			
(2) SHARP MEMORIAL DAY TREATMENT SCHOLARSHIPS	9	63,483			

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 ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO THE SHARP HEALTHCARE SYSTEM THE FUNDS
	RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED SHARP HEALTHCARE, SHARP
	MEMORIAL HOSPITAL, AND SHARP CHULA VISTA MEDICAL CENTER SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF
	THESE SPECIFICALLY DESIGNATED FUNDS FUNDS MAY ALSO BE DISPERSED TO GROSSMONT HOSPITAL CORPORATION AND SHARP
	CORONADO HOSPITAL AND HEALTHCARE CENTER TO AFFECT A SYSTEM-WIDE INITIATIVE THE ORGANIZATION MAY ALSO UTILIZE
	UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION
	MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND
	ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO
	ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION AFTER AMOUNTS ARE FUNDED THERE IS NO ADDITIONAL
	MONITORING THAT TAKES PLACE SHARP HEALTHCARE FOUNDATION PROVIDES SCHOLARSHIP ASSISTANCE TO INDIVIDUALS SEEKING
	TO ADVANCE THEIR EDUCATION INTERESTED EMPLOYEES SUBMIT AN APPLICATION WITH THE REQUIRED DOCUMENTATION AND A
	SCHOLARSHIP SELECTION COMMITTEE OVERSEES THE AWARD PROCESS FUNDS AVAILABLE FOR ALLOCATION ARE REVIEWED AND
	DECISIONS ARE MADE ABOUT THE NUMBER OF SCHOLARSHIPS TO BE AWARDED BY DEGREE REVIEWERS INDEPENDENTLY USE A RUBRIC
	TO SCORE THE APPLICATIONS AND ENTER THE INFORMATION INTO A SPREADSHEET ORGANIZED BY DEGREE REVIEWERS MEET, REVIEW
	APPLICATION SUBMISSION MATERIALS AND SCORES AND SELECT THE FINAL APPLICANTS TO RECEIVE A SCHOLARSHIP AWARD
	Coloradata T (Forms 000) 2012

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-3782169	501(C)3	4,374,177	9,396	FMV	EQUIPMENT	PROGRAM SUPPORT

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-6077327	501(C)3	1,399,252	175	FM∨	EQUIPMENT	PROGRAM SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-2367304	501(C)3	1,006,075	2,127	FM∨	EQUIPMENT	PROGRAM SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	33-0519730	501(C)4	365,266				PROGRAM SUPPORT			

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>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942	33-0449527	501(C)3	154,890				PROGRAM SUPPORT			

Form 990,Schedule I, Pa	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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN RED CROSS 2025 E ST NW WASHINGTON, DC 20006	53-0196605	501(C)3	10,000				DONATION FOR PHILIPPINES RELIEF EFFORT			

Form 990, Schedule 1, Part 11, 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	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASSOCIATED STUDENTS SDSU 5250 CAMPANILE DR SAN DIEGO, CA 921821948	95-6042622	501(C)3	5,384				REHAB DAY AT THE DAY 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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASSOC OF FUNDRAISING 4300 WILSON BLVD STE 300 ARLINGTON,VA 222034179	33-0050791	501(C)6	10,000				NATIONAL PHILANTHROPY DAY SPONSORSHIP			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LIFE ROLLS ON FOUNDATION 400 CORPORATE POINTE STE 525 CULVER CITY,CA 90230	74-3032829	501(C)3	6,000				THEY WILL SURF AGAIN SPONSORSHIP			

<u>  Form 990,Schedule I, Par</u>	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>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAN DIEGO WHEELCHAIR ATHLETIC ASSOCIATION 2425 FENTON ST CHULA VISTA,CA 91914	56-2386514	501(C)3	9,313				WHEELCHAIR RUGBY SPONSORSHIP		

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DLN: 93493223013305

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► 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.

Open to Public Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION **Employer identification number** 

95-3492461

Pa	rt I Questions Regarding Compensat	ion			
				Yes	No
la		provided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	✓ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		e organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b	Yes	
2	, ,	to reimbursing or allowing expenses incurred by all xecutive Director, regarding the items checked in line 1a?	2	Yes	
3	organization's CEO/Executive Director Check al	ganization used to establish the compensation of the I that apply Do not check any boxes for methods ensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-conti	rol payment?	4a		Νo
b	Participate in, or receive payment from, a suppler	mental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		Νo
	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 compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
5	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes	A, line 1a, did the organization provide any non-fixed ," describe in Part III	7		No
3	Were any amounts reported in Form 990, Part VI	I , paid or accured pursuant to a contract that was			
	subject to the initial contract exception described	d in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations	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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)WILLIAM LITTLEJOHN SR VP/CEO FOUNDATION	(i) (ii)	0 306,775	0 85,835	0 27,775	0 14,468	0 16,167	0 451,020	0
(2)MICHAEL W MURPHY PRESIDENT & CEO, SHARP HEALTHCARE	(i) (ii)	0 1,168,056	0 415,264	0 57,084	0 79,698	0 3 16,284	0 1,736,386	0
(3)ANNE JIGGER VP PHILANTHROPY	(i) (ii)	0 187,037	0 46,731	0 2,207	0 8,894	0 11,757	0 256,626	0
(4)MARSHA LUBICK VP PHILANTHROPY	(i) (ii)	0 112,804	0 44,655	0 4,282	0 9,857	0 10,468	0 182,066	0
(5)PAMELA BARNETT MGR DONOR RELATIONS	(i) (ii)	0 120,447	0 18,869	0 8,342	0 7,812	0 11,891	0 167,361	0

Schedule J (Form 990) 2013

### 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	THE ORGANIZATION PAYS UNIVERSITY CLUB DUES FOR WILLIAM S LITTLEJOHN, SVP/CEO FOUNDATIONS, FOR BUSINESS PURPOSES, AND THEREFORE, THE AMOUNT WAS NOT REPORTED AS TAXABLE COMPENSATION
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 PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PRAFTICIPANT EACH PLAN YEAR SHALL EQUAL TO 18% OF THE PARTICIPANT 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 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 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, OR TOWARD DEPOSITS TO THE EITSALE LIFT 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 PURCHASION THE SAB DURING THE 2008 PLAN YEAR NO ELECTIVE COVERAGE OR ADDITIONAL DEPO
PART I, LINE 3	THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493223013305

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

## **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization SHARP HEALTHCARE FOUNDATION

**Employer identification number** 

95-3492461

Pa	Till Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contri	letern	_	nts
1	Art—Works of art	X	3	2,200	DONOR VALUAT	ION		
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods	X		23,035	DONOR VALUAT	ION		
6	Cars and other vehicles	X	8	24 400	SALE PRICE			
	Boats and planes			21,100	SALLTRICE			
	Intellectual property							
	Securities—Publicly traded .	X	4	22,645	FMV			
	Securities—Closely held stock .		'	22,013				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	X	6	1,100	DONOR VALUAT	ION		
	Food inventory							
	Drugs and medical supplies .	X	2	6,729	DONOR VALUAT	ION		
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►( EREST IN C )	X	1	3,91/,302	PRESENT VALUE			
GIF	Other▶( T CERTIFIC)	Х	4	1,773	DONOR VALUAT	ION		
	Other ►()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received by th for which the organization completed F				9			2
30a	During the year, did the organization in the state of the						Yes	No
	for exempt purposes for the entire hol			•		30a		Νο
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	ew of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	solicit, process, or sell no	ncash • • •	32a	Yes	
	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

number of items	number of items received, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation				
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES				
DART I LINE 32B	VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION				

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493223013305

OMB No 1545-0047

2013

Open to Public Inspection

# 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.

Name of the organization SHARP HEALTHCARE FOUNDATION

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

95-3492461

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

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

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

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
	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 EXECUTIVE OFFICER ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM, FOR REVIEW OF THE FORM 990

FORM 990, PART VI, SECTION B, APPROVED BY THE SHARP HEALTHCARE FOUNDATION GOVERNING BOARD SHARP HEALTHCARE FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM 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 OFFICERS) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES/SENIOR VICE PRESIDENT 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 EMPLOY EES FROM SHARPS 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 CHARMAN OF THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE WITH THE BOARD DOBICLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE 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 EXISTS IN CRETAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITIOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAI	Return Reference	Explanation
	PART VI,	APPROVED BY THE SHARP HEALTHCARE FOUNDATION GOVERNING BOARD SHARP HEALTHCARE FOUNDATION 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 EMPLOY EES 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 EMPLOY EES FROM SHARPS 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 OMMITTEE 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 COMPETITIOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMAT

FORM 990, PART VI, PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE WANAGEMENT (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 PHY SICIANS 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 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	Return Reference	Explanation
NOVEMBER/DECEMBER 2013	PART VI, SECTION B,	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 PHY SICIANS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM)

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PLEDGE WRITE OFF -252,480

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

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4A	FISCAL YEAR 2014 COMMUNITY BENEFITS REPORT SECTION 1 AN OVERVIEW OF SHARP HEALTHCARE SYMEN PRESENTED, RESUNDAND HEALTHCARE (SHARP) OR SYSTEM BASED IN SAN DIGGO, CALIF. THE SHARP SYSTEM INCLIDES FOUR ACUTE CARE HOSTITALS, THREE SPECIALTY HO SPITALS, TWO AFFILIATED MEDICAL GROUPS, 21 MEDICAL CLINICS, FIVE URGENT CARE FACILITIES, THO INPATENT CHARLES, THE SYMEN PROBLEMS, THE SYMEN SYM

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ING * INNOVATION CREATIVE, DRIVES FOR CONTINUOUS IMPROVEMENT, INITIATES BREAKTHROUGHS, DEVE LOPE SELF, WILLING TO ACCEPT NEW IDEAS AND CHANGE * EXCELLENCE QUALITY FOCUSED, COMPALED 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 CAR E EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHYSICIANS AND STAFF THROUGH A SWEEPING, OR GANIZATION-WIDE PERFORMANCE AND EXPERIENCE IMPROVEMENT INITIATIVE CALLED THE SHARP EXPERIE NCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURPOSEFUL, WORTHWHILE WORK, AND CREATING THE KIND OF HEALTH CARE FEOPLE WANT AND DESERVE. THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATIONS TOP-RANKED HEALTH CARE SYSTEMS. SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPORTANT BLEMENT OF THE HEALTH CARE EQUATION. THE PEOPLE. THROUGH THIS EXTRAORDINAR Y. 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 BULLDING A CULTURE OF TEAMW ORK, 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 PHYSICIA NS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALLED 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 PRACTICE MEDICINE, CREATING AN ENVIRONMENT IN WHICH PHYSICIA NS ENVIRONMENTS THAT ARE PLEASANT, SOOTHING SAFE, MEN ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, AND ENJOY TH

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	APPLYING HIGH RELIABILITY CONCEPTS IN AN ORGANIZATION BEGINS WHEN LEADERS AT ALL LEVELS ST ART THINKING ABOUT HOW THE CARE THEY PROVIDE COULD BECOME BETTER IT BEGINS WITH A OLL TURE OF SAFETY WITH THIS LEARNING, SHARP IS NOW A SEVEN-PLLAR ORGANIZATION, QUALITY, SAFETY, SERVICE, PEOPLE, FINANCE, GROWTH AND COMMUNITY THE FOUNDATIONAL ELEMENTS OF SHARPS STRATEGIC PLAN HAVE BEEN BHANCED TO BETH ASSES SHARPS CESTER TO DO NO HARM THIS STRATEGIC PLAN HAVE BEEN BHANCED TO SHARPS STRATEGIC PLAN HAVE BEEN BHANCED TO SHARPS STRATEGIC. PLAN HAVE BEEN BHANCED TO SHARPS STRATEGIC PLAN HAVE BEEN BHANCED TO SHARPS STRATEGIC. AN CONTINUES SHARPS TRANSFORMATION OF THE HEALTH CARE EXPERIENCE, FOCUSING ON SAFE HIGH ALL PLAN THE SEVEN BHANCED TO SHARPS SOMMITMENT TO BE COUNTINUES. SHARPS TRANSFORMATION OF THE HEALTH CARE EXPERIENCE, FOCUSING ON SAFE HIGH AND HAVE THE SEVEN BHANCED SHARPS STRATEGIC. AN CARRIEVE SHARPS STRATEGIC PLAN HAVE SHARPS STRATEGIC PLAN HAVE SHARPS STRATEGIC. AND HAVE SHARPS STRATEGIC PLAN HAVE SHARPS SHARPS COMMITTENT TO BE COME THE BEST HEALTH CARE SYSTEM IN THE LINVERSE BY A CHEVING EXCELLENCE IN THESE AREAS DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCELLENCE IN THE SEVEN DEMONST RATING SERVICE EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCELLENCE IN THE SEVEN DEMONST RATING SERVICE EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCELLENCE TO SET INDUSTRY STANDARDS AND EXPENSIVE SHARPS ABILITY TO PROVIDE CUSTOMER SHARPS MISSION AND VISION ACHIEVE FINANCIAL RESULTS TO BUSURE SHARPS ABILITY TO PROVIDE CUALITY ELAT THAT THE ATTEMATION AS THE SET AND BRIGHTEST FEODLE, WHO ARE COMMITTED TO SHARPS MISSION AND VISION ACHIEVE FINANCIAL RESULTS TO BUSURE SHARPS ABILITY TO PROVIDE CUALITY ELAT LICAGE SHAPPING SOME SHAPPING THE STANDARD SHAPPING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	"STOP ACHIEVER BY OBJECTIVELY IDENTIFYING THE HIGHEST PERFORMER AND ACKNOWLEDGING THEIR C ONTRIBUTIONS TO HEALTH CARE WITH THIS SINGULAR AWARD, MOREHEAD ANNUALLY RECOGNIZES A CLIE NT WHO HAS REACHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLOYEE BYGAGEMENT SURVEYS SHARR REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011 IN 2013, BOTH SCHEICAND SCYMC RECEIVED ENERGY STAR (ES) DESIGNATION FROM THE US BY MIRONMENTAL PROTECTI ON AGBICY (EPA) FOR OUTSTANDING SHERGY EFFICIENCY BUILDINGS THAT ARE AWARDED USE AN AVERA GE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXI DE INTO THE ATMOSPHERE SCHHIC FIRST EARNED THE ES CERTIFICATION IN 2007, AND THEN AGAIN EA CHYEAR FROM 2010 THROUGH 2013, WHILE SCYMC RECEIVED ES CERTIFICATION IN 2007, AND THEN AGAIN EA CHYEAR FROM 2010 THROUGH 2013, WHILE SCYMC RECEIVED ES CERTIFICATION IN 2009, 2010, 2011 AND 2013 SAND DIESO GAS & ELECTRIC (SDG&E) RECOGNIZED SHARP HEALTH-CARE FOR OUTSTANDING RES ULTS IN ENERGY EFFICIENCY AND CONSERVATION SHARP WAS NAMED SAN DIEGO'S "HEALTH-CARE 2014 E NERGY CHAMPION" FOR ITS SUCCESSES IN ENERGY CONSERVATION IN 2013, SHARP HEALTH-CARE 2014 E NERGY CHAMPION" FOR ITS SUCCESSES IN ENERGY CONSERVATION IN 2013, SHARP HEALTH-CARE 2014 E NERGY CLIER OF THE YEAR" AT THE CITY OF SAN DIEGO'S ANNUAL WASTE REDUCTION AND RECY CLI IN GAWARDS FOR A SUCCESSFUL AND EXTENSIVE RECY CLING PROGRAM SMH AND SMBHWN WERE HONORED FOR THEIR YEAR" AT THE CITY OF SAN DIEGO'S ANNUAL WASTE REDUCTION AND RECY CLI ING AWARDS FOR A SUCCESSFUL AND EXTENSIVE RECY CLING PROGRAM SMH AND SMBHWN WERE HONORED FOR THEIR COMPREHENSIVE WASTE REDUCTION PROGRAMS SHARP HEALTH-CARE WAS NAMED THE CRYSTAL WIN NER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT. THIS DESIGNATION PECOGNIZES SHARPS HUMAN RESOURCES DEPARTMENT AS AN INNOVATIVE E AND VALUABLE ASSET TO OVERALL COMPANY PERFORMANCE IN 2013, MULTIPLE SHC ENTITIES WERE RECOGNIZED BY THE PRESS GANEY ORGANIZATION FOR ACHIEVE BY A PRECENTIV

Return Reference	Explanation	
No lei elice	FORM 990, PART III, LINE 4A (CONTINUED)	SHARP PROVIDES SERVICES TO HELP EVERY UNELADED PATENT 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, EMPOLLMENT AND REPORTING TECHN CLOGY DESIGNED TO PROVIDE COMMUNITY MEMBERS WITH HEALTH COVERAGE AND FINANCIAL ASSISTANCE OPTIONS AT SHARP, PATENTS USE AS SIMPLE ONLINE QUESTIONNAIRE THROUGH POINTCARE TO GENERAL THE PRESONALED COVERAGE OPTIONS THAT ARE FILLED IN THE ACCOUNT FOR PUTURE REFERENCE AND A COSSIBILITY THE RESULTS OF THE QUESTIONNAIRE ALLOW SHO STAFF TO HAVE AN INFORMED AND SUP PORTIVE DISCUSSION ABOUT HEALTH CARE COVERAGE WITH THE PATENT.  BAPOWERING THE MINITH OPTIONS FROM THE INCEPTION OF THE PROGRAM IN PY 2010 THROUGH INFORMED AND SUP PORTIVE DISCUSSION AND FOUNT HE INCEPTION OF THE PROGRAM IN PY 2010 THROUGH THE MAZE OF GOVERNMENT HEALTH COVERAGE PROGRAMS WHILE MAINTAINING THE PATIENTS DIGNITY THROUGH OTHER POINTS SO INJAINARY 2014 SHARP POSTTALS MEMBERNED AND NOSTICE PROCESS.  FOR REAL-TIME MEDICAL ELIGIBILITY DETERMINATIONS (PRESUMPTIVE ELIGIBILITY) SHARP WAS THE FIRST HOSPITALS WE MEMBER THE PATENT IN THE ED DURINY TO PROVIDE THESE SERVICES, AND SECURED THIS BENEFIT FOR 9,500 UNPUNDED PATENTS IN THE ED DURINY TO PROVIDE THESE SERVICES, AND SECURED THIS BENEFIT FOR 9,500 UNPUNDED PATENTS IN THE ED DURINY TO PROVIDE THESE SERVICES, AND SECURED THIS BENEFIT FOR THE COURSE. OF CONTRIBUTION OF COVERED CALIFORNIA S ROLL OUT, 20 MEMBERS OF SHARPS REGIS TRATION STAFF COMELETED THE STATES CERTIFED BINCHMINY NAVIGATE THE COVERAGE CALIFORNIA S ROLL OUT, 20 MEMBERS OF SHARPS REGIS TRATION STAFF COMELETED THE STATES CERTIFED DISCOMENTAL AND SERVICES AND

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	AND AN INFORMATIONAL BROCHURE THAT OUTLINED STRATESIES TO IMPROVE HEALTH AND WELL-BBING P ARTICIPANTS WERE THEN BYCQURAGED TO SHARE THE RISULTS WITH THEIR RRIMARY CARE PHYSICIAN TO DETERMINE AN APPROPRIATE, CUSTOMIZED FOLLOW-UP PLAN SINCE ITS INCEPTION, THE COMMUNITY'S CRESHING 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-BEGHT TEAM MEMBERS REVOYDED SCREENINGS AND 37 TEAM MEMBERS SERVED AS CONCIERCE PERSONNEL. IN ADDITION, SPANISH-SPEAKING TEAM MEMBERS WERE AVAILABLE TO PROVIDE PARTICIPANTS WITH HEALTH INFORMATION IN SPANISH BUT THE BISGEST INDICATOR OF SUCCESS CANNOT BE MEASURED NUME RICALLY. IN RESPONSE TO THE COMMUNITY SCREENINGS, SHARP RECEIVED COUNTLESS EMAILS AND LETT ERS EXPRESSING HEARTHELT GRAITTIDE FROM COMMUNITY MEMBERS, MANY OF WHOM WERE INSPRED TO TAKE CONTROL OF THEIR HEALTH AFTER THEIR SCREENING THROUGH THESE EFFORTS, SHARP'S COMMUNITY HEALTH SCREENINGS BROUGHT HELPPUL, AND AT TIMES, IFE- CHANGING, HEALTH INFORMATION TO THE PEPOLE OF SAN DIEGO TRULY EXEMPLIFYING SHARPS COMMITMENT TO THE HEALTH OF ITS COMMUNITY. HEALTH PROFESSIONS TRAINING STUDENTS AND RECEIVI HEALTH CARE GRADUATES ARE A VALUABLE ASS ET TO THE COMMUNITY SHARP DEMONSTRATES A DEEP INVESTMENT IN THESE POTENTIAL AND NEWEST ME MEERS 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 PROFESS IONAL EDUCATIONAL PROGRAMS SHARP PROVIDED  DUCATION AND TRAINING PROGRAMS FOR NURSING STUDENTS (E.G., CRITICAL CARE, MEDICAL/SURGICAL,  BEHAVIORAL HEALTH, WOMEN'S SERVICES AND WOODING NEARLY 618,000 HOURS IN DISCIPLINES  INCLUDING NURSING, ALLIED HEALTH AND PROFESS IONAL EDUCATIONAL PROGRAMS SHARP PROVIDED  DUCATION AND TRAINING PROGR

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Reference	FORM 990, PART III, LINE 4A (CONTINUED)	HARP MEMORIAL HOSPITAL NURSING STUDENTS 442 NURSING GROUP HOURS 30,680 NURSING PRECEPTED HOURS 20,386 AND LLARY STUDENTS 318 AND LLARY HOURS 62,074 TOTAL STUDENTS 761 TOTAL HOURS 113,140 SHARP MESA VISTA HOSPITAL NURSING STUDENTS 330 NURSING GROUP HOURS 25,457 NURSING PRECEPTED HOURS 3,126 AND LLARY STUDENTS 34 AND LLARY HOURS 16,524 TOTAL STUDENTS 38 HOURS 15,140 NURSING GROUP HOURS 50 NURSING PRECEPTED HOURS 3,126 AND LLARY STUDENTS 34 AND LLARY HOURS 16,524 TOTAL STUDENTS 37 AND LLARY HOURS 45,195 SHARP HOSPICECARE NURSING STUDENTS 36 NURSING GROUP HOURS 50 NURSING PRECEPTED HOURS 53,764 AND LLARY STUDENTS 37 AND LLARY HOURS 23,51 TOTAL STUDENTS 55 TOTAL HOURS 89,51 HEALTH SCENCES HIGH AND MIDDLE COLLEGE ISNEC 2007, SHARP HAS BEEN AN INDUSTRY PARTINER WITH CHARTER SCHOOL HEALTH SCENCES HOLF HAD MIDDLE COLLEGE ISNEC 2007, SHARP HAS BEEN AN INDUSTRY PARTINER WITH CHARTER TO HEALTH CARE CAREERS THROUGH THIS PARTINERSHIP, HEHIC STUDENTS SCONECT WITH SHARP TEAM MEMBERS THROUGH JOB MAN AND MEMBERS THROUGH THIS PARTINERSHIP, HEHIC STUDENTS CONNECT WITH SHARP TEAM MEMBERS THROUGH JET THIS PARTINERSHIP, HEHIC STUDENTS CONNECT WITH STATEMENT SOLD CARE AND MEDICAL TECHNOLOGY CAREETS IN THE FOLLOWING THE CAREETS THE NURS AND MEMBERS THROUGH JET SCHOOL SY CAREETS IN THE FOLLOWING THE CAREET STUDENTS ON THE CARE AND THERA PELITIC SERVICES THE HIS MIC PROCRAM BEGAN IN 2007 PATHWAYS SOLD FOR YEAR SHARP HEALTH SCHOOL FOR THE AREA THE SERVICES THE HIS MIC PROCRAM BEGAN IN 2007 PATHWAYS SOLD FOR THE AREA THE TO SERVICES THE HIS MIC PROCRAM BEGAN IN 2007 PATHWAYS SOLD FOR THE AREA THE TO SERVICES THE HIS MIC PROCRAM BEGAN IN 2007 PATHWAYS SOLD FOR THE VARIABLE AND SMIL AND DEPARADED TO TOULUE SWAY AND SIMMH AND SMIL AND SMIL AND DEPARADED TO TOULUE SWAY AND SMINH AND SMIL AND SMIL AND DEPARADED TO TOULUE SWAY AND SMINH AND SMIL AND SMIL AND DEPARADED TO TOULUE SWAY AND SMINH AND SMIL AN
l		INNOVATION I

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	FORM 990, PART III, LINE 4A (CONTINUED)	S 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 AND EFFECTIVE. PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE.  COMMUNITY, AND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS. TO DATE, SHARP.  HEALTHCARE PARTICIPA TES IN MORE THAN 365 RESEARCH STUDIES. THE CENTER FOR RESEARCH PROVIDES EDUCATION AND GUID ANCE FOR RESEARCH STUDIES. THE CENTER FOR RESEARCH PROVIDES EDUCATION AND GUID ANCE FOR RESEARCH STUDIES. THE CENTER FOR RESEARCH PROVIDES EDUCATION AND GUID ANCE 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 REQUI REMENTS REGARDING THE PROTECTION OF HUMAN SUBJECTS AND HEALTH INSURANCE PORTABILITY AND AC COUNTABILITY ACT COMPLIANCE.  ADDITIONALLY, THE CENTER FOR RESEARCH HOSTS QUARTERLY MEETINGS ON RELEVANT EDUCATIONAL TOPICS TO THE RESEARCH COMMUNITY WITHIN AND OUTSIDE OF SHARP HEALTH-CARE. THESE MEETINGS ARE OPEN TO PHY SICIANS, PSYCHOLOGISTS, RESEARCH NURSES, STUDY COOR DINATORS 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 "RIDIN G THE BIG DATA WAVE IN HEALTH CARE." THE CENTER FOR RESEARCH AND THE SUNSHINE ACT" AND "RIDIN G THE BIG DATA WAVE IN HEALTH CARE." STITUTIONAL REVIEW BOARD SHARP HEALTH-CARE SIRB SEESS TO PROMO TE A CULTURE OF SAFETY AND RESPECT FOR THOSE PARTICIPATING IN RESEARCH FOR THE GREATER GOO D OF THE COMMUNITY ALL PROPOSED ENTITY RESEARCH STUDIES WITH HUMAN PARTICIPANTS ARE REQUIR RED TO BE REVIEWED BY THE SHARP HEALTH-CARE RIS IN ORDER TO PROTECT PARTICIPANT SAFETY AND MAINTAIN RESPONSIBLE RESEARCH CONDUCT IN TYPE 2014, A DEDICATED RESEARCH INSTITUTE (CRI) SHARP HEALTH-CARE INSTITUTE FOR THOSE PARTICIPATING IN RESEARCH FOUNDATION THE OR 11 INCLUDING THE SHARP ORTO FACILITY AND AND ANALYSIS OF BOTH ON GOO

FORM 990. PART III, LINE ACADEMIC COMMUNITY ON HOW TO EFFECTIVELY CONDUCT OUTCOMES RESEARCH, WITH THE AM OF MERCY ING PATE TA AND COMMUNITY CHAITH. THIS NETWORKING HAS RESULTED IN COLLABORATIVE RESEARCH PARTHERSHIPS WITH INVESTIGATORS AT INATIONAL UNIVERSITY (NJ) AND SIGU IN ADDITION, THE SHAPE AND THE PROGRAM OFFERS ADVANCED MUSINGS AND IN COLLABORATIVE RESEARCH PARTHERSHIPS WITH INVESTIGATORS AT INATIONAL UNIVERSITY (NJ) AND SIGU IN ADDITION, THE RIS SHADES RESEARCH SINCE ITS INCEPTION IN 2011. THE ORI HAS SUCCESSFULLY GRADULATED INJENTICAL BY INJURIES HAVE RRESENTED ORI SPONSORED POSTERS THROUGHOUT SAN DESO TO EDUCATE STUDENTS ON THE IMPORTANCE OF RESEARCH TO EVEL OF EACH OF EVEL OF EACH OF EVEL OF AND THE INTENTION OF THE IMPORTANCE OF RESEARCH TO EVEL OF AND THE INTENTION OF THE IMPORTANCE OF RESEARCH TO EVEL OF AND THE IMPORTANCE OF RESEARCH TO EVEL OF THE IMPORTANCE OF RESEARCH TO EVEL OF THE IMPORTANCE OF RESEARCH TO EVEL OF THE IMPORTANCE OF RESEARCH TENTOR THE INTENTION TO HAVE THE IMPORTANCE OF RESEARCH TENTOR THE INTENTION THE IMPORTANCE OF RES	Explanation	
PROJECTS THA T ADDRESSED THE FOLLOWING ISSUES IN CLINICAL PRACTICE AND PATIENT CARE MANAGING ELECTROCA RDIOGRAPHIC NUISANCE ALARMS, BEDSIDE SHIFT REPORTS, THE EFFECT OF TEACH-BACK ON PATIENT SA TISFACTION, REDUCING CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, HAND MASSAGE IN OLDER A DULTS TO REDUCE PAIN AND ANXIETY, AND STRATEGIES FOR CLINICIANS TO COMBAT FATIGUE ON THE N IGHT SHIFT VOLUNTEER SERVICE SHARP LENDS A HAND IN FY 2014, SHARP CONTINUED ITS SYSTEMWID E COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH) IN OCTOBER, SHARP TEAM MEMBERS SUG GESTED PROJECT IDEAS THAT WOULD IMPROVE THE HEALTH AND WELL-BEING	PART III, LINE 4A	ACADEMIC COMMUNITY ON HOW TO EFFECTIVELY CONDUCT OUTCOMES RESEARCH WITH THE AIM OF IMPROVING PATENT AND COUMMUNITY HEALTH THIS NETWORKING HAS RESULTED IN COLLABORATIVE RESEARCH PARTNERSHIPS WITH INVESTIGATORS AT NATIONAL UNIVERSITY (NU) AND SDSU IN ADDITION, THE ORI STUDBIT RESEARCH INTERN PROGRAM OFFERS ADVANCED MURSING AND PUBLIC HEALTH STUDBINS AND FOR THIN TY TO LEARN ABOUT AND BEGONE NO VOLVED IN OUTCOMES RESEARCH SINCE ITS INCEPTION IN 20 11, THE ORI HAS SUCCESSFULLY GRADUATED NIVE INTERNS INTERNS HAVE PRESENTED ORI SPONSORE POSITIEST INFROUGHOUT SAN DIEGO TO EDUCATE STUDBINS ON THE IMPORTANCE OF RESEARCH TO DEVELOP EVAILED THE IMPORTANCE OF RESEARCH TO DEVELOP EVAILED THE PROTECTION OF RESEARCH TO DEVELOP AND PROMOTE BEST PRACTICES ACROSS THE HEALTH CARE COMMUNITY. THE ORI HAS CONDUCTED NUMBEROUS RESEARCH STUDBES TO DEVILE PATENT OF THE ADDITION OF PROMOTE BEST PRACTICES ACROSS THE HEALTH CARE COMMUNITY. THE ORI HAS CONDUCTED NUMBEROUS RESEARCH STUDBES TO DEVILE PATENT OF THE ASSOCIATION OF PRIFECT ADHERING. TO HEART FAILURE BURSTIT AND OUTCOMES OF QUALITY PATENT CARE THIS INCLUDES RECENTLY COMMETTED FEASIBLITY STUDIES EXAMINING. "THE ASSOCIATION OF PRIFECT ADHERING TO HEART FAILURE PATENTS WITH READMISSION AND MORTALITY RATES." SHARP HOSPICECARES TRANST IONS CHRONIC DESEASE MANAGEMENT PROGRAM INFLUENCE ON ADVANCED HEART FAILURE PATENTS AND INS. NULLUPIUS REGULAR AND ACUTE CARE UTILIZATION (ED USE, OVERALL HOSPITALIZATION RATES) AND COSTS." THE ASSOCIATION OF A 90-DAY REMOTE. MONTOWNER PROGRAM WITH ACUTE CARE UTILIZATION (ICLUDIONS READMANCEMENT PROGRAM MINILUZATION (ICLUDIONS READMANCEMENT PROGRAM MINILUZATION COSTS." THE PREDICTIVE CAPACITY OF EVIDENCE. BASED AND SHARP PHY SICIAL DEVILE PATENTS AND AND COSTS. "THE PREDICTIVE CAPACITY OF EVIDENCE. BASED AND SHARP PHY SICIAL DEVELOPED CLINICAL FAOR TO SHARP CONTROL WITH ACUTE CAPACITY OF EVIDENCE. BASED PART OF THE ACUTE CAPACITY OF EVIDENCE. BASED AND SHARP PHY SICIAL PROGRAM TO NOT SHARP COSTS. "THE PREDICTIVE CAPACITY OF EVIDENCE. BASED AND SHARP PHY
		FORM 990, PART III, LINE 4A

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	FORM 990, PART III, LINE 4A (CONTINUED)	ONLY, SUPPORT EXISTING NONPROFIT INITIATIVES, COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE SDC, AND COULD BE COMPLETED BY SEPTEMBER 30, 2014 BLEVEN PROJECTS WERE SELECTED ST AND DOWN FOR HOMBLESS VETERANS, SAN DIEGO FOOD BANK, SAN DIEGO HALF MARATHON, SAN DIEGO CE NTER 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 C LEANUP AT FORESTER CREEK IN SANTEE, HABITAT FOR HUMANITY, USS MIDWAY FOREIGN BLECT DAMAGE WALK-DOWN, SPECIAL OLYMPICS AND BLECTRONIC 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 THEN DAYS IN JUNE AND JULY, MORE THAN 500 VOLUNTEERS SUPPORT OF THESE PROJECTS DURING THEN DAYS IN JUNE AND JULY, MORE THAN 500 VOLUNTEERS SUPPORT OF THESE PROJECTS TO CONTINUE THE VETERANS AND COMMUNITY-BASED INTERVENTION PROGRAM DESIGNED TO HELP THEN ATTONS ESTIMATED 200,000 HOMBLESS VETERANS BROURE LIFE ON THE STREETS VOLUNTEERS SORTIED AND ORGANIZED CLOTHING DONATIONS AND PROVIDED ONSI TE SUPPORT, MEDICAL SERVICES AND COMPANIONSHIP TO HUNDREDS OF SAN DIEGO'S HOMBLESS VETERANS BROURE LIFE ON THE STREETS VOLUNTEERS SORTIED AND ORGANIZED CLOTHING DONATIONS AND PROVIDED ONSI TE SUPPORT, MEDICAL SERVICES AND COMPANIONSHIP TO HUNDREDS OF SAN DIEGO'S HOMBLESS VETERANS THE SAN DIEGO FOOD BANK FEEDS PEOPLE IN NEED AND ADVOCATES AND ELGOATES THE PUBLIC ABOUT I HUNGER RELATED ISSUES ACROSS 14 DAYS IN JANUARY, FEBRUARY, MARCH, APRIL, MAY, AUGUST AND SEPTEMBER, MORE THAN 840 SLAH VOLUNTEERS INSPECTED AND SORTED FOOD, ASSEMBLED BO XES AND CLEANED THE SAN DIEGO FOOD BANK WARREHOUSE IN MARCH, 75 SLAH VOLUNTEERS PROVIDED RESISTRATION AND FINISH LINE SUPPORT AT THE SAN DIEGO CHIEF RACE THAT RA ISSES MONEY FOR VULLERBABLE COMMUNITIES WITH HALL NET PROCEEDS GOING TOWARDS SERVICE PROJECT S AND SELECT CHARTABLE CAUSES IN SAN DIEGO, THE COUNTY'S MOST VULLNEABBLE CHILDREN SUFFERS FOR PROJECT S AND

LD SHOULD HAVE A DECENT, SAFE ARLY 100 SLAH VOLUNTEERS AG AND REPAIRING HOUSES ALL SOIDE CONSTRUCTION SED IN APRIL, 20 SLAH VOLUNTEERS CARRIER CLEAN DURING THE USS HE FOOTSTEPS OF SAILORS WHO ACUUMS TO CLEAR THE CARRIER GING THE AIRCRAFT ENGINES THE RAINING AND COMPETITIONS FOR RIS AS AN OPPORTUNITY FOR AND EMPOWERMENT IN APRIL, DVIDING COMPETITION ASSISTANCE ICH IN SUPPORT OF WASTE H VOLUNTEERS PARTICIPATED IN TOBER AND APRIL THROUGH THE DS OF SHREDDED PAPER PACIES WITH SET-UP, CLEAN-UP, AN SERV ICE PROGRAMS DERSERVED OR ADVERSELY FRICA AND OTHER VU LINERABLE NIZATIONS, INCLUDING PRO JECT ON ORGANIZATION IS DEDI CATED EMEDICAL CARE IN COMM UNITIES BUILDS CLINICS AND CHURCHES, EAM MEMBERS PARTICI PATED IN AFRICA, WHERE THEY PR OVIDED MPOVERISHED COMMUNITY M DICAL MISSION TRIP TO HAITI THE EWORKS PROGRAM, WHICH COND ATED WITH HEART TO HEART INTERN BAL HEALTH WITH INITIATIVES TH EAM WORKED IN MOBILE CLINICS IN LL AS A DOWNTOWN PORT-AU- OVER THE THREE WEEKS, THE INFANTS TO THE ELDERLY THE TEA ED MEDICATION AND PROVIDED ED ENCE WAS NOT ONLY SPECIAL AND ONTS, AS IT FURTHER ENHANCED THE ROUGH SHARPS HUMANITARIAN MISSION TRIP TO PERU SERVING AS TH CARE PROVIDERS AND SIX COLLEGE THE MEDICAL TEAM ALSO MENTORED ESSMENTS, OBTAIN VITAL SIGNS SHARP TEAM MEMBER TRAVELED TO STUDENTS THE TERP WAS INICATION THAT SENDS HEALTH XAUL NEAR THE BORDER OF NEPAL EF AND LEARNED HOW LOCAL N, SHARP DONATED MEDICAL AL OVER NINE DAYS, THE MEDICAL VARIOUS TYPES OF WOUND

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	FORM 990, PART III, LINE 4A (CONTINUED)	DRESSINGS, PERFORMED STUDENT ROUNDS AND PROVIDED LECTURES ON WOUND CARE. IN FY 2014, SHAR P TEAM MEMBERS ONCE AGAIN PARTICIPATED IN MULTIFLE WERKLONG MEDICAL/SURGICAL MISSION TRIPS TO THE NORTHWEST MOUNTAINS OF GUATEMALA. THIS INCLUDED TEAMS OF 60 TO 100 SHARR-AFFILIATE D PHYSICIANS, SURGEONS, ANESTHESIOLOGISTS, NURSES, TECHNICAL STAFF, THERAPSTS, STUDENTS, CHAPLAINS, AND MANY OTHERS TEAMS PARTICIPATED IN PARTINERSHIP WITH THE IOAMAI MEDICAL MINI STRIES AND HELPS INTERNATIONAL OVER THE COURSE OF EACH 10-DAY TRIP THE TEAMS PROVIDED SUR GERIES UNDER DIFFERENT SPECIALTIES INCLUDING GENERAL SURGERY, OBIGYN, PLASTICS, OTOLARYINGO LOGY, CLEFT PALATE REPAIR, AND UROLOGY BASIC CLINIC AND DENTISTRY SERVICES WERE ALSO AVAI LABLE A TEAM ALSO BUILT STOVES IN RURAL HOUSES TO KEEP FIRES OFF THE FLOOR AND REDUCE BUR NS AND SMOKE INHALATION EXPOSURE WHILE OTHER TEAMS PROVIDED A WATER PURPICATION UNIT IN THE TIME PROVIDED AS A FUNCTIONING TEMPORARY HOSPITAL, TEAMS PRROVIDED AN AVERAGE OF 100 SURGERIES AND TREATED APPROXIMATELY 1,500 PATIENTS IN CLINIC THE TEAMS SERVED RURAL AND U RBAN POPULATIONS SURROUNDING THE SITES AT NO COST, AND IN SOME CASES, MEMBERS OF THE IMPOVERS HED MOUNTAIN COMMUNITY TRAVELED MANY HOURS TO RECEIVE CARE. SHARP ALSO DONATED NUMBROU S SUPPLIES AND EQUIPMENT TO THIS LIFE-CHANGING EXPERIENCE FOR BOTH PATIENTS AND PARTICIPAN TS COMMUNITY WALKS FOR THE PAST 19 YEARS, SHARP HAS RROUNDLY SUPPORTED THE AMBERCAN HEART ASSOCIATION (AHA) ANNUAL SAN DIEGO HEART & STROKE WALK IN SEPTEMBER 2014, MORE THAN 800 W ALKERS REPRESENTED SHARP AT THE 2014 SAN DIEGO HEART & STROKE WALK IN SEPTEMBER 2014, MORE THAN 1800 W ALKERS REPRESENTED SHARP AT THE 2014 SAN DIEGO COMMUNITY. SHARP ROVIDES MANY VOLUNTEERS OF THE PAST 19 YEARS, SHARP HAS SROUNDLY SUPPORTED THE AMBERCAN HEART ASSOCIATION (AHA) ANNUAL SAN DIEGO COMMUNITY. SHARP ROVIDES MANY VOLUNTEERS OF THE PAST 19 YEARS, SHARP HAS PROVIDED SUPPORTED THE AMBERCAN HEART ASSOCIATION (AHA) ANNUAL SAN DIEGO COMMUNITY. SHARP ROVIDES MANY VOLUNTEERS OF SHARPS DEDICATION TO THE SAN

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PORM 990, PART II, LIME  AN SHARP VOLUNITEERS SPEND THEIR TIME WITHIN HOSPITALS, IN THE COMMUNITY, AND IN SUPPORT OF THE PART III, LIME  AN FOUNDATION SHARP BEALOYEES ALSO DOWN'TE TIME AS VOLUNITEERS FOR THE SHARP ORGANZATIC  (CONTINUE).  SHARP HEALOYEES ALSO VOLUNITEERS THE TIME FOR THE CABBLE ORGENIT INION SHARP DISTRICT  FOUNDATION SHARP BEALOYEES ALSO VOLUNITEERS FOR THE SHARP ORGANZATIC  (CONTINUE).  BOARD THE SHARP AND CHILDREN'S WIRE BOARD. THE LUCSD MEDICAL COSTER/SHARP BONE WARROW  TRANSPLANT RECORAN BOARD, AND THE CROSSOMOTI MAGINE LIC BOARD VOLUNITEERS ON SHARP  AUXILIARY BOARDS AND THE VAROUS SHARP BOTTIY BOARDS VOLUNITEERS ON SHARP  AUXILIARY BOARDS AND THE VAROUS SHARP BOTTIY BOARDS VOLUNITEERS ON SHARP  AUXILIARY BOARDS AND THE VAROUS SHARP BOTTIY BOARDS VOLUNITEERS ON SHARP  AUXILIARY BOARDS AND THE VAROUS SHARP BOTTIY BOARDS VOLUNITEERS TO SHARP BOARDS. THAN IS SECTION DESCREES VARY  SHARP VOLUNITEER PROGRAMS, A SWELL AS THER ACHEVEMENTS IN PY 2014 SHARP HOSPICECARE  VOLUNITEER PROGRAMS IN PY 2014, SHARP HOSPICECARE PROVIDED INTENSIVE TRAINING FOR MARK.  NEW VOLUNITEER PROGRAMS IN PY 2014, SHARP HOSPICECARE PROVIDED INTENSIVE TRAINING FOR MARK.  NEW VOLUNITEER PROGRAMS IN PY 2014, SHARP HOSPICECARE PROVIDED INTENSIVE TRAINING THE MEDICAL FEID  THEY GAN IMPORTANT KNOWLEDGE AND DEPRETENCE. THEY LEARN HOW TO PROVIDE VALUABLE  SERVICES TO THE HOSPICE CARE HOW ADMINISTRATIVE SUPPORT ACTIVITIES. HOSPICE CARE HERE PLOCE  LIFE, SUPPORT FOR FAMILISS AND CAREGIVERS A NO HELP WITH COMMUNITY OUTBEACH BEFORE BEN  WITH PATENTS AND PROVIDING ADMINISTRATIVE SUPPORT ACTIVITIES. HOSPICE CARE HERE PLOCE  LIFE, SUPPORT FOR FAMILISS AND CAREGIVERS IN PROVIDERS HOUSE SHARP HOSPICECARE IN THE MEDICAL FEID  THROUGH HIS TEEN VOLUNITEER PROGRAM THROUGH HIS HORPICA CARE THE HELP ACESSOME  THROUGH HIS TEEN VOLUNITEER PROGRAM THROUGH HIS HORPICA CARE HORPIC

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	FORM 990, PART III, LINE 4A (CONTINUED)	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 PY 20 14, THE VOLUNTEERS VISITED NEARLY 3,400 PATIENTS AND APPROXIMATELY 900 INFORMATION AT HOME. IN PY 20 14, THE VOLUNTEERS VISITED NEARLY 3,400 PATIENTS AND APPROXIMATELY 900 INFORMATION AT HOME. IN PY 20 14, THE VOLUNTEER RAIN ARTS FOR HEALING RECORD AND START AND ATTEMPT AND ENOTIONAL HEALTH OF PATIENTS FAC. INS. SIGNIFICANT MEDICAL CHALLE NIGES THROUGH ART, MUSIC AND CREATIVE WIRTING 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 ENOTIONAL AND SPRITUAL HEALTH AND FACILITATING FASTER RECOVERY ARTS FOR HEALING IS LED BY SHARPS SPRITUAL CARE PROGRAM CHAPLAN, 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 TO SOFFER AS THE AND OLIFOTED AT SMH, SMH OUTPATIENT PAYLLION (OPP), SMB-HAM), SMY 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 ACQUIED DISAB LITTLES FOLLOWING CANTASTROPHIC EVENTS, RECOVERING FROM SURGERY, WAITING FOR ORGAN TRANSPLA NT 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 THER PICTURE TAKEN WITH SANTA, AND ATTENDED BY APPROXIMATELY 500 COMMUNITY MEMBER'S IN FEBRUARY, THE PROGRAM CELEBRATED VALENTINES DAY BY PROVIDING MORE THAN 130 PATIENTS, VISITORS AND STAFF WITH A CARD-MAKING ACTIVITY TO CELEBRATE CANCER AWARENESS WEEK AT SMBHWN, NETS FOR HEALING SUPPORTS MOTHERS WITH HIGH-RISK PRECONDING WORK THAN 130 PATIENTS, VISITORS AND STAFF WITH A CARD-MAKING ACTIVITY TO THE SERVATE CANCER AWARENESS WEEK AT SMBHWN, NETS F

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FORM 990. PART III, LINE HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPAREDNESS EXPO AT THE SECTION CORPORATE OFFICE IN SEPTEMBER HARPS DISASTER REPARED SECTION OF THE ART SECTION CORPORATE OF THE ART SECTION OF THE ARCHEST OF THE ART SECTION OF THE ARCHEST OF THE	THEON HEAD OF 14, US'N HE EN OF 14, WEST OF 15 AND STATE OF 15

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	FORM 990, PART III, LINE 4A (CONTINUED)	GER OVER THE WEEKENDS WHEN LITTLE OR NO FOOD IS AVAILABLE. FOOD 4 KIDS STRIVES TO ALLEVIAT E HUNGER, IMPROVE SCHOOL PERFORMANCE, IMPROVE HEALTH AND PROVIDE ADDITIONAL INFORMATION TO PARENTS ABOUT AVAILABLE LOCAL COMMUNITY SERVICES THROUGH HOSPITAL-WIDE SUPPORT AT SGH, A PROXIMATELY 2,000 POUNDS OF FOOD WERE COLLECTED, FILLING MORE THAN 200 BACKPACKS FOR CHO NICALLY, HUNGRY ELEMENTARY SCHOOL STUDENTS IN FY 2014 SIMILARLY, THE LABOR AND DELIVERY DE PARTIMENT AT SMBHWN IS COMMITTED TO THE FIGHT TO BND HUNGER THROUGH PARTICIPATION IN THE IN TERNATIONAL RELIEF TEAMS (IRT) FEEDING SAN DIEGO'S KIDS PROJECT BASED IN SAN DIEGO, IRT IS A RELIEF ORGANIZATION PROVIDING WORLDWIDE SUPPORT THAT COMBINES BOTH SHOTTLE HEALT STANDING FROD IS PROVIDED TO CHILDREN FROM KINDERGARTEN THROUGH SETDING SAN DIEGO'S KIDS, NUTRITIOUS FOOD IS PROVIDED TO CHILDREN FROM KINDERGARTEN THROUGH STHING RADE IN THE LINDA VISTA ELEMENTARY SCHOOL NUTRITION CLUB, A GROUP SPECIFICALLY FOR CHILDREN WHO HAVE BEEN ID BNTIFIED AS HOMELESS BY THE SCHOOL NURSE EVERY WEEK, LABOR AND DELIVERS TAFFOUNTED THE TIME TO STUFF BACKPACKS WITH NON-PRISHABLE, NUTRITIOUS FOOD THAT CAN FEED A FAMILY OF FOUR FOR THE WEEKEND. THE BACKPACKS ARE ALSO STUFFED WITH WEEKLY NUTRITION-RELATED GRITS SINCE THE STAFF VOLUNTEERT THEIR TIME TO STUFF BACKPACKS WITH NON-PRISHABLE, NUTRITIOUS FOOD THAT CAN FEED A FAMILY OF FOUR FOR THE WEEKEND. THE BACKPACKS ARE ALSO STUFFED WITH WEEKLY NUTRITION-RELATED GRITS SINCE THE STAFT OF THE PROGRAM IN MAY 2013, THE SMBHWN LABOR AND DELIVERY DEPARTMENT HAS DEDICATED OVER 70 WEEKS OF SERVICE TO FILLING 1,800 BACKPACKS FOR APPROXIMATELY 25 CHILDREN AND THEIR FAMILES PER SCHOOL YEAR ALL WAY'S GREEN INTITIATIVE MAINTAINING A HEALTHY BANFORD THE EACH TO THE HEALTH OF THE COMMUNITIES IT SERVES AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER, SHARP PROMOTES A CULTURE OF THE ALL WAY'S GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES AND COMMUNICA TE SUSTAINABILITY THROUGH EDUCATION AND OUTREACH SHARP AND FIRE ALL WAY'S GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTI

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Neter effice	FORM 990, PART III, LINE 4A (CONTINUED)	ACCORDING TO THE U.S. EPA, HEALTH CARE RANKS AS THE COUNTRY'S SECOND MOST ENERGY INTENSIVE INDUSTRY. FURTHERMORE, THEU IS DEPARTMENT OF ENERGY INFORMATION ACENCY STATES THAT HOSP TALS AND HEALTH CARE FACULTES ACCOUNT FOR MORE THAN BEGHT RECENT OF THE WAT TONS A MANUAL ENERGY CONSUMPTION AND GENERATE NEARLY BEHT PERCENT OF THE DATON OF THE WATONS A MANUAL ENERGY CONSUMPTION AND GENERATE NEARLY BEHT PERCENT OF THE COUNTRY'S CARBON DIOXIDE (CCC) EMISSIONS ULLIKE OTHER INDUSTRIES, HOSPITALS MAST OFFERATE 24 HOURS A DAY, SEVEN DAY'S A WEEK, AND MUST PROVIDE SERVICE DUTRING POWER OUTAGES, NATURAL DISASTERS AND OTHER DEPARCED OF THE HEALTH CARE SECTOR'S CURRENT ENERGY EMERGENCY BETTER A ESTIMATES THAT 30 PERCENT OF THE HEALTH CARE SECTOR'S CURRENT ENERGY EFFICIENCY A NO USE OF REPROVABILE ENERGY SOURCES SHARP HAS RESPONDED TO THE NEED FOR HOSPITALS TO CONSE RYE BENERGY HAVE SHERY SOURCES SHARP HAS RESPONDED TO THE NEED FOR HOSPITALS TO CONSE RYE BENERGY HAVE SHERY SOURCES SHARP HAS RESPONDED TO THE NEED FOR HOSPITALS TO CONSE RYE BENERGY HAVE SHERY SOURCES SHARP HAS RESPONDED TO THE NEED FOR HOSPITALS TO CONSE RYE BENERGY HAVE SHERY SHOURCES HAVE PHAS RESPONDED TO THE NEED FOR HOSPITALS TO CONSE RYE BENERGY HAVE SHERY SHOURCES HAVE BENEFINDED AND ARROWS SHERY SHERY THE SHERY PROVIDED TO CONSE RYE PERCENTION. THE PERCENT HAS RESPONDED TO THE NEED FOR CONDITIONS (HAVE) SY STEPS. LICHTING RETROPTING PER INSULATIONS. IN PREMITTION AND AIR CONDITIONS (HAVE) SY STEPS. LICHTING RETROPTING PER INSULATIONS. IN PREMITTION ON A AIR CONDITIONS (HAVE) SY SHE SHE HAVE A CONDITIONS AND THE PER PUBLICATIONS. HE PROVIDED THAT SHE HAVE SHE WAS AND THE PERCENT HAVE A CONDITIONS ON THE PER INSULATION OF THE NEED TO CONDITIONS ON THE PER INSULATION OF THE NEED HAVE SHE HAVE SHE HAVE SHE HAVE REDUCED THE SYSTEM SHE ARY SHE HAVE SHE HAVE REDUCED THE SYSTEM SHE HAVE REDUCED THE SYSTEM SHE HAVE SHE HA

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	FORM 990, PART III, LINE 4A (CONTINUED)	OF 26 POUNDS OF WASTE PER STAFFED BED EACH DAY SHARP HAS IMPLEMENTED A COMPREHENSIVE WASTE MINMIZATION PROGRAM TO SIGNIFICANTLY REDUCE WASTE AT EACH BYITTY AND EXTERD THE LESPAR AN OF LOCAL LANDFILLS A SYSTEMWDE, MULT-DISCIPLINARY WASTE MINMIZATION INTEATHERS. HIRD STABLISHED TO OVERSEE SYSTEM WASTE MINMIZATION INTIATIVES, INCLUDING SINGLE-STREAM RECYCLING, REPROCESSING OF SURGICAL INSTRUMENTS, USE OF REUSABLE SHARPS AND PROMISE OF PRINTING PROCESSING OF SURGICAL WASTE MINMIZATION INTIATIVES, INCLUDING SINGLE-STREAM RECYCLING, REPROCESSING OF SURGICAL CASES TO REDUCE BILLE WRAP USED DURING THE INSTRUMENT STE RILZATION PROCESS, BLUE WRAP AND EXAM PAPER RECYCLING, USE OF RECYCLABLE PAPER FOR PRINTING BROCHURES, NEWSLETTERS AND OTHER MARKETING MATERIALS, ELECTRONIC PATIENT BILLS, PAPERLE SS PAYROLL, REPURPOSING OF SUPPLIES, EQUIPMENT, AND FURNITURE, BY COLLARGEMENT OF REDUCED PAPER USE AT IMETINGS OF SUPPLIES, EQUIPMENT AND FURNITURE, BY COLLARGEMENT OF REDUCED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND FURNITURE, BY COLLARGEMENT OF REDUCED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND FURNITURE, BY COLLARGEMENT OF REDUCED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND FURNITURE. BY COLLARGEMENT IN PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PAPER NAPKIN PAPER PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND DAY OF ONE-AT-A-TIME PAPER PASSED PAPER. PASSED PAPER, AND USE OF ONE-AT-A-TIME PAPER NAPKIN PAPER BAGS COMPOSED

Explanation	
FORM 990, PART III, LINE 4A (CONTINUED)	THE IMPACT OF SHARPS WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT IN FY 2014, SHARP FAC LITIES DIVERTIED OVER 7.5 MILLION POUNDS OF WASTE FROM LOCAL LANDFILLS. WHICH EQUATES TO AN OVERALL REVOLVENCE OF 37 PERCENT THIS INCLUDED BUT WAS NOT LIMITED TO 111,008 POUND SO WASTE DIVERTED THEOLOGH UTILIZATION OF RELISABLE SHARPS AND PHARMACELITICAL WASTE CONTA WASTE DIVERTED THEOLOGH UTILIZATION OF RELISABLE SHARPS AND PHARMACELITICAL WASTE CONTA NO WASTE DIVERTED THEOLOGH SURGICAL DEVICE REPROCUES OF 270,464 POUNDS OF HAZARDOUS AND LINVERSAL WASTE (E.G., BATTERIES, SOLVENTS AND FILLORESCENT LIGHT BULBS), AND 33,784 POUNDS OF WASTE DIVERTIED THEOLOGH SURGICAL DEVICE REPROCESSING IN THE COMING YEAR, SHARP HAS A SYSTEM GOAL, OF DIVERTING 7.6 MILLION POUNDS OF WASTE FROM LOCAL LANDFULS TABLES, ARE HAS A SYSTEM GOAL OF DIVERTING 7.6 MILLION POUNDS OF WASTE FROM LOCAL LANDFULS TABLES, AND 33,784 POUNDS OF WASTE PROVIDED
	2012 TO AT LEAST 2022 SH ARP CONTINUES TO WORK WITH THE CITY TO EXPAND FOOD WASTE
	FORM 990, PART III, LINE 4A

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	FORM 990, PART III, LINE 4A (CONTINUED)	TING, RENEWABLE ENERGY AND SUSTAINABILITY, SAN DIEGO BUSINESS JOURNAL, AND BY THE CALIFORN IA STATE CALRECY CLE WEBSITE, WHICH CITED SHARP AS ONE CALIFORNA'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 BIGHT PERCENT OF THE COUNTRY'S TOTAL CA RISON IDOXIDE DRINS CONTRIBUTE TO THE RIDUSTRY PRODUCES BIGHT PERCENT OF THE COUNTRY'S TOTAL CA RISON IDOXIDE DRINS CONTRIBUTE TO THE RIDUSTRY PRODUCES BIGHT PERCENT OF THE COUNTRY'S TOTAL CA RISON IDOXIDE DRINS CONTRIBUTE TO THE RIDUSTRY PRODUCES BIGHT PERCENT OF THE COUNTRY'S TOTAL CA RISON IDOXIDE DRINS CONTRIBUTE TO THE ROBUSTRY PRODUCES BIGHT PERCENT OF THE COUNTRY'S TOTAL CA RISON IDOXIDE DRINS CONTRIBUTE TO THE ROBUSTRY PRODUCES BIGHT PERCENT OF THE COUNTRY'S TOTAL CARROOL PARKING 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 SHARPS BMFLOYERS PARKING LOTS OFFER CARROOL PARKING SPACES, DESIGNATED BIKE RACKS AND MOT ORCYCLE SPACES EMPLOYEES CAN ALSO PURCHASE DISCOUNTED MONTALLY BUS PRASSES. IN ADDITION, AS PART OF THE NATIONAL ELECTRIC VEHICLE CHARGO SERVED SERVED SERVED TO OFFER EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTICTURE R SYSTEM IN SAN DIEGO TO OFFER EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTICTURE R DISCHARP WILL FORWARD FOR EVCS ON PRODUCE CARBON BINSONS AND DEPENDENCE ON FORDER OLISHED FOR THE PRODUCT OF EVCS ON EXPAND EVCS AT OTHER BUTTITES IN PARTINERSHIP WITH THE SAN DIGGO ACSOLATION OF EVCS ON EXPAND EVCS AT OTHER BUTTITES IN PARTINERSHIP WITH THE SAN DIGGO ACSOLATION OF PRODUCES FIND CONVENIENT RIDE SHARE PARTINERS. SHARP EMPLOYEES ALSO UTILIZE SAN DAGS ONLINE COMMUTE TRIPTRACKER TOOL TO MONITOR THE COST AND CARBON SAVINGS OF THER ALT ERNATE METHODS OF COMMUTE. SHARP EMPLOYEES AND EXCENTING THE REPLACED OF THE SECOND YEAR AND ARROWS AWARDED THE TRY AS THE PRODUCT OF F

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	FORM 990, PART III, LINE 4A (CONTINUED)	-STREAM RECYCLING - SURGICAL INSTRUMENT REPROCESSING "EDUCATION AND OUTREACH - DROUGHT TOL BRANT ROOFTOP GARDEN - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOK ING POLICY - ORGANIC FARMERS MARKET - ORGANIC GARDENS - RECYCLING EDUCATION - RIDE SHARE PROMOTION SMY/SMC "ENERGY EFFICIENCY - ENERGY ALDITS - ES PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFTS - MOTOR AND PUMP REPLACEMENTS "WATER CONSERVATION - DRIP RIGIATION - D ROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - LECTRONIC FAULCTS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS "WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PLASTIC UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS "WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PLASTIC UTILIZATION AND OUTREACH - EARTH WEEK ACTIVITIES - BWYRONMBYTAL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMERS MARKET - RECYCLING EDUCATION - RIDE SHARE PROMOTION SRS "SHEREY EFFICIENCY - ENERGY ALDITS - ES PARTICIPATION - LIGHTING RETROFITS "WATER CONSERVATION - DRIP IRRI GATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER CONSERVATION - DRIP IRRI GATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER COUNTY - STEMS - LOW-FLOW SYSTEMS - MIST LIMINATORS "WASTE MINIMA FOR PAPER - SINGLE-STREAM RECYCLING - STYROFOAM ELIMINA TION "EDUCATION AND OUTREACH - CONTRACTOR EDUCATION - EARTH WEEK ACTIVITIES - BWYRONMENTA LO 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 PREPAREDNESS SHARP PROTECTS THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER TREPAREDNESS SHARP'S DISASTER PREPAREDNESS SHARP'S DISASTER PREPAREDNESS SHARP

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FORM 990, PARTI ILL NE TAFF, STATE AND LOCAL OFFICIALS, AND KEY PREPAREDNESS AND RESPONSE PARTINESS AT THE CALL AN AN HOSPITIAL ASSOCIATIONS (CHA) 911 HANNIAL DISASTER LANNING FOR CALLFORNIA HOSPITIALS (CONTINUED) FRENCE IN SACRAMENTO, CALLFORNIA PRESENTATIONS AIMED AT HELPING HOSPITIALS STRENGTHEN) (CONTINUED) FRENCE IN SACRAMENTO, CALLFORNIA PRESENTATIONS AIMED AT HELPING HOSPITIALS STRENGTHEN) (CONTINUED) FRENCE IN SACRAMENTO, CALLFORNIA PRESENTATIONS AIMED AT HELPING HOSPITIALS STRENGTHEN) (DISASTER LEADERSHIP DONATED THE BIT TIME TO MILLTIRLE STATE AND LOCAL ORGANIZATIONS AND COMMITTEES IN YOUR THEM HOSPITIALS STRENGTHEN) (DISASTER LEADERSHIP DONATED THE BIT TIME TO MILLTIRLE STATE AND LOCAL ORGANIZATIONS AND COMMITTEES IN YOUR THEM HOSPITIALS STRENGTHEN) (SAN DEGO EMERGENCY MEDICAL CARE COMMITTEE (BMC)) DISASTER OFFRATIONS AND THE COUNTY OF AND LEGAL CARE COMMITTEE (BMC) DISASTER OFFRATIONS AND THE COUNTY OF AND LEGAL CALLBORY ACROSS

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	FORM 990, PART III, LINE 4A (CONTINUED)	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 A ND TIPS, A PROGRESS TRACKER AND TEALTH HERCIPES A ND TIPS, A PROGRESS TRACKER AND TEALTH HERCIPES A ND TIPS, A PROGRESS TRACKER AND TEALTH HERCIPES AND THE ART AND WELLNESS WORKSHOPS, HEALTH C OACHING, AND DISCOUNTS ON THOUSANDS OF HEALTH AND WELLNESS WORKSHOPS, HEALTH C OACHING, AND DISCOUNTS ON THOUSANDS OF HEALTH AND WELLNESS PRODUCTS INCLUDING DINNER DELV ETY, GYM MEMBERSHIPS, WELLNESS CENTERS, TRAINING CLUBS, FOOTWEAR, WEIGHT MANAGEMENT, GOLF PACKAGES, YOGA, MASSAGE AND MORE THROUGH SHARP BEST HEALTH, MEMPLOYEES CAN PARTICIPATE IN A VARIETY OF HEALTH AND WELLNESS EVENTS THROUGHOUT THE YEAR SHARP TEAM MEMBERS ARE ENCOUR A GED TO TAKE ADVANTAGE OF ONSITE FITNESS CLASSES, WALKING AND RUNNING CLUBS AND EVENTS SUC HAS BIKE TO WORK DAYS, WELLNESS DAYS AND TAKE THE STAIRS DAYS IN MAY, SHARP BEST HEALTH CALL DEPORTS AND TAKE THE STAIRS DAYS AND TAKE THE STAIRS DAYS IN MAY, SHARP BEST HEALTH CHALTHER ALL TERNATIVE FOR COMMUTING TO WORK SHARP BEST HEALTH HEALTH CLUB CONTROL OF THE YEAR, INCLUDING THE AMERICAN CANCER SOCIETY (ACS) GREAT AMBRICAN SMOKE OUT. THE AHE OF RETOWNORM IN AMERICAN CANCER SOCIETY (ACS) GREAT AMBRICAN SMOKE OUT. THE AHE OF RED FROM MEMBERS AND AND THE AMERICAN CHARLES AND AND THE AMERICAN CONTROL OF THE YEAR OF THE AMERICAN CONTROL OF THE YEAR OF THE AMERICAN CONTROL OF THE YEAR OF THE YEAR OF THE YEAR OF THE AMERICAN CONTROL OF THE YEAR OF THE Y

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	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, RETERM 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 PORT HE COMMUNITY SUPPORT OF COMMUNITY NONPROFTI HEALTH ORGAN IZATIONS" EDUCATION AND TRAINING OF COMMUNITY SUPPORT OF COMMUNITY NONPROFTI HEALTH ORGAN IZATIONS" EDUCATION AND TRAINING OF COMMUNITY HEALTH CARE PROFESSIONALS "STUDENT AND INT ERN SUPERVISION AND SUPPORT" COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEAL TH CARE CARCER EDUCATION AND TRAINING OF COMMUNITY HEALTH AND SCHOOLS TO PROMOTE INTEREST IN HEAL TH CARE CARCER EDUCATION AND PRENATAL HEALTH AND SUBSTANCE ABUSE EDUCATION FOR THE COMMUNITY BENEFIT PROVIDED BY SHARP IN PY 2014 THE POLICY ONE OF NEW MOTHERS AND THEIR LOVED ONES "MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION FOR THE COMMUNITY BENEFIT PROVIDED BY SHARP IN PY 2014 THE POLICY OWNG ARE EXAMPLES OF COMMUNITY BENEFIT PROVIDED BY SHARP IN PY 2014 THE POLICY OWNG ARE EXAMPLES OF COMMUNITY BENEFIT PROVIDED BY SHARP IN PY 2014 THE POLICY OWNG ARE EXAMPLES OF COMMUNITY BENEFIT PROVIDED BY SHARP IN PY 2014 THE POLICY OWNG ARE EXAMPLES ON THE UNREMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPRISATED CARE FOR PATIENTS WHO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREMBURSED COSTS OF DEBLIC PROFT AND THE POLICY OWNG ARE EXAMPLES ON THE POLICY OWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN

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	FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH RESEARCH EDUCATION AND TRANNING PROGRAMS INCLUDED EDUCATION AND TRANNING PROGRAMS FOR MEDICAL NURSING AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS SUPERVISION AND SUPERO TO FOR STUDENTS AND NITERS. AND TIME DO FOOTOT TO GENERALS, AS WELL AS SUPERVISION AND SUPERO TO FOR STUDENTS AND NITERS. AND TIME DO FOOTOT TO GENERALS, AS WELL AS SUPERVISION AND SUPER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	WELL AS FROM THE COMBINATION OF EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITY HEALTH NEEDS ASSESSMENTS SINCE 1995.  SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATION THAT INCLUDES A BROAD RANGE OF HOSPITALS, HE ALTH CARE ORGANIZATIONS, AND COMMUNITY AGENCIES TO CONDUCT A TRIENVIAL CHAP FINDINGS FROM THE CHAP, THE PROGRAM AND SERVICES SEPRETISE 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 ROVINGE A FOUNDATION FOR COMMUNITY BENEFIT PLANNING AND PROGRAM IMPLEMENTATION TO ROVINGE A FOUNDATION FOR COMMUNITY BENEFIT PLANNING AND PROGRAM IMPLEMENTATION TO RODORS THE NEW REQUIREMENTS UN DER SECTION 501(R) WITHIN SECTION 9007 OF THE AFFORDABLE CARE ACT, AND IRS FORM 990, SCHED LILE H FOR NOT-FOR-PROFIT HOSPITALS, SAN DIEGO COUNTY HOSPITALS ENGAGED IN A NEW, COLLABORA TIVE CHAPA PROCESS THIS PROCESS GATHERED BOTH SALIENT HOSPITAL DATA AND THE PERSPECTIVES OF HEALTH LEADERS AND RESIDENTS ON ROPER TO DENTIFY AND PRIORITIZE HEALTH NEEDS FOR COMMUNITY MEMBERS ACROSS THE COUNTY, WITH A PARTICULAR FOCUS ON VULNERABLE POPULATIONS ADDITION ALLY, THE PROCESS AIMED TO HEHIGHT HEALTH ISSUES THAT HOSPITALS COULD IMPACT THROUGH PRO GRAMS, SERVICES AND COLLABORATION IN THIS ENDEAVOR, SHARP COLLABORATED WITH THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERAL COUNTIES (HASDASIC), THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STAL, SAN DIEGO, PALOMAR HEALTH RADY CHILDRENS HOSPITAL, SCRIPPS HEALTH, TRIC CITY MEDICAL CENTER AND UC SAN DIEGO. PALOMAR HEALTH SYSTEM THE COMPLETE REPORT OF THIS COLLABORATIVE PROCESS SIGNIFICANTLY INFORMED THE 2013 CHAPS FOUN DATION HOSPITAL, AND INDIVIDUAL HOSPITAL ASSESSMENTS WERE FURTHER SUPPORTED BY ADDITIONAL DATA COLLECTION AND ANALYSIS AND COMMUNITY INFORMED THE 2013 CHAPS FOUND AND ATACHYSIS SHAP HOSPITAL ADDITIONALLY, IN ACCORDANCE WITH FEDERAL RESULATIONS, THE RISABLE FOR PROCESS SHAP HOSPITA

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	**HAS A SIGNIFICANT PREVAILENCE IN THE COMMUNITY **CONTRIBUTES SIGNIFICANTLY TO THE MORBIDITY AND MORTALITY IN SDC **DISPROPPORTIONATELY IMPACTS VILINEPABLE COMMUNITIES ** REFLECTS A N RED THAT EXISTS THROUGHOUT SDC** CAM BE ADDRESSED THROUGHOUT EASIED PRACTICES BY HOSP ITALS AND HEALTH CARE SYSTEMS QUANTITATIVE DATA (SECONDARY SOURCES) FOR BOTH THE HASDRIC 2013 OHNA AND THE INDIVIDUAL SHARP HOSPITAL OHNAS INCLUDED 2011 CALENDARY YEAR HOSPITAL DISC HARGE DATA AT THE ZP CODE LEVEL. HEALTH STATISTICS FROM THE SAND DEGG COUNTY HEALTH AND LUMAN SERVICES AGENCY (HHSA), THE U.S. CRINIUS BUREAU, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHERS THE VARIABLES ANALYZED AT THE ZIP CODE LEVEL. WHEREVER POSSBLE TABLE 1 VARIABLES ANALYZED AT THE ZIP CODE LEVEL. WHEREVER POSSBLE TABLE 1 VARIABLES ANALYZED AT THE ASDRIC AND PREVENTION AND SHARP HEALTHCARE 2013 OHNAS **SECONDARY DATA VARIABLES ANALYZED AT THE ASDRIC AND SHARP HEALTHCARE 2013 OHNAS **SECONDARY DATA VARIABLES ANALYZED AT THE ASDRIC AND SHARP HEALTHCARE 2013 OHNAS **SECONDARY DATA VARIABLES ANALYZED AT THE ASDRIC AND SHARP HEALTHCARE 2013 OHNAS **SECONDARY DATA VARIABLES ANALYZED AT THE SOCIO ECONOMIC INDICATORS. MORTALITY DATA - REGIONAL DISEASES-PECFIC HEALTH DATA (COUNTY HASA) - SEL-REPORTED HEALTH CARE 2013 OHNAS **SECONDARY DATA VARIABLES ANALYZED AT THE TOTAL CALLFORNIA HEALTH INTERVEW SURVEY) - SPECIALIZED HEALTH SOCIOECONOMIC INDICATORS. MORTALITY DATA - REGIONAL DISEASES-PECFIC HEALTH DATA (COUNTY HASA) - SEL-REPORTED HEALTH OLTRA (COUNTY HASA) - SEL-REPORTED HEALTH CARE OLD AS A COUNTY HAS A COUNTY OF THE SECONDARY OF THE COUNTY HAS A COUNTY OF THE RESIDENCE AND THE COUNTY HAS A COUNTY OF THE RESIDENCE AND THE ADDRESS SECONDARY OF THE SECONDARY OF THE SECONDARY OF THE RESIDENCE AND THE RESIDENCE AND THE HEALTH OLD AS A COUNTY OF THE RESIDENCE AND THE HEALTH OLD AS A COUNTY OF THE ASSOCIATION OF THE HEALTH OLD AS A COUNTY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	BEST SERVE MEMBERS OF THE SAN DIEGO COMMUNITY THE HEALTH CONDITIONS AND HEALTH ISSUES IDE NTFIED IN THIS CHNA, INCLUDING, BUT NOT LIMITED TO HEALTH CARE AND INSURANCE ACCESS AND E DUCATION AND INFORMATION FOR ALL COMMUNITY MEMBERS, WILL NOT BE RESOLVED WITH A QUICK FIX ON THE CONTRAPY, THESE RESOLUTIONS WILL BE A JOURNEY REQUIRING TIME, PERSISTENCE, COLLABO RATION 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 HITTP///WWW SHARP COMMABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS OR BY CONTACTING SHARP HEALTH-CARE COMMUNITY BENEFIT AT COMMUNITY BENEFITS@SHARP COM DETERMINATION OF PROTRETY COMMUNITY NEEDS SHARP HEALTH-CARE SHARP BITTIES REVIEWED THEIR 2013 CHNAS AND USED THESE ASSESSMENTS TO HELP DETERMINE PRIORITY NEEDS FOR THE COMMUNITES SERVED BY THEIR HOSPITAL S IN IDENTIFYING THESE PRIORITIES, SHARP ENTITIES ALSO CONSIDERED THE EXPERTISE AND MISSI ON OF ITS PROGRAMS AND SERVICES, IN ADDITION TO THE NEEDS OF THE UNIQUE, EVER-CHANGING DEM OGRAPHICS AND HEALTH TOPICS THAT COMPRISE SHARPS SERVICE AREA AND REGION STEPS COMPLETED TO PREPARE AN ANNUAL COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL FOR FORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PER FORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PER FORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PER FORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PER FORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT PLANTED TO PREPARE AND AND PREPARATION OF ITS COMMUNITY SERVERTS SHAND ON THE COMMUNITY SERVERT REPORTS ON ACTIVITIES FROOVIDED TO THE COMMUNITY OF SERVICES FROOVI

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	*2-1-1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALING) * ADUL T PROTECTIVE SERVICES * (AS) * ALZ-HEMBERS ASSOCIATION OF CRITICAL CARE AMERICAN ASSOCIATION OF CRITICAL CARE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, SAN DIEGO CHAPTER ((AACCI) * AMERICAN CANCER SCOLETY (ACS) * AMERICAN COLLEGE OF HEALTH-CARE EXECUTIVES * (ACCI) * AMERICAN CANCER SCOLETY (ACS) * AMERICAN COLLEGE OF HEALTH-CARE EXECUTIVES* (ACCI) * AMERICAN CANCER SCOLETY (ACS) * AMERICAN COLLEGE OF HEALTH-CARE EXECUTIVES* (ACC) * AMERICAN HEALTH-INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEALTH-INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEART ASSOCIATION * AMERICAN HEALTH-INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEART ASSOCIATION FOR AMERICAN HEALTH-INFORMATION MANAGEMENT ASSOCIATION FOR CANCER ASSOCIATION FOR CALIFORMAN MARKELEADERS* (ACOL.) * ASSOCIATION FOR CALIFORMAN ASSOCIATION FOR CALI

4A (CONTINUED)  IEGO ASIAN FILM FOUNDATION) * PARTNERSHIP FOR SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SEN IOF CENTER * PERINATAL SAFETY COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BO ART OF DIRECTORS * PROFESSIONAL ONCOLOGY NETWORK (PON) * PROJECT CARE * PROJECT COMPASSION * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATIONS CALIFORNIA * REGIONAL PERINAT AI SYSTEM (RPS) * RESIDENTIAL CARE COUNCIL * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTION	Return Reference	Explanation	
ABETES EDUCATORS * SAN DIEGO ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES * SAN DIEGO BL ACK NURSES ASSOCIATION * SAN DIEGO BLOOD BANK * SAN DIEGO BRAIN INJURY FOUNDATION * SAN DI EGO 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 PR EVENTION * SAN DIEGO COUNTY BREASTFEEDING COALITION * SAN DIEGO COUNTY COALITION FOR IMPRO VING END-OF-LIFE CARE (SDCCEOL) * SAN DIEGO COUNTY COUNCIL ON AGING (SDCCOA) * SAN DIEGO C OUNTY EMERGENCY MEDICAL CARE COMMITTEE * SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) * SAN DIEGO COUNTY PERINATAL CARE NETWORK * SAN DIEGO COUNTY TAXPAY ERS ASSOCIATION * SAN DIEGO COUNTY STROKE CONSORTIUM * SAN DIEGO COUNTY CHAMBER OF COMMERCE BOARD * SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC) * SAN DIEGO EYE BANK NURSES ADVISORY BOAR D * SAN DIEGO FOOD BANK * SAN DIEGO HALT MARATHON * SAN DIEGO HEALTH INFORMATION ASSOCIATION * SAN DIEGO HEALTHCARE DISASTER COUNCIL * SAN DIEGO HOSPICE AND PALLIATIVE NURSES ASSOC IATION (HPVA) * SAN DIEGO HOUSING COMMISSION (SDHC * SAN DIEGO IMPERIAL COUNCIL OF HOSPIT AL VOLUNTEERS * SAN DIEGO MENTAL HEALTH COALITION * SAN		PART III, LINE 4A	TH COUNTY HEALTH PROJECT * NURSEWEEK * PACIFIC ARTS MOVEMENT (PAC-ARTS, FORMERLY THE SAN D IEGO ASIAN FILM FOUNDATION) * PARTNERSHIP FOR SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SEN IOR CENTER * PERINATAL SAFETY COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BO ARD OF DIRECTORS * PROFESSIONAL ONCOLOGY NETWORK (PON) * PROJECT CARE * PROJECT COMPASSION * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATIONS CALIFORNIA * REGIONAL PERINAT AL SYSTEM (RPS) * RESIDENTIAL CARE COUNCIL * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTI ON NETWORK (SANDI-CAN) * SAN DIEGANS FOR HEALTH-CARE COVERAGE * SAN DIEGO ASSOCIATION OF DI ABETES EDUCATORS * SAN DIEGO ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES * SAN DIEGO BLACK NURSES ASSOCIATION * SAN DIEGO 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 PR EVENTION * SAN DIEGO COUNTY BREASTFEEDING COALITION * SAN DIEGO COUNTY COALITION FOR IMPRO VING 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 (H-HSA) * SAN DIEGO COUNTY PERINATAL CARE NETWORK * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIEGO COUNTY STROKE CONSORTIUM * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC) * SAN DIEGO PED BANK * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIEGO DIETETIC ASSOCIATION BOARD * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC) * SAN DIEGO HEALT HIPORMATION ASSOCIATION * SAN DIEGO HEALT HOROUND * SAN DIEGO HOSPICE AND PALLIATIVE NURSES ASSOC IATION (HPMA) * SAN DIEGO HOUSING COMMISSION (SDHC) * SAN DIEGO HEALT HOROUND * SAN DIEGO HEALT HOROUND * SAN DIEGO HOROUND * SAN DIEGO HOROUND * SAN DIEGO MENTAL HEALTH CAL

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	* 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 * 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

(Form 990)

Department of the Treasury

Name of the organization SHARP HEALTHCARE FOUNDATION

Internal Revenue Service

**SCHEDULE R** 

## **Related Organizations and Unrelated Partnerships**

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

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

DLN: 93493223013305 OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

				95-3492461			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" o	n Form 990, Par	t 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	<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ		he organization a	nswered "Yes" o	on Form 990, Part I	V, line 34 because it	t had on	e
or more related tax-exempt organizations during  (a)	the tax year.	(c)	(d)	(e)	(f)	<del></del>	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section (13) coi enti	512 ntro
						Yes	N
(1) SHARP HEALTHCARE	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3			N
8695 SPECTRUM CENTER BLVD					N/A		
SAN DIEGO, CA 921231489 95-6077327							
(2) SHARP MEMORIAL HOSPITAL	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 921231489 95-3782169							
(3) GROSSMONT HOSPITAL CORPORATION	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 921231489 33-0449527							
(4) SHARP CHULA VISTA MEDICAL CENTER	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 921231489 95-2367304							
(5) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 921231489 95-0651579							
(6) SHARP HEALTH PLAN	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD	COMPANY						
SAN DIEGO, CA 921231489 33-0519730							
(7) GROSSMONT HOSPITAL FOUNDATION	HOSPITAL FOUNDATION	CA	501(C)(3)	LINE 7	GROSSMONT HOSPITAL CORPORATION	Yes	
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 921231489							

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	cct Predomin illing income(relate ty unrelate excluded f tax undo sections 5		<b>(f)</b> Share of total incom	(g) Share of end-of-year assets	(h) Dispropitionar allocations?		(i) Code V-UBI amount in bo 20 of Schedule K-: (Form 1065)	Gene x man part	i) ral or aging ner?	<b>(k)</b> Percentage ownership
					514)				Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one of									wered	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Lega domic (state or f countr	il ile oreign	Dire	(d) ct controlling entity	Type (C cor	(e) of entity p, S corp, trust)	<b>(f)</b> Share of total income		(g) e of end- year assets	of- Perce owne	ntage		(i) Section 512 (b)(13) controlled entity?
(1) CONTINUOUS QUALITY	CAPTIVE INSURANCE	CJ		N/A		С								Yes No
INSURANCE SPC  23 LIME TREE BAY AVENUE PO BOX 1 GRAND CAYMAN CJ	COMPANY													
(2) CHARITABLE REMAINDER TRUST (24)	PROGRAM SUPPORT	CA				Т								No

(5) GROSSMONT HOSPITAL CORPORATION

Pa	rt V	Transactions With Related Organizations Complete if the organization are	nswered "Yes" on Fo	rm 990, Part IV, lin	e 34, 35b, or 36.			
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	urıng th	e tax year, did the orgranization engage in any of the following transactions with one or mo	re related organizations	listed in Parts II-IV?	•			
а	Recei	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gıft, g	rant, or capital contribution to related organization(s)				1b	Yes	
c	Gıft, g	rant, or capital contribution from related organization(s)				1c	Yes	
d	Loans	or loan guarantees to or for related organization(s)				1d		No
e	Loans	or loan guarantees by related organization(s)				1e	Yes	
•	Duuda	nds from related organization(s)				1f		No
f						1g		No
g		f assets to related organization(s)				1h		No
h :		ase of assets from related organization(s)  nge of assets with related organization(s)				1i		No
						1j		No
J	Lease	of facilities, equipment, or other assets to related organization(s)				1		
k	Lease	of facilities, equipment, or other assets from related organization(s)				1k		No
ı	l Performance of services or membership or fundraising solicitations for related organization(s)							
m	Perfor	nance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharın	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharır	g of paid employees with related organization(s)				10	Yes	
р	Reimh	ursement paid to related organization(s) for expenses				1p	Yes	
q		ursement paid by related organization(s) for expenses				1q		No
ч	Kenne	arsement para by related organization(3) for expenses				-		
r	Other	transfer of cash or property to related organization(s)				1r	Yes	
s	Other	transfer of cash or property from related organization(s)				1s		No
	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must comp	olete this line, including	covered relationships	and transaction thresholds			
		(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining ai	mount	involved	
<b>(1)</b> SI	HARP ME	MORIAL HOSPITAL	В	4,595,005	ACCRUAL BASIS			
<b>(2)</b> SI	HARP CH	JLA VISTA MEDICAL CENTER	В	1,065,254	ACCRUAL BASIS			
<b>(3)</b> SI	HARP HE	ALTH PLAN	В	365,266	ACCRUAL BASIS			
<b>(4)</b> SI	HARP ME	MORIAL HOSPITAL	С	153,500	ACCRUAL BASIS			

В

154,890 ACCRUAL BASIS

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

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

## Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

**EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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

Form 990, Schedule R, Part II - Identification of F		7	1		1		,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Section (b)(:	( <b>g)</b> on 512 (13) crolled tity?
						Yes	No
(1) SHARP HEALTHCARE  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A		No
(1) SHARP MEMORIAL HOSPITAL	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169							
(2) GROSSMONT HOSPITAL CORPORATION	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527							
(3) SHARP CHULA VISTA MEDICAL CENTER	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304							
(4) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	HOSPITAL	СА	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579							
(5) SHARP HEALTH PLAN	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 _33-0519730	COMPANT						
(6) GROSSMONT HOSPITAL FOUNDATION	HOSPITAL FOUNDATION	CA	501(C)(3)		GROSSMONT HOSPITAL	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488					CORPORATION	,	