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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 www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sharp Memorial Hospital Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 8695 Spectrum Center Blvd City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489	D Employer identification number 95-3782169 E Telephone number (858) 499-5150 G Gross receipts \$ 1,125,167,325
F Name and address of principal officer Daniel Gross 8695 Spectrum Center Blvd San Diego, CA 921231489		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.sharp.com		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1981 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities Sharp Memorial Hospital provides comprehensive medical services to the San Diego community			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		5,435
6	Total number of volunteers (estimate if necessary)	6		1,748
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		1,134,190
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		-512,988
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	3,851,874		4,595,005
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,000,841,456		1,051,242,635
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,778,640		18,489,922
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,834,541		1,884,979
		1,022,306,511		1,076,212,541
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,050,777		461,306
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	421,973,280		441,755,059
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	435,125,541		421,099,958
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	858,149,598		863,316,323
19 Revenue less expenses Subtract line 18 from line 12	164,156,913		212,896,218	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	1,623,901,282		1,894,152,372
	21 Total liabilities (Part X, line 26)	439,509,032		487,674,609
22 Net assets or fund balances Subtract line 21 from line 20	1,184,392,250		1,406,477,763	

Part II Signature Block

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

Sign Here	Signature of officer Ann Pumpian CFO Type or print name and title	Date 2015-08-11			
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name \rightarrow Ernst & Young US LLP			Firm's EIN \rightarrow 34-6565596	
	Firm's address \rightarrow 4370 La Jolla Village Dr Suite 500 San Diego, CA 92122			Phone no (858) 535-7200	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
See Schedule O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 795,736,809 including grants of \$ 461,306) (Revenue \$ 1,050,108,445)
The hospital provides inpatient and outpatient healthcare services to the community For fiscal year 2014, patient days totaled 198,854 and outpatient visits totaled 424,757 See Community Benefits Report on Schedule O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 795,736,809

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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 "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Staci Dickerson 8695 Spectrum Center Blvd
 San Diego, CA 921231489 (858) 499-5150

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d	4,595,005					
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$ 1g	9,396					
	h	Total. Add lines 1a-1f 1h	4,595,005					
Program Service Revenue			Business Code					
	2a	Patient Services	900099	716,004,162	716,004,162			
	b	Medicare/Medical	900099	327,264,044	327,264,044			
	c	Contract Pharmacy	446110	3,817,864	3,817,864			
	d	EHR Incentive	900099	1,446,620	1,446,620			
	e	Reference Lab	621500	1,134,190		1,134,190		
	f	All other program service revenue		1,575,755	1,575,755			
	g	Total. Add lines 2a-2f 2g		1,051,242,635				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3		12,081,322		12,081,322		
	4	Income from investment of tax-exempt bond proceeds 4						
	5	Royalties 5						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) 6d						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	55,216,960				
			(ii) Other		146,424			
			b	Less cost or other basis and sales expenses	48,649,707		305,077	
			c	Gain or (loss)	6,567,253		-158,653	
	d	Net gain or (loss) 7d		6,408,600		6,408,600		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 8a						
	b	Less direct expenses 8b						
	c	Net income or (loss) from fundraising events 8c						
	9a	Gross income from gaming activities See Part IV, line 19 9a						
	b	Less direct expenses 9b						
c	Net income or (loss) from gaming activities 9c							
10a	Gross sales of inventory, less returns and allowances 10a	a						
		b	Less cost of goods sold 10b					
		c	Net income or (loss) from sales of inventory 10c					
Miscellaneous Revenue		Business Code						
11a	Parking	812930	890,196		890,196			
b	SMBHWN Gift Shop	446199	450,128		450,128			
c	Cash Discounts	900099	107,401		107,401			
d	All other revenue 11d		437,254		437,254			
e	Total. Add lines 11a-11d 11e		1,884,979					
12	Total revenue. See Instructions 12		1,076,212,541	1,050,108,445	1,134,190	20,374,901		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	461,306	461,306		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,645,255	1,397,440	2,247,815	
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	352,720,476	348,748,862	3,971,614	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,498,492	12,291,735	206,757	
9	Other employee benefits	47,002,735	45,966,991	1,035,744	
10	Payroll taxes	25,888,101	25,514,416	373,685	
11	Fees for services (non-employees)				
a	Management	23,202,403	21,876,693	1,325,710	
b	Legal	1,898,712	402,659	1,496,053	
c	Accounting	8,852,974		8,852,974	
d	Lobbying	85,947		85,947	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	501,577		501,577	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,251,359	45,742,027	3,509,332	
12	Advertising and promotion	7,150,380	123,542	7,026,838	
13	Office expenses	32,900,030	32,352,515	547,515	
14	Information technology	37,293,137	32,817,961	4,475,176	
15	Royalties				
16	Occupancy	13,036,372	10,664,800	2,371,572	
17	Travel	671,456	652,686	18,770	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,146,434	298,948	847,486	
20	Interest	17,310,610	16,229,774	1,080,836	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,000,206	38,928,629	2,071,577	
23	Insurance	3,148,527	2,766,583	381,944	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Medical Supplies	127,768,103	127,762,114	5,989	
b	System Allocation	29,861,547	7,995,424	21,866,123	
c	Repairs and Maintenance	14,745,689	13,747,445	998,244	
d	Medi-Cal Provider Tax	7,176,104	7,176,104	0	
e	All other expenses	4,098,391	1,818,155	2,280,236	
25	Total functional expenses. Add lines 1 through 24e	863,316,323	795,736,809	67,579,514	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,898,444	1	3,456,150
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	137,443,642	4	134,155,273
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,820,447	8	16,435,143
	9 Prepaid expenses and deferred charges	3,054,205	9	3,403,846
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 836,004,190		
	b Less accumulated depreciation	10b 424,253,147	406,837,849	10c 411,751,043
	11 Investments—publicly traded securities	14,156,975	11	44,126,724
	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	1,044,689,720	15	1,280,824,193
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,623,901,282	16	1,894,152,372	
Liabilities	17 Accounts payable and accrued expenses	69,323,781	17	74,688,101
	18 Grants payable		18	
	19 Deferred revenue	0	19	4,587,340
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	370,185,251	25	408,399,168
	26 Total liabilities. Add lines 17 through 25	439,509,032	26	487,674,609
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,184,392,250	27	1,406,477,763
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,184,392,250	33	1,406,477,763	
34 Total liabilities and net assets/fund balances	1,623,901,282	34	1,894,152,372	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,076,212,541
2	Total expenses (must equal Part IX, column (A), line 25)	2	863,316,323
3	Revenue less expenses Subtract line 2 from line 1	3	212,896,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,184,392,250
5	Net unrealized gains (losses) on investments	5	16,251,635
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	-7,062,340
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,406,477,763

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

(ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of the organization (Sharp Memorial Hospital) and Employer identification number (95-3782169)

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		85,947
j Total Add lines 1c through 1i			85,947
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II B Lobbying Expenses	Sharp Memorial Hospital (SMH) pays annual dues to the California Healthcare Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2014, SMH's annual dues calculated to have been used for lobbying purposes was \$85,947.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, a table for 'Held at the End of the Year' (2a-2d), and various questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment 5 000 %
b Permanent endowment 95 000 %
c Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table for 3a(i) and 3a(ii) with Yes/No columns

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) Intercompany receivable	1,270,127,987
(2) Estimated settlements receivable from government programs	6,783,636
(3) Unamortized Financing Costs	3,504,405
(4) Receivable from Foundation designated fund	381,139
(5) Deferred Rental	27,026
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,280,824,193

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
2003 A&B Mark to Market Swap	900,057
Long Term Pension Liability	20,494,399
Allocated Tax Exempt Bonds	386,292,402
Deferred Rent Expense	139,265
Other Deferred Liabilities	247,310
Long Term Workers' Compensation	281,916
Other Liabilities	43,819
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	408,399,168

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,090,760,907
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	16,251,635
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,340,713
e	Add lines 2a through 2d	2e	17,592,348
3	Subtract line 2e from line 1	3	1,073,168,559
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	501,577
b	Other (Describe in Part XIII)	4b	2,542,405
c	Add lines 4a and 4b	4c	3,043,982
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,076,212,541

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

1	Total expenses and losses per audited financial statements	1	862,898,925
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	84,179
e	Add lines 2a through 2d	2e	84,179
3	Subtract line 2e from line 1	3	862,814,746
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	501,577
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	501,577
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	863,316,323

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	Sharp HealthCare Foundation holds 17 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more
Part X, Line 2	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria At September 30, 2014 and 2013, no such assets or liabilities were recorded
Part XI, Line 2d - Other Adjustments	Bone Marrow Program reported on Sharp HealthCare's return 1,256,534 Foundation Donations to Other Organizations/Individuals 84,179
Part XI, Line 4b - Other Adjustments	Donated Capital 2,549,391 Medical Staff/Gift Shop revenue -6,986
Part XII, Line 2d - Other Adjustments	Foundation Donations to Other Organizations/Individuals 84,179

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing discounted care? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

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

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			39,000		39,000	0 %
2 Economic development						
3 Community support			62,489	34,072	28,417	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			101,489	34,072	67,417	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
			8,503,765
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	143,927,502
6 Enter Medicare allowable costs of care relating to payments on line 5	6	154,276,255
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,348,753
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

Name, address, primary website address, and state license number

(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4 Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Sharp Memorial Hospital

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____ 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Sharp Mary Birch Hospital for Women

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

20		
21		No
22		No

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Sharp Mesa Vista Hospital

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Sharp McDonald Center

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
2 Sharp Home Care 8080 Dagget Street Suite 200 San Diego, CA 92111	Home Health
3 Behavioral Health Outpatient Center 1460 East Main Street El Cajon, CA 92021	Behavioral Health Outpatient
4 Renal Transplant 7910 Frost Street Suite 230 San Diego, CA 92123	Outpatient Services
5 Cardiac Transplant 3131 Berger Ave San Diego, CA 92123	Outpatient Services
6 Behavioral Health Outpatient Center 4275 El Cajon Blvd Suite 100 San Diego, CA 92105	Behavioral Health Outpatient
7 UCP Building 7947 Birmingham Drive San Diego, CA 92123	Outpatient Services
8 Senior Health Center 4320 Genesee Avenue Suite 104 San Diego, CA 92117	Senior Health Center
9 Senior Health Center 956 10th Avenue San Diego, CA 92101	Senior Health Center
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a	Sharp Memorial Hospital's community benefit report is prepared by Sharp HealthCare

Form and Line Reference	Explanation
Part I, Line 7	Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis. Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for. Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care. RCC were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, so worksheet C represents direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer.

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Bad debt expense is netted against revenue. As such, \$0.00 was backed out of total expenses for column (f) calculation.

Form and Line Reference	Explanation
Part II, Community Building Activities	Sharp Memorial Hospital at times provides a provision for housing for vulnerable patients upon discharge from the hospital Sharp Memorial Hospital incurred expenses for disaster preparedness training and capital expenditures

Form and Line Reference	Explanation
Part III, Line 4	<p>Bad Debt represents amounts that go unpaid where the patient was determined to have the ability to pay. If an inability to pay is demonstrated, then full or partial Charity is granted and not considered Bad Debt. Bad Debt at Cost should be included as a Community Benefit because, like other shortfall programs, we are required to accept these patients through the Emergency Room or as a referral with "good faith" in collecting. Sharp Memorial Hospital consolidates into Sharp HealthCare's audited financial statements. The audited financial statements of Sharp HealthCare include a footnote discussing accounts receivable and allowance for doubtful accounts which is included below:</p> <p>* Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Sharp HealthCare's audited financial statements include a deduction from revenue line on the Combined Statement of Operations titled Provision for Doubtful Accounts. Additionally, the accounts receivable line on the Combined Balance Sheet details the amount of allowance for doubtful accounts that is netted against the receivable balance.</p>

Form and Line Reference	Explanation
Part III, Line 8	Medicare should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Sharp Memorial Hospital must accept the Medicare established rates whether they cover the cost or not Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments The RCC by CMS line was then applied to the applicable revenue departments broken down by payor to obtain the fully weighted cost by payer

Form and Line Reference	Explanation
Part III, Line 9b	Sharp does not initiate collection activities on accounts known to be eligible for Financial Assistance or Charity care. It is also Sharp's policy to recall/cancel any accounts assigned to a collection agency if it is determined, at any time, a patient account is eligible for Financial Assistance or Charity care.

Form and Line Reference	Explanation																																																																												
Part VI, Line 2	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 17 years. Previous collaborations among not-for-profit hospitals and other community partners have resulted in numerous well-regarded CHNA reports. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDougal Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. In 2013, each of the hospital entities of SMMC conducted a CHNA, examining the health needs of the community members they serve in San Diego County (SDC). In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in 2013. The 2013 CHNAs for SMH, SMV and SMC (SMMC) draw from and are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall. This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator. CHNA Objectives: The objectives of SMMC's 2013 CHNAs are:</p> <ol style="list-style-type: none"> 1. Identify the top health conditions and health care needs of community members in its patient community. 2. Understand the challenges that community members - particularly those in communities of high-need - face in their attempts to access health care and maintain health and well-being. 3. Identify currently available community resources that support identified health conditions and health challenges. 4. Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. <p>Study Area Defined: SMMC's 2013 CHNAs examined the communities served by SMBHWN, SMH, SMV and SMC. With specialty hospitals SMBHWN, SMC and SMV, combined with SMH the study area for the 2013 CHNAs covers SDC as a whole, and spans six regions: central, east, north central, north coastal, north inland and south. Table 1 below presents the ZIP codes where the majority of SMH patients reside.</p> <p>Table 1: Primary Communities Served by SMH</p> <table border="1"> <thead> <tr> <th>ZIP Code</th> <th>Community</th> </tr> </thead> <tbody> <tr><td>91910</td><td>Chula Vista</td></tr> <tr><td>91911</td><td>Chula Vista</td></tr> <tr><td>91913</td><td>Chula Vista - Eastlake</td></tr> <tr><td>91915</td><td>Chula Vista - Eastlake</td></tr> <tr><td>91942</td><td>La Mesa</td></tr> <tr><td>91950</td><td>National City</td></tr> <tr><td>91977</td><td>Spring Valley</td></tr> <tr><td>92020</td><td>El Cajon</td></tr> <tr><td>92021</td><td>El Cajon</td></tr> <tr><td>92040</td><td>Lakeside</td></tr> <tr><td>92064</td><td>Poway</td></tr> <tr><td>92071</td><td>Santee</td></tr> <tr><td>92101</td><td>Downtown</td></tr> <tr><td>92102</td><td>East San Diego</td></tr> <tr><td>92103</td><td>Hillcrest</td></tr> <tr><td>92104</td><td>North Park</td></tr> <tr><td>92105</td><td>City Heights</td></tr> <tr><td>92106</td><td>Point Loma</td></tr> <tr><td>92107</td><td>Ocean Beach</td></tr> <tr><td>92109</td><td>Pacific Beach</td></tr> <tr><td>92110</td><td>Old Town</td></tr> <tr><td>92111</td><td>Linda Vista</td></tr> <tr><td>92113</td><td>Southeast San Diego</td></tr> <tr><td>92114</td><td>Encanto</td></tr> <tr><td>92115</td><td>College Area</td></tr> <tr><td>92116</td><td>Normal Heights</td></tr> <tr><td>92117</td><td>Clairemont Mesa</td></tr> <tr><td>92123</td><td>Serra Mesa</td></tr> <tr><td>92124</td><td>Tierrasanta</td></tr> <tr><td>92126</td><td>Mira Mesa</td></tr> <tr><td>92127</td><td>Rancho Bernardo</td></tr> <tr><td>92128</td><td>Carmel</td></tr> <tr><td>92129</td><td>Mtn Ranch</td></tr> <tr><td>92130</td><td>Ranch Peasquitos</td></tr> <tr><td>92131</td><td>Carmel Valley</td></tr> <tr><td>92139</td><td>Scripps Ranch</td></tr> <tr><td>92154</td><td>Paradise Hills</td></tr> </tbody> </table> <p>Source: SpeedTrack California Universal Patient Information Discovery, OSHPD CY 2011 Hospital Discharge Data Collection and Analysis. As the study area for both the collaborative HASD&IC 2013 CHNA and the SMMC 2013 CHNAs cover San Diego County, the HASD&IC 2013 CHNA process and findings significantly informed the 2013 CHNA process for each of SMMC's hospital entities, and as such, are described as applicable throughout this report. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org or contact Lindsey Wade at lwade@hasdic.org. For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria:</p> <ul style="list-style-type: none"> o Have a significant prevalence in the community o Contribute significantly to the morbidity and mortality in SDC o Disproportionately impact vulnerable communities o Reflect a need that exists throughout SDC o Can be addressed through evi 	ZIP Code	Community	91910	Chula Vista	91911	Chula Vista	91913	Chula Vista - Eastlake	91915	Chula Vista - Eastlake	91942	La Mesa	91950	National City	91977	Spring Valley	92020	El Cajon	92021	El Cajon	92040	Lakeside	92064	Poway	92071	Santee	92101	Downtown	92102	East San Diego	92103	Hillcrest	92104	North Park	92105	City Heights	92106	Point Loma	92107	Ocean Beach	92109	Pacific Beach	92110	Old Town	92111	Linda Vista	92113	Southeast San Diego	92114	Encanto	92115	College Area	92116	Normal Heights	92117	Clairemont Mesa	92123	Serra Mesa	92124	Tierrasanta	92126	Mira Mesa	92127	Rancho Bernardo	92128	Carmel	92129	Mtn Ranch	92130	Ranch Peasquitos	92131	Carmel Valley	92139	Scripps Ranch	92154	Paradise Hills
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Form and Line Reference	Explanation
Part VI, Line 2	<p>dence-based practices by hospitals and health care systems Specifically, Sharp Memorial Hospital reviewed the needs assessment priorities, specifically focusing on issues relevant to their region and subregional areas with the goal of matching community benefits programs and services to the unique needs of the region, with special attention to Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and SMH 2013 CHNA included the 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHS), the U S Census Bureau, the Centers for Disease Control, and others The variables analyzed are included in Table 2 below, and were analyzed at the ZIP code level wherever possible Table 2 Variables Analyzed in the HASD&IC and SMH 2013 CHNAsSecondary Data VariablesInpatient Hospitalizations by CauseEmergency Department Visits by CauseDemographic Data (socio-economic indicators)Mortality DataRegional Disease-Specific Health Data (County HHS)Self-Reported Health Data (California Health Interview Survey)Specialized Health Data /Reports (various)Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and SMH's 2013 CHNA processes utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting Table 3 below presents communities (by ZIP code) served by SMH that have especially high need based on their CNI score (score = 5) Table 3 High-Need Communities Served by SMHZIP Code Community91950 National City 92102 East San Diego92104 North Park92105 City Heights92113 Southeast San Diego 92115 College AreaSource Dignity Health, 2011 CNI DataFor the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected. A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers. Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults. To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council. Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being. Following consultation with the SMV and SMC 2013 CHNA Planning Teams, it was agreed to collect additional, specific feedback from key informants with insight into behavioral health needs - including chemical dependency - in SDC. Two additional key informant interviews provided expertise to further address this need. In order to collect community resident feedback specific to behavioral health, community feedback surveys were collected from attendees of various behavioral health community support groups held at SMV. These support groups were open to the community and 17 surveys were collected as a result of this effort. Community members were asked for open-ended feedback on the behavioral health issues of greatest importance to them, as well as any significant barriers they face in maintaining behavioral health and well-being.</p> <p>Findings: Through the combined analyses of the results for all the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by the entities (listed in alphabetical order): Behavioral Health (including chemical dependency); Cardiovascular Disease; Diabetes, Type II; High-Risk Pregnancy (identified for SMH/SMBHWN only); Obesity; Senior Health (including end-of-life care). As a specialty hospital, SMBHWN does not have the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type II diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. Further, for both SMBHWN and SMH, the community education and support elements of behavioral health care are addressed through the programs and services provided through SMV and SMC, which are the major providers of behavioral health and chemical dependency services in SDC. Relatedly, although additional priority health needs were identified for community members served by SMV and SMC through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. In addition, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories: Access to Care or Insurance; Care Management; Education; Screening Services; and Collaboration. SMMC's entities are committed to the health and well-being of their community, and the findings of their 2013 CHNAs will help to inform the activities and services provided to improve the health of their community members. The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp hospitals to help continue, refine and create programs that meet the needs of their most vulnerable community members. The complete 2013 CHNAs for SMH (includes SMBHWN), SMV and SMC are available online at http://www.sharp.com/about/community/community-health-needs-assessments.cfm or by contacting Sharp HealthCare Community Benefits at communitybenefits@sharp.com.</p> <p>Determination of Priority Community Needs: The entities of SMMC reviewed their 2013 CHNAs and used the assessments to help inform priority needs for members of the communities they serve. In identifying these priorities, the entities also considered the expertise and mission of their programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise their service area and region. Through further analysis of SMBHWN's community program</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>s and consultation with SMBHWN's community benefits team, SMBHWN's community benefits plan also addresses the following priority health needs for community members served by SMBHWN Meeting the needs of new mothers and their families Providing professional education and development Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH's community benefits plan includes programs and services that address the following health needs for community members served by SMH Health education and wellness Cancer education and patient navigator services Bone Health - Orthopedic / osteoporosis education and screening Prevention of unintentional injuries Health professions education and training, and promotion of interest in health care careers Support during the transition of care for high-risk, underserved and underfunded patients In alignment with the identified need of mental/behavioral health, the community benefits plan for SMV/SMC details programs that specifically address Mental health and substance abuse education and support for the community Improving outcomes for seniors at risk Mental health and substance abuse education for health care professionals In addition, the entities of SMMC Incorporate community priorities and community relations into its strategic plan and develops service line-specific goals (SMBHWN, SMH, SMV/SMC) Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels (SMBHWN, SMH, SMV/SMC) Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH) Hosts a bimonthly committee to discuss, plan, and implement community activities (SMV/SMC) Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN)</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charitycare" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p>

Form and Line Reference	Explanation
Part VI, Line 4	The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions - central, east, north central, north coastal, north inland and south. The race/ethnicity breakdown of SDC is 46.9% White, 33.3% Hispanic, 4.5% Black, 11.5% Asian/Pacific Islander, and 0.4% Native American. In SDC in 2011, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults age 18 and older had health insurance. Further, 98.1 percent of children ages 0 to 11, 82.2 percent of children ages 12 to 17, and 85.6 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care. Among uninsured adults ages 18 to 64 years in SDC, 17.7 percent were not currently insured in 2011.

Form and Line Reference	Explanation
Part VI, Line 5	Sharp Memorial Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care.

Form and Line Reference	Explanation
Part VI, Line 6	<p>Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 21 medical clinics, five urgent care facilities, four skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan. Serving a population of approximately three million in San Diego County, Sharp is licensed to operate 2,069 beds, has approximately 2,600 Sharp-affiliated physicians and more than 15,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp is known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves. With 1,027 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, Sharp Memorial was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.</p>

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	CA

Form and Line Reference	Explanation
Part VI, Line 7	<p>Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD For purposes of the Sharp HealthCare Community Benefits Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals is also provided in the FY 2014 Sharp HealthCare Community Benefits Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2014 is available online at http://www.sharp.com/about/community/community-benefits-health-needs cfm Additional disclosures No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III 147,573,800 Medicare allowable costs reported on Parts I and III 159,697,358 Shortfall included on Parts I and III (12,123,558) Actual Medicare revenue received 147,849,805 Actual Medicare cost 176,193,031 Actual Medicare shortfall (28,343,226) Additional Medicare shortfall not on Parts I and III (16,219,668)</p>

Additional Data

Software ID:

Software Version:

EIN: 95-3782169

Name: Sharp Memorial Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 1j The Institute for Public Health (IPH) conducted a content analysis of all qualitative feedback collected through the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories - Access to Care or Insurance- Care Management - Education- Screening Services- Collaboration

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	Part V, Section B, Line 1j The Institute for Public Health (IPH) conducted a content analysis of all qualitative feedback collected through the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories - Access to Care or Insurance- Care Management - Education- Screening Services-Collaboration

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Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	Part V, Section B, Line 1j The Institute for Public Health (IPH) conducted a content analysis of all qualitative feedback collected through the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories - Access to Care or Insurance- Care Management - Education- Screening Services- Collaboration

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Form and Line Reference	Explanation
Sharp McDonald Center	Part V, Section B, Line 1j The Institute for Public Health (IPH) conducted a content analysis of all qualitative feedback collected through the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories - Access to Care or Insurance- Care Management - Education- Screening Services- Collaboration

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Form and Line Reference	Explanation
Sharp Memorial Hospital	<p>Part V, Section B, Line 3 For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	<p>Part V, Section B, Line 3 For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	<p>Part V, Section B, Line 3 For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMV and SMC 2013 CHNA Planning Teams, it was agreed to collect additional, specific feedback from key informants with insight into behavioral health needs - including chemical dependency - in SDC Two additional key informant interviews provided expertise to further address this need In order to collect community resident feedback specific to behavioral health, community feedback surveys were collected from attendees of various behavioral health community support groups held at SMV These support groups were open to the community and 17 surveys were collected as a result of this effort Community members were asked for open-ended feedback on the behavioral health issues of greatest importance to them, as well as any significant barriers they face in maintaining behavioral health and well-being</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp McDonald Center	<p>Part V, Section B, Line 3 For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMV and SMC 2013 CHNA Planning Teams, it was agreed to collect additional, specific feedback from key informants with insight into behavioral health needs - including chemical dependency - in SDC Two additional key informant interviews provided expertise to further address this need In order to collect community resident feedback specific to behavioral health, community feedback surveys were collected from attendees of various behavioral health community support groups held at SMV These support groups were open to the community and 17 surveys were collected as a result of this effort Community members were asked for open-ended feedback on the behavioral health issues of greatest importance to them, as well as any significant barriers they face in maintaining behavioral health and well-being</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 4 The SMH 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SMH's 2013 CHNA draws from and is based on the collaborative HASD&IC 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital - San Diego and Palomar Health

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	Part V, Section B, Line 4 The SMH/SMBHWN 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SMH/SMBHWN's 2013 CHNA draws from and is based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital San Diego and Palomar Health

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 5d Sharp Memorial Hospital's CHNA is available at www.sharp.com/about/community/upload/SMH_SMB_CHNA_2013.pdf

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	Part V, Section B, Line 5d Sharp Mary Birch Hospital for Women and Newborns' CHNA is available at www.sharp.com/about/community/upload/SMH_SMB_CHNA_2013.pdf

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	Part V, Section B, Line 5d Sharp Mesa Vista Hospital's CHNA is available at www.sharp.com/about/community/upload/SMV_CHNA_2013.pdf

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp McDonald Center	Part V, Section B, Line 5d Sharp McDonald Center's CHNA is available at www.sharp.com/about/community/upload/SMC_CHNA_2013.pdf

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 7 The SMH 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SMH's 2013 CHNA draws from and is based on the collaborative HASD&IC 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital - San Diego and Palomar Health

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	<p>Part V, Section B, Line 7 As a specialty hospital, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) does not have the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type II diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH (Sharp Memorial Hospital). Further, for both SMBHWN and SMH, the community education and support elements of behavioral health care are addressed through the programs and services provided through SMV and SMC, which are the major providers of behavioral health and chemical dependency services in SDC.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	<p>Part V, Section B, Line 7 Although additional priority health needs were identified for community members served by Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities Obesity is addressed through general nutrition and exercise education and resources provided at SMH, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs In addition, SMH also addresses the following health needs through its community benefit programs - Health education and wellness- Cancer education and patient navigator services- Bone Health - Orthopedic / osteoporosis education and screening- Prevention of unintentional injuries- Health professions education and training, and promotion of interest in health care careers- Support during the transition of care for high-risk, underserved and underfunded patients</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 14g The hospital has notices posted in the Emergency Department and waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, at the business office, or by calling the phone number provided. Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care). This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application. The full financial assistance policy is posted on the California Office of Statewide Health Planning and Development website.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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**Schedule I
(Form 990)**

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Heart Association PO Box 4002030 Des Moines, IA 50340	15-5613797	501(c)(3)	6,500				Luncheon Sponsorship
(2) California Institute for Nursing & Health Care 633 13th Street Oakland, CA 94612	82-0570413	501(c)(3)	7,500				Partner Level Sponsorship
(3) John Brockington Foundation 1835 Fort Stockton Drive San Diego, CA 92123	68-0526419	501(c)(3)	10,000				Fan For Life Sponsorship/Gala Sponsorship
(4) San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Presenting Sponsor For Crew Classic Event
(5) Alzheimers Association 6632 Convoy Ct San Diego, CA 92123	95-3565388	501(c)(3)	10,500				Caregiver Conference Sponsorship
(6) San Diego Family Care 6973 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	65,000				Donation
(7) California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	149,536				Medi-Cal program
(8) Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501(c)(3)	150,000	3,500			Cash/Vehicles

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 8

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
Part I, Line 2	The Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission No monitoring is done after grants are made

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association PO Box 4002030 Des Moines, IA 50340	15-5613797	501(c)(3)	6,500				Luncheon Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Institute for Nursing & Health Care 633 13th Street Oakland, CA 94612	82-0570413	501(c)(3)	7,500				Partner Level Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
John Brockington Foundation 1835 Fort Stockton Drive San Diego, CA 92123	68-0526419	501(c)(3)	10,000				Fan For Life Sponsorship/Gala Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Presenting Sponsor For Crew Classic Event

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimers Association 6632 Convoy Ct San Diego, CA 92123	95-3565388	501(c)(3)	10,500				Caregiver Conference Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Family Care 6973 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	65,000				Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	149,536				Medi-Cal program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501(c)(3)	150,000	3,500			Cash/Vehicles

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- First-class or charter travel
 - Travel for companions
 - Tax indemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$300.
Part I, Line 4b	Exec Benefits Plan Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
Part I, Line 3	The Compensation Committee of Sharp HealthCare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel Gross EVP - Hospital Ops-SHC	(i)	0	0	0	0	0	0	0
	(ii)	816,267	205,477	44,345	42,675	11,968	1,120,732	0
Michael W Murphy President/CEO-SHC	(i)	0	0	0	0	0	0	0
	(ii)	1,168,056	415,264	57,084	79,698	16,284	1,736,386	0
Ann Pumpian SVP/CFO-SHC	(i)	0	0	0	0	0	0	0
	(ii)	627,547	163,873	17,500	29,906	11,968	850,794	0
Carlisle C Lewis III SVP Legal and HR Services-SHC	(i)	0	0	0	0	0	0	0
	(ii)	527,928	139,868	17,500	34,569	15,965	735,830	0
Kevin Thompson CFO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	239,408	55,716	16,919	18,041	11,818	341,902	0
Kari Cornicelli CFO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	202,910	46,640	997	14,935	16,650	282,132	0
Janie Kramer COO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	250,272	65,186	35,418	23,522	12,615	387,013	0
Kathleen Lencioni CEO - SMV/Sharp McDonald Center	(i)	0	0	0	0	0	0	0
	(ii)	351,765	74,572	17,500	2,260	959	447,056	0
Tim Smith CEO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	539,089	136,593	17,500	0	16,284	709,466	0
Maria Columbo CNO - SMBHWN	(i)	0	0	0	0	0	0	0
	(ii)	173,358	38,301	8,618	10,808	794	231,879	0
John Johnson Pharmacy Director	(i)	0	0	0	0	0	0	0
	(ii)	194,531	36,644	292	13,352	7,071	251,890	0
Beverly Self VP Clinical Support	(i)	0	0	0	0	0	0	0
	(ii)	190,201	35,785	2,573	0	16,581	245,140	0
Patricia Khaleghi CEO - SMBHWN	(i)	0	0	0	0	0	0	0
	(ii)	290,789	64,449	24,797	-4,532	11,112	386,615	0
Cheryl Odell CNO - SMV	(i)	0	0	0	0	0	0	0
	(ii)	161,705	41,183	26,537	16,111	12,217	257,753	0
Michael Plopper Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	331,751	64,129	47,377	19,580	7,866	470,703	0
Robert Reese Pharmacist	(i)	0	0	0	0	0	0	0
	(ii)	216,291	574	7,686	23,481	12,000	260,032	0
Rene Vasquez Pharmacist	(i)	0	0	0	0	0	0	0
	(ii)	215,194	574	4,337	20,668	16,316	257,089	0
Russell Paradeza Clinical Lab Scientist	(i)	0	0	0	0	0	0	0
	(ii)	219,524	574	56	11,316	16,043	247,513	0
Geoffrey Stiles MD Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	239,412	20,260	19,216	11,475	1,518	291,881	0
Susan Stone Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	275,023	54,673	15,586	10,760	16,362	372,404	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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

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

Return Reference	Explanation
Form 990, Part V, Line 2a Number of employees	Sharp Memorial Hospital employees' salaries and wages are paid under Sharp HealthCare's tax ID number (EIN 95-6077327), and as such are also reported on Sharp HealthCare's Form 990

Return Reference**Explanation**

Form 990, Part VI, Section A, line 6

Sharp HealthCare (FEIN 95-6077327) is the sole member of Sharp Memorial Hospital

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Sharp Healthcare, as the sole member of the corporation, has the right to elect and remove most board members. Sharp Healthcare also retains the approval rights afforded members for certain significant transactions (e.g. dissolution or sale or transfer of all or substantially all of the assets).

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Sharp Memorial Hospital has a written conflict of interest policy which has been reviewed and approved by the Sharp Memorial Hospital governing board. Sharp Memorial Hospital is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp. One component of the written conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements. In addition, all Vice Presidents and any employees in the Purchasing/Supply Chain, Audit and Compliance, and Case Management/Discharge Planning departments are required to complete an online conflict of interest questionnaire annually that is reviewed by the Conflict Review Committee comprised of employees from Sharp's Legal, Compliance, and Internal Audit departments. In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts. Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement. Upon disclosure of the financial interest and all material facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board. The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code. This can generally be done on a "for cause" or a "no cause" basis by the action of the member.</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November/December 2013.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	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 VII, Section B Independent Contractors	Independent Contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

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

Return Reference	Explanation
Form 990, Part XI, line 9	Change in minimum pension liability -8,318,874 Bone Marrow Program reported on Sharp HealthCare's return 1,256,534

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

Return Reference	Explanation	
	Form 990, Part III, line 4a	<p>Fiscal Year 2014 Community Benefits Report Section 1 An Overview of Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 21 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP) Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2014, Sharp is licensed to operate 2,087 beds, and has approximately 2,600 Sharp-affiliated physicians and nearly 17,000 employees</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 beds) The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest Emergency Department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, women and infants and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services SCHHC is the largest provider of total joint surgeries in all of SDC Sharp Grossmont Hospital (536 beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health Sharp Memorial Hospital (656 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation SMH houses San Diego's largest emergency and trauma center</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Sharp McDonald Center (16 beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH, and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner</p> <p>Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves</p> <p>Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision</p>

Return Reference	Explanation	
Form 990, Part III, line 4a		<p>n Making * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operational and Service Excellence, Cost Effective, and Accountable Culture</p> <p>The Sharp Experience For more than 14 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff Through a sweeping, organization-wide performance and experience improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work, and creating the kind of health care people want and deserve This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be</p> <ul style="list-style-type: none"> * The best place to work. Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe" * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care <p>Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does</p> <p>In FY 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence Each year, Sharp incorporates cycles of learning into its strategic planning process This year, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety, and incorporating the commitment to become a High Reliability Organization ("HRO") in all aspects of the organization At the core of HROs are five key concepts</p> <ul style="list-style-type: none"> o Sensitivity to operations, o A reluctance to simplify, o Preoccupation with failure, o Deference to expertise, and o Resilience

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>Applying high reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety. With this learning, Sharp is now a seven-pillar organization: Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations. Keep patients, employees and physicians safe and free from harm. Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence. Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission and vision. Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization. Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Be an exemplary community citizen by making a difference in the community and supporting the stewardship of our environment. <p>Awards Sharp has received the following recognition: Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence. Sharp was the first health care system in California and eighth in the nation to receive this recognition. Sharp was recognized as one of the 2013 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think-tank. The list highlights companies that outperform industry peers when it comes to ethical behavior. The 2013 WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was the only company in San Diego named to the list. Sharp was named the No. 1 "best integrated health care network" in California and No. 12 nationally by Modern Healthcare magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)," a survey conducted by health care data analyst IMS Health. This was the 14th consecutive year that Sharp placed among the top in the state. Sharp HealthCare was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2014 "Best of San Diego" Readers Poll, and Sharp Rees-Stealy Medical Group was named "Best Medical Group" in 2014. SGH was named "Best Hospital," while SMH and SMBHWN were ranked second and fourth "Best Hospitals." SGH and SMH have both received MAGNET Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence. SMH was re-designated in March 2013. Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2014, as well as from 1999 to 2009, by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. In July 2010, SMH was named the "Most Beautiful Hospital in America" by Soliant Health, one of the largest medical staffing companies in the country. With over 10,000 votes from visitors to the Soliant Health website, SMH was voted to the top of the second annual "20 Most Beautiful Hospitals in America" list. In 2014, SCVMC and its onsite Birch Patrick Convalescent Center became the first co-located hospital and skilled nursing facility in the nation to be designated as a Planetree Patient-Centered Organization. SCVMC joins both SMH and SCHHC in Planetree distinction. In 2012, SMH was designated as a Planetree Patient-Centered Hospital, and is the largest hospital-only designated facility in the U.S. SCHHC was originally designated in 2007 and is the only hospital in the state to be re-designated twice, occurring in both 2010 and 2013. Additionally, SCHHC was named a Planetree Hospital with Distinction for its leadership and innovation in patient-centered care. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2010, Sharp received the Morehead Apex Workplace of Excellence Award. Morehead awards the health care industry</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>'s top achiever by objectively identifying the highest performer and acknowledging their contributions to health care. With this singular award, Morehead annually recognizes a client who has reached and sustained the 90th percentile on their employee engagement surveys. Sharp reached the 98th percentile in 2010 and the 99th percentile in 2011. In 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013. San Diego Gas & Electric (SDG&E) recognized Sharp HealthCare for outstanding results in energy efficiency and conservation. Sharp was named San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation. In 2013, Sharp HealthCare was named a "Recycler of the Year" at the City of San Diego's annual Waste Reduction and Recycling Awards for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste reduction programs. Sharp HealthCare was named the Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management. This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance. In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Guardian of Excellence Awards in Employee Engagement (recipients were SCVMC, SCHHC, SMBHWN, SMV, SRS and SHC), Patient Satisfaction (SMH - Sharp Senior Health Centers), and Physician Engagement (SCHHC and SMV). This designation is based on one year of data and recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Beacon of Excellence Awards in Employee Engagement (SHC), Patient Satisfaction (SMH), and Physician Engagement (SCHHC and SMV). This designation recognizes awardees for maintaining consistently high levels of excellence in patient satisfaction (based on a three-year period), employee engagement, or physician engagement (the latter two based on the two most recent survey periods). Sharp Health Plan was ranked a top 100 U.S. health plan and a top 3 California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015. Sharp Health Plan is the largest locally based commercial health plan in San Diego. Patient Access to Care Programs: Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care.</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>Sharp provides services to help every unfunded patient received in the Emergency Department (ED) find opportunities for health coverage through PointCare - a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow SHC staff to have an informed and supportive discussion about health care coverage with the patient, empowering them with options. From the inception of the program in FY 2010 through September 2014, Sharp helped guide approximately 70,200 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity throughout the process. In January, 2014 Sharp hospitals implemented an onsite process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility). Sharp was the first hospital system in San Diego County to provide these services, and secured this benefit for 9,500 unfunded patients in the ED during FY 2014. In anticipation of Covered California's roll out, 28 members of Sharp's registration staff completed the State's Certified Enrollment Counselor Certification to better assist both patients and the general community navigate the Covered California website (CoveredCA.com) and plan enrollment. In addition, three Sharp hospitals - SCVMC, SGH, and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team. The Patient Assistance Team works hard to help those in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of medication access. The team members research all options available, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Sharp also continues to offer ClearBalance - a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments - as low as \$25 per month - preventing unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients struggling to resolve their hospital bills. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment and medications, as well as outpatient dialysis and nursing home stays. Through collaboration with the San Diego Rescue Mission, SCHHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. Community Health Screenings Sharp's dedication to improving community health extends beyond the walls of its health care facilities, and Sharp continues to demonstrate this commitment with its community-wide health screening program. These complimentary health screenings provide community members with information on their current health status to help determine their risk for common diseases including diabetes, heart disease and other health conditions. The screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use. From May 1, 2013 to April 30, 2014, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 100 community health screening events across San Diego - ultimately screening more than 7,400 San Diegans and positively changing countless lives. Participants were not asked to provide personal information, nor were they required to show proof of insurance or have any relationship with Sharp to be eligible for the screening. All participants received t</p>

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Form 990, Part III, line 4a (continued)		<p>their results and an informational brochure that outlined strategies to improve health and well-being. Participants were then encouraged to share the results with their primary care physician to determine an appropriate, customized follow-up plan. Since its inception, the community screening effort has conducted events at more than 40 locations across San Diego, including vulnerable communities. Sharp team members devoted nearly 1,900 hours actively screening community members, not including time spent on administrative support and logistics. Twenty-eight team members provided screenings and 37 team members served as concierge personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish. But the biggest indicator of success cannot be measured numerically. In response to the community screenings, Sharp received countless emails and letters expressing heartfelt gratitude from community members, many of whom were inspired to take control of their health after their screening. Through these efforts, Sharp's community health screenings brought helpful, and at times, life-changing, health information to the people of San Diego - truly exemplifying Sharp's commitment to the health of its community.</p> <p>Health Professions Training Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2014, there were more than 4,500 student interns within the Sharp system, providing nearly 618,000 hours in disciplines including nursing, allied health and professional educational programs. Sharp provided education and training programs for nursing students (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, exercise physiology, cardiovascular, dietetics, lab, radiology, social work, psychology, business, health information management and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), San Diego City College, and Southwestern College (SWC), local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU), and vocational schools such as Kaplan College (KC) participated in Sharp's health professions education and training. Table 1 presents the number students and student hours at each of the Sharp entities in FY 2014.</p> <p>Table 1 Sharp HealthCare Internships - FY 2014</p> <p>Sharp Chula Vista Medical Center Nursing Students - 920 Nursing Group Hours - 60,905 Nursing Precepted Hours - 20,616 Ancillary Students - 193 Ancillary Hours - 34,884 Total Students - 1,113 Total Hours - 116,405</p> <p>Sharp Coronado Hospital and Healthcare Center Nursing Students - 487 Nursing Group Hours - 83,781 Nursing Precepted Hours - 2,088 Ancillary Students - 106 Ancillary Hours - 22,544 Total Students - 593 Total Hours - 108,333</p> <p>Sharp Grossmont Hospital Nursing Students - 581 Nursing Group Hours - 44,428 Nursing Precepted Hours - 13,472 Ancillary Students - 226 Ancillary Hours - 51,324 Total Students - 807 Total Hours - 109,224</p> <p>Sharp Mary Birch Hospital for Women & Newborns Nursing Students - 194 Nursing Group Hours - 14,035 Nursing Precepted Hours - 4,991 Ancillary Students - 30 Ancillary Hours - 7,200 Total Students - 224 Total Hours - 26,226</p>

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Form 990, Part III, line 4a (continued)		<p>Sharp Memorial Hospital Nursing Students - 442 Nursing Group Hours - 30,680 Nursing Precepted Hours - 20,386 Ancillary Students - 318 Ancillary Hours - 62,074 Total Students - 760 Total Hours - 113,140 Sharp Mesa Vista Hospital Nursing Students - 330 Nursing Group Hours - 25,457 Nursing Precepted Hours - 3,128 Ancillary Students - 34 Ancillary Hours - 16,524 Total Students - 364 Total Hours - 45,109 Sharp HospiceCare Nursing Students - 96 Nursing Group Hours - 0 Nursing Precepted Hours - 768 Ancillary Students - 1 Ancillary Hours - 80 Total Students - 97 Total Hours - 848 Sharp HealthCare Nursing Students - 368 Nursing Group Hours - 0 Nursing Precepted Hours - 55,730 Ancillary Students - 197 Ancillary Hours - 4,2531 Total Students - 565 Total Hours - 98,261 Health Sciences High and Middle College Since 2007, Sharp has been an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real world application of their school-based knowledge and skills. This collaboration prepares high school students to enter health, science and medical technology careers in the following five career pathways: biotechnology, research and development, diagnostic services, health informatics, support services and therapeutic services. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. HSHMC students also devote time to various SRS sites in San Diego. New in FY 2014, HSHMC students began their experience with a systemwide orientation to Sharp HealthCare and their upcoming job-shadowing activities. Throughout FY 2014, nearly 400 HSHMC students were supervised for thousands of hours on various Sharp campuses, where they rotated through instructional pods in specialty areas such as nursing, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, surgical intensive care unit (SICU), medical intensive care unit (MICU), imaging, rehabilitation, laboratory services, pharmacy, engineering, pulmonary services, cardiac services and operations. The students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. Even with many of HSHMC students facing financial hardship - the free and reduced price meal (FRPM) eligibility rate is higher than the averages for SDC and California - the charter school excels in preparing students for high school graduation, college entrance and a future career. In 2014, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 82 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 99 percent graduation rate, higher than California's 80 percent state average, as well as an Academic Performance Index score of 827, exceeding the state's goal of 800. In addition, HSHMC is a U.S. News & World Report "Best High Schools" bronze award winner, a National School Safety Advocacy Council award-winning school and is recognized by the California Department of Education as a Title I Academic Achievement Award winner and a California Distinguished School. Each year, Sharp HealthCare reviews and evaluates the collaboration with HSHMC to promote long-term sustainability. Lectures and Continuing Education Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2014, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including pharmacy practice lectures, health information technology lectures at MC and USD, nutrition lectures at PLNU, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remains active and engaged with San Diego's academic health care community. To better serve the health care needs of the San Diego community, Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other non-Sharp health care professionals. In FY 2014, the professionals at Sharp HealthCare CME invested more than 1,850 hours in numerous CME activities open to San Diego health care providers, ranging from conferences around primary care, atrial fibrillation, kidney transplant, compassion cultivation training, binational breast and cervical cancer and presentations on the Kenyan perspective of spine.</p>

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Form 990, Part III, line 4a (continued)		<p>surgery and the power of mindfulness Research Innovation is critical to the future of health care Sharp HealthCare Center for Research (Center for Research) supports innovation through its commitment to quality research initiatives that are safe and effective, provide valuable knowledge to the San Diego health care community, and positively impact patients and community members To date, Sharp HealthCare participates in more than 365 research studies The Center for Research provides education and guidance for researchers across Sharp, and in the community Nurses, pharmacy residents and other members of the health care community receive education on various study-specific requirements regarding the protection of human subjects and Health Insurance Portability and Accountability Act compliance Additionally, the Center for Research hosts quarterly meetings on relevant educational topics to the research community within and outside of Sharp HealthCare These meetings are open to physicians, psychologists, research nurses, study coordinators and students throughout San Diego Recent presentations have covered topics such as "Taking the Mystery out of the IRB Process," "Research and the Sunshine Act" and "Riding the Big Data Wave in Health Care" The Center for Research also includes the Sharp HealthCare Institutional Review Board (IRB) and the Sharp HealthCare Outcomes Research Institute (ORI) Sharp HealthCare Institutional Review Board Sharp HealthCare's IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community All proposed entity research studies with human participants are required to be reviewed by the Sharp HealthCare IRB in order to protect participant safety and maintain responsible research conduct In FY 2014, a dedicated IRB committee of 14 - including physicians, psychologists, research nurses and pharmacists - devoted hundreds of hours to the review and analysis of both ongoing and new research studies Research is conducted on all phases of drug and device development, and spans from research with newborns to older adults with Alzheimer's disease Current studies include regenerative medicine (stem cells), gene therapy and neonatal research Sharp Outcomes Research Institute The Sharp ORI began in 2010 as a pilot initiative funded by Sharp HealthCare Foundation The ORI is dedicated to facilitating interdisciplinary research on health care practices for generating the clinical knowledge necessary to improve overall patient-centered health outcomes, as well as promoting the importance of outcomes research and best practices to members of the professional health care community With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real world setting, reflecting an authentic picture of the health care environment The ORI collaborates with all Sharp team members interested in optimizing patient care by facilitating the creation and design of patient-centered outcomes research projects, assisting in database development as well as data collection and analysis, assisting with grant writing and exploring funding mechanisms for research projects, and facilitating IRB application submissions</p>

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Form 990, Part III, line 4a (continued)		<p>The ORI has made it a priority to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research, with the aim of improving patient and community health. This networking has resulted in collaborative research partnerships with investigators at National University (NU) and SDSU. In addition, the ORI Student Research Intern Program offers advanced nursing and public health students an opportunity to learn about and become involved in outcomes research. Since its inception in 2011, the ORI has successfully graduated nine interns. Interns have presented ORI-sponsored posters throughout San Diego to educate students on the importance of research to develop evidence-based practice. In order to develop and promote best practices across the health care community, the ORI has conducted numerous research studies to identify the benefits and outcomes of quality patient care. This includes recently completed feasibility studies examining:</p> <ul style="list-style-type: none"> * The association of perfect adherence to heart failure quality care measures for hospitalized patients with readmission and mortality rates * Sharp HospiceCare's Transitions chronic disease management program influence on advanced heart failure patient care patterns, including regular and acute care utilization (ED use, overall hospitalization rates) and costs * The association of a 90-day remote-monitoring program with acute care utilization (including readmission rates and use of ED) for underserved heart failure and Chronic Obstructive Pulmonary Disease (COPD) patients compared to a similar but untreated patient sample * The predictive capacity of evidence-based and Sharp physician-identified clinical factors for identifying patients at risk for poor blood sugar control when hospitalized <p>The ORI has developed educational presentations that foster awareness of the importance of research for improving health outcomes, provide information on ORI study results, and provide practical information about research designs and methods to the greater health care research community. The ORI has also presented peer-reviewed abstracts of its research results and provided lectures to the health care community on innovative research designs. ORI presentations have been delivered at the Heart Failure Society of America, the Council for Advancement of Nursing Science, the Society for Obstetric Anesthesia and Perinatology, the Association of California Nurse Leaders and the American Association of Colleges of Nursing Evidence-Based Practice Institute. Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium of Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health System, VA San Diego Healthcare System and Elizabeth Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU) and USD. Sharp actively supports the EBPI by providing instructors and mentors, as well as administrative coordination. The San Diego EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship provided throughout the program. The EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel. In FY 2014, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony in November, where the project results of all EBPI fellows were shared. Forty-one fellows graduated from the EBPI program in FY 2014, and completed projects that addressed the following issues in clinical practice and patient care: managing electrocardiographic nuisance alarms, bedside shift reports, the effect of teach-back on patient satisfaction, reducing catheter-associated urinary tract infections, hand massage in older adults to reduce pain and anxiety, and strategies for clinicians to combat fatigue on the night shift.</p> <p>Volunteer Service Sharp Lends a Hand: In FY 2014, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). In October, Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely on Sharp for volunteer labor.</p>

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Form 990, Part III, line 4a (continued)		<p>r only, support existing nonprofit initiatives, community activities or other programs that serve SDC, and could be completed by September 30, 2014. Eleven projects were selected: Stand Down for Homeless Veterans, San Diego Food Bank, San Diego Half Marathon, San Diego Center for Children - Spring Garden Project, Life Rolls On - They Will Surf Again, San Diego River Park Foundation - Point Loma Native Plant Garden, San Diego River Park Foundation - Creek Cleanup at Forester Creek in Santee, Habitat for Humanity, USS Midway Foreign Object Damage Walk-Down, Special Olympics and Electronic and Pharmaceutical Waste Collection. More than 1,770 Sharp employees, family members and friends volunteered nearly 6,200 hours in support of these projects. During ten days in June and July, more than 500 volunteers joined the Veterans Village of San Diego in Stand Down for Homeless Veterans, a community-based intervention program designed to help the nation's estimated 200,000 homeless veterans endure life on the streets. Volunteers sorted and organized clothing donations and provided onsite support, medical services and companionship to hundreds of San Diego's homeless veterans. The San Diego Food Bank feeds people in need and advocates and educates the public about hunger-related issues. Across 14 days in January, February, March, April, May, August and September, more than 840 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse. In March, 75 SLAH volunteers provided registration and finish line support at the San Diego Half Marathon, a premier race that raises money for vulnerable communities. With all net proceeds going towards service projects and select charitable causes in San Diego, the race inspires volunteerism as a way to help struggling communities throughout the city. The San Diego Center for Children provides behavioral health care services for the county's most vulnerable children suffering from behavioral and emotional health issues. In April, 12 volunteers dedicated their time to the San Diego Center for Children Spring Garden Project by weeding, planting, spreading mulch and other light gardening work to beautify the garden for children in the community. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bi-coastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In July, approximately 100 SLAH volunteers assisted Life Rolls On - They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. The Foundation works with community groups and other organizations dedicated to the wildlife, recreation, water, and cultural and community values of the San Diego River and the River Park. In November and December, 40 SLAH volunteers assisted the San Diego River Park Foundation with cleaning up Forester Creek in Santee and caring for the Point Loma Native Plant Garden.</p>

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<p>Form 990, Part III, line 4a (continued)</p>		<p>Habitat for Humanity believes that every man, woman and child should have a decent, safe and affordable place to live. From January through May, nearly 100 SLAH volunteers joined this volunteer labor organization dedicated to building and repairing houses all over the world. During the effort, volunteers worked alongside construction professionals to complete a home for a selected family in need. In April, 20 SLAH volunteers helped keep the decks of the legendary USS Midway aircraft carrier clean during the USS Midway Foreign Object Damage (FOD) Walk-Down. Walking in the footsteps of sailors who have served our country, volunteers used hand tools and vacuums to clear the carrier decks and prevent debris from getting sucked into and damaging the aircraft engines. The Special Olympics program provides free, year-round sports training and competitions for children and adults with intellectual disabilities. It uses sports as an opportunity for physical fitness, social interaction, community involvement and empowerment. In April, nearly 30 SLAH volunteers attended the Special Olympics, providing competition assistance in running and long jump events and serving the athletes lunch. In support of waste reduction for a healthier environment, approximately 50 SLAH volunteers participated in Sharp HealthCare's Community Waste Collection Events in October and April. Through the events, community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents. Volunteers assisted the attending collection agencies with set-up, clean-up, traffic control, and guiding event visitors. Sharp Humanitarian Service Program In FY 2014, the Sharp Humanitarian Service Program funded 52 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations including Haiti, Guatemala, Peru, West Africa and other vulnerable areas. Sharp employees volunteered with humanitarian organizations, including Project Compassion. This nonprofit, multi-denominational medical mission organization is dedicated to the physical and spiritual needs of people and provides free medical care in communities with little to no care available. In addition, the organization builds clinics and churches, and provides assistance to orphanages. In July 2014, Sharp team members participated in Project Compassion's medical mission trip to Cameroon, West Africa, where they provided education and physical therapy care to approximately 1,500 impoverished community members. In May 2014, a Sharp team member led a three-week medical mission trip to Haiti. The team included 12 nursing and pre-med students with PLNU's LoveWorks program, which conducts mission trips across the world. The team also collaborated with Heart to Heart International, a nonprofit organization committed to improving global health with initiatives that connect people and resources to communities in need. The team worked in mobile clinics in 11 different rural mountain villages in Southeast Haiti, as well as a downtown Port-au-Prince clinic, where clinic visits are typically twice per month. Over the three weeks, the team triaged thousands of community members ranging from infants to the elderly. The team assessed patients for health conditions, dispensed prescribed medication and provided education regarding medication management and diet. The experience was not only special and rewarding for the Sharp team member, but also for the students, as it further enhanced their skills, confidence and passion for the health care field. Through Sharp's Humanitarian Service Program, another Sharp team member took a medical mission trip to Peru serving as a nurse in several of the shanty towns outside of Lima. Health care providers set up tents to treat people of all ages who were without access to health care. Because several community members were treated for parasites, the team also provided significant amounts of education on hand hygiene. The team consisted of three medical providers and six college students, and treated approximately 175 patients each day. The medical team also mentored the attending students, teaching them to perform health assessments, obtain vital signs and perform blood glucose tests. In December 2013, another Sharp team member traveled to India, treating wounded patients and teaching wound care to students. The trip was organized by Health Volunteers Overseas, a nonprofit organization that sends health care workers all over the globe. At a 300-bed hospital in Raxaul - near the border of Nepal - the Sharp team member joined with other foreign medical staff and learned how local health care workers treated wound care patients. In addition, Sharp donated medical supplies to the hospital, including much-needed suture material. Over nine days, the medical team taught local health care professionals and students various types of w</p>

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Form 990, Part III, line 4a (continued)		<p>ound dressings, performed student rounds and provided lectures on wound care. In FY 2014, Sharp team members once again participated in multiple weeklong medical/surgical mission trips to the north west mountains of Guatemala. This included teams of 60 to 100 Sharp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in partnership with the Ioama! Medical Ministries and Helps International. Over the course of each 10-day trip the teams provided surgeries under different specialties including general surgery, OB/GYN, plastics, otolaryngology, cleft palate repair, and urology. Basic clinic and dentistry services were also available. A team also built stoves in rural houses to keep fires off the floor and reduce burns and smoke inhalation exposure, while other teams provided a water purification unit. In the time provided as a functioning temporary hospital, teams performed an average of 100 surgeries and treated approximately 1,500 patients in clinic. The teams served rural and urban populations surrounding the sites at no cost, and in some cases, members of the impoverished mountain community traveled many hours to receive care. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants.</p> <p>Community Walks For the past 19 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk. In September 2014, more than 8,000 walkers represented Sharp at the 2014 San Diego Heart & Stroke Walk held at Balboa Park. Sharp was the No. 1 team in San Diego and the No. 3 team in the AHA Western Region Affiliates, raising nearly \$180,000.</p> <p>Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides many volunteer opportunities for individuals to serve the community, meet new people and assist in programs ranging from pediatrics to Sharp's Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives. In FY 2014, more than 3,300 individuals volunteered for various programs across the Sharp system, contributing more than 302,500 hours of service time to Sharp and its initiatives. This includes more than 800 auxiliary members and thousands of individual volunteers from the San Diego community. More than 10,600 of these hours were provided externally through activities such as delivering meals to homebound seniors and assisting with health fairs and events.</p> <p>Table 2 details the number of individual volunteers and the hours provided in service to each of Sharp's entities, specifically for patient and community support.</p> <p>Table 2 Sharp Individual Volunteers and Volunteer Hours - FY 2014 Sharp Chula Vista Medical Center Individual Volunteers - 369 Volunteer Hours - 56,597 Sharp Coronado Hospital and Healthcare Center Individual Volunteers - 184 Volunteer Hours - 8,627 Sharp Grossmont Hospital Individual Volunteers - 724 Volunteer Hours - 115,756 Sharp HospiceCare Individual Volunteers - 142 Volunteer Hours - 10,325 Sharp Metropolitan Medical Campus Individual Volunteers - 1,748 Volunteer Hours - 101,565</p>

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Form 990, Part III, line 4a (continued)		<p>TOTAL Individual Volunteers - 3,167 Volunteer Hours - 292,870 Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation Sharp employees also donate time as volunteers for the Sharp organization Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, and the Grossmont Imaging LLC Board Volunteers on Sharp's auxiliary boards and the various Sharp entity boards volunteer to provide program oversight, administration and decision making regarding financial resources In FY 2014, 125 community members contributed their time to Sharp's boards This section describes various Sharp volunteer programs, as well as their achievements in FY 2014 Sharp HospiceCare Volunteer Programs In FY 2014, Sharp HospiceCare provided extensive training for nearly 70 new volunteers Because volunteers are often considering a career in the medical field, they gain important knowledge and experience They learn how to provide valuable services to the hospice organizations, including companionship to those near the end-of-life, support for families and caregivers and help with community outreach Before being with patients and providing administrative support activities, hospice volunteers go through an extensive, 32-hour training program to confirm their understanding of and commitment to hospice care In FY 2014, Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program Through the program, teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes The teens provide simple acts of kindness such as sitting with patients, listening to their stories, providing grooming and hygiene tasks and being a comforting presence by just holding their hand Three nursing students from PLNU also volunteered at Sharp Hospice Care in FY 2014, offering assistance to family caregivers in private homes The Sharp HospiceCare Memory Bear Program supports community members who have lost a loved one Through the program, volunteers created teddy bears out of the garments from those who have passed on The bears serve as special keepsakes and permanent reminders of the grieving family member's loved one In FY 2014, Sharp HospiceCare volunteers devoted approximately 3,200 hours to handcraft more than 800 bears for approximately 400 families Sharp HospiceCare recognized its volunteers by providing a monthly support group to enhance their education and training as volunteers, and by acknowledging their valuable contribution during National Volunteer Month and National Hospice Month Sharp HospiceCare furthers its volunteer efforts through the 11th Hour Program, a special program to ensure that no patient dies alone Through this program, patients at the end-of-life without family members by their side are accompanied by a Sharp HospiceCare volunteer During their final moments, the volunteer sits with and comforts the patient by holding their hand, reading softly to them and simply being present In addition, families who are present with their dying loved one may prefer the company of a volunteer to help them feel comfortable as their loved one passes away Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV) Volunteer Programs To help serve and comfort patients without family or friends to support them during their hospital stay, SMH created the Community Care Partner (CCP) program This unique program hand-selects and trains hospital volunteers to become Community Care Partners (CCPs) The CCPs act as companions to provide comfort and help keep patients safe by notifying medical staff as needed - a task that is usually performed by a family member or friend, but often overlooked for patients who lack a companion The CCPs provide patients with company and support, share common interests, spend time together in conversation, read to patients, write letters, take walks and play games Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have provided the Health Information Ambassador Program for patients and family members during their stay at SMH and the Perinatal Special Care Unit at SMBHWN The Health Information Ambassador Program brings the library's services directly to patients and their families, and empowers them to become involved in their own health care The Health Information Ambassadors are volunteers who receive special training through the Community Health Library The volunteers visit patients in their rooms and ask if they or their family members would like to receive any further information on their diagnosis, and then bring any requests to the consumer health librarian The librarian prints out consumer-oriented information from qual</p>

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

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Form 990, Part III, line 4a (continued)		<p>In collaboration with social workers and palliative care nurses, Arts for Healing also facilitated the donation of nearly 180 blankets and quilts to patients receiving end-of-life care at SMH. Eighteen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also help reduce anxiety and depression from the patients making and donating the blankets. In FY 2014, 50 volunteers, including several students from PLNU and MC, supported Arts for Healing by facilitating art activities for patients and their loved ones. Arts for Healing also provided music at several hospital and systemwide events, including Sharp's Disaster Preparedness Expo at the Spectrum corporate office in September. Since the inception of the program in 2007, more than 50,000 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing group. In FY 2014, SMH and SMBHWN brought the Junior Volunteer Program to high school students interested in future health care careers. The program is open to 10th through 12th grade students, ages 15 years or older who maintain a minimum grade point average (GPA) of 3.25 for two full semesters. New volunteers are placed either as guest ambassadors at the concierge desk or in the upscale gift shop or boutiques. The junior volunteers enhance the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. Through volunteering in the gift shop or boutiques, junior volunteers learn about merchandizing and retail sales while also helping to raise funds for the SMH Auxiliary. After completing a six-month, 100-hour commitment, 11th and 12th grade volunteers have the opportunity to earn promotions into clinical units based on their good attendance, professional communication and high level of productivity. In FY 2014, 110 junior volunteers provided more than 7,800 hours of service to the program. In FY 2015, SMH and SMBHWN plan to continue expanding opportunities for the Junior Volunteer Program.</p> <p>Other Sharp Volunteer Efforts In FY 2014, Sharp staff donated their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees participated in the community.</p> <p>SGH's Engineering Department volunteered in a number of initiatives in FY 2014, including This Bud's for You, a program that delivers flowers hand-picked from the campus' abundant gardens to unsuspecting patients and their loved ones. The SGH landscape team grows, cuts, bundles and delivers colorful bouquets each week, bringing an element of natural beauty to patients and visitors of both the hospital and Sharp's hospice homes. The team also regularly offers single-stem roses in a small bud vase to passers-by. In FY 2014, the team delivered a daily average of eight to 10 vases of flowers to patient rooms, with as many as 20 vases or more during peak flower season and upon additional requests. In its fourth year, This Bud's for You has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital. The Engineering Department further extends the spirit of caring through Sodexo Cares Cheers Bouquets. During their work day, the engineers keep an eye out for patients or visitors that appear to need encouragement or cheer. With help from Sodexo, the hospital's food service, housekeeping and engineering vendor, a bouquet of balloons, ribbon, a teddy bear or Sodexo football, plus an inspirational quote are quickly assembled. The gift is delivered to bring the patient or visitor comfort and joy while at the hospital. The SGH Engineering Department, landscape team, SGH Auxiliary and local businesses collaborated to bring The Shirt Off Our Backs program to San Diego's needy population during the 2013 holiday season. During the holidays, this program collects, prepares and donates a variety of items to homeless or low-income community members - ranging from small children to adults - helping to meet their basic needs and bring them holiday joy. Volunteers for The Shirt Off Our Backs program personally collected and filled three trucks with food and other essential items, including hand-made sandwiches, water bottles, clothing, socks, shoes, toiletries, pet food, children's toys, towels, blankets and other household items. In its fourth year, The Shirt Off Our Backs program is committed to bringing comfort and hope to all who express need. The hospital furthers its efforts to provide for those in need during the holidays through its annual Santa's Korner giving event. For more than 30 years, various hospital departments have adopted a family referred by local service agencies, and dedicated personal time to making the holidays the best.</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>hey can be for each family Special holiday gifts - including grocery gift cards, clothing , toiletries, household items, movie tickets, bicycles, children's toys, and a holiday meal - are purchased for the families by hospital staff using primarily their personal resources, and through occasional fundraisers The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2014 The program provides a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school, but are suffering from hunger over the weekends when little or no food is available Food 4 Kids strives to alleviate hunger, improve school performance, improve health and provide additional information to parents about available local community services Through hospital-wide support at SGH, approximately 2,000 pounds of food were collected, filling more than 200 backpacks for chronically hungry elementary school students in FY 2014 Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight to end hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives Through Feeding San Diego's Kids, nutritious food is provided to children from kindergarten through 5th grade in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse Every week, Labor and Delivery staff volunteer their time to stuff backpacks with non-perishable, nutritious food that can feed a family of four for the weekend The backpacks are also stuffed with weekly nutrition-related prizes to encourage students and families to learn and participate in their own nutrition, as well as with occasional holiday-related gifts Since the start of the program in May 2013, the SMBHWN Labor and Delivery Department has dedicated over 70 weeks of service to filling 1,800 backpacks for approximately 25 children and their families per school year All Ways Green Initiative Maintaining a healthy environment is central to the health of our community By improving environmental health, Sharp HealthCare is helping fulfill its mission to improve the health of the communities it serves As San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education and outreach Sharp created the All Ways Green logo to brand its environmental activities and communicate sustainability throughout Sharp and the San Diego community Sharp's systemwide All Ways Green Committee is charged with identifying, creating and evaluating opportunities and best practices in seven distinct areas (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) commuter solutions, (6) green building design and (7) sustainable food practices</p>

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	<p>Form 990, Part III, line 4a (continued)</p>	<p>Established Green Teams at each entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also partnered with key vendors and community organizations to identify and develop new programs and initiatives to help achieve its environmental goals. Sharp also participates in San Diego's Gathering of Green Teams, a group of teams from a variety of local businesses who meet quarterly to share innovative sustainability solutions. Sharp's Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves. According to the U.S. EPA, health care ranks as the country's second most energy intensive industry. Furthermore, the U.S. Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's carbon dioxide (CO₂) emissions. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. The EPA estimates that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp has responded to the need for hospitals to conserve energy and reduce carbon emissions by implementing numerous green initiatives. Some of those include retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives, occupancy sensor installation, energy audits, and energy-efficient motor and pump replacements. In addition, in 2013 Sharp implemented a computer power management program which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on 14,500 computers and has resulted in annual energy savings of 1.2 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA in 2013. Sharp's energy-saving initiatives are driven by its Energy Conservation Guideline to help manage energy utilization practices throughout the system. Since 2009, these initiatives have reduced the system's energy consumption by more than 17 million kWh and 200,440 natural gas therms (unit of heat energy). As a result of its lighting retrofits alone, Sharp has saved approximately 3.9 million kWh, resulting in annual energy costs savings of more than \$500,000. In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 17,000 metric tons of CO₂ each year. In May, Sharp was named as San Diego's HealthCare 2014 Energy Champion by SDG&E in recognition of its commitment to the innovative programs it has implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp HealthCare participates in SDG&E's Major Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues. All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013. In addition, Sharp's SRS Downtown medical office building was built to Leadership in Energy and Environmental Design (LEED) gold-certification specifications, one of the first medical office buildings in San Diego of its kind. According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U.S. On any given day, Sharp uses an average of 575,000 gallons of water. Of this, approximately 25 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>e monitoring and measuring water consumption. These changes include installation of motion-sensing faucets and toilets in public restrooms, low-flow showerheads and toilets in patient and locker rooms, mist eliminators, micro-fiber mops, water-saving devices and equipment, installation of water-efficient chillers, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, and landscape improvements including reduced watering times, drip irrigation systems, hardscaping and planting succulents and other drought tolerant plants. According to the Healthier Hospitals Initiative (HHI), hospitals generate an average of 26 pounds of waste per staffed bed each day. Sharp has implemented a comprehensive waste minimization program to significantly reduce waste at each entity and extend the lifespan of local landfills. A systemwide, multi-disciplinary Waste Minimization Team has been established to oversee system waste minimization initiatives, including single-stream recycling, reprocessing of surgical instruments, use of reusable sharps and pharmaceutical waste containers, hard-sided surgical cases to reduce blue wrap used during the instrument sterilization process, blue wrap and exam paper recycling, use of recyclable paper for printing brochures, newsletters and other marketing materials, electronic patient bills, paperless payroll, repurposing of supplies, equipment and furniture, encouragement of reduced paper use at meetings through electronic correspondence, laptops and double-sided paper, and use of one-at-a-time paper napkin and plastic cutlery dispensers. In FY 2014, Sharp contracted with a vendor to help create an Integrated Waste Stream Solution Program, by separating waste into wet and dry categories. The effort can reduce waste stream disposal costs by an estimated ten percent primarily through increased recycling, thus extending the life of the local landfill. To further reduce Sharp's carbon footprint, Office Depot (Sharp's primary office supply vendor) created the GreenerOffice Delivery Service. Small and mid-sized cardboard boxes have been replaced with paper bags composed of 40 percent post-consumer recycled material and then returned to Office Depot for reuse. Sharp became an early adopter of the program in 2013 in an effort to make supply delivery more environmentally friendly. Sharp's participation in this program results in an estimated annual reduction of 22,000 pounds of wood, 24,000 pounds of CO2, 82,000 gallons of wastewater and 8,000 pounds of solid waste. Office Depot and Sharp have also arranged for 30 percent recycled copy paper to be used at all Sharp entities. Sharp furthered its recycling efforts in FY 2014 through continued participation in the Lion's Club Recycle Sight program, through which employees and hospital visitors donated approximately 175 pairs of eyewear to people in need both locally and globally. Sharp also hosted a complimentary community workshop on pharmaceutical waste management in partnership with the County of San Diego. The workshop was designed to educate participants, including hospitals, pharmacy personnel and medical providers who handle pharmaceuticals, about the proper disposal of pharmaceutical waste. Information included pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies.</p>

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Form 990, Part III, line 4a (continued)		<p>Sharp also recognizes Earth Day and America Recycles Day. Each year emails are sent out that highlight Sharp's recycling efforts and accomplishments, and offer reminders for proper workplace recycling, carpooling and energy and water conservation. In April 2014, Sharp held its fifth annual systemwide All Ways Green Earth Week event, including All Ways Green fairs at each Sharp entity. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating practices and other sustainability efforts. Many of Sharp's key vendor partners participated in the fairs to help raise awareness of green initiatives and how Sharp HealthCare is involved in those programs. In October 2013 and April 2014, Sharp hosted two free Community Waste Collection Events where community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents. The impact of Sharp's waste reduction programs has been significant. In FY 2014, Sharp facilities diverted over 7.5 million pounds of waste from local landfills, which equates to an overall recycling rate of 37 percent. This included, but was not limited to 111,608 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCHHC and SMMC, as well as systemwide recycling of 270,464 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs), and 39,784 pounds of waste diverted through surgical device reprocessing. In the coming year, Sharp has a system goal of diverting 7.6 million pounds of waste from local landfills. Table 3 presents the waste diversion rates at Sharp HealthCare in FY 2014.</p> <p>Table 3 Sharp HealthCare Waste Diversion - FY 2014</p> <p>Sharp Chula Vista Medical Center Recycled Waste Per Year (lbs) - 773,131 Total Waste Per Year (lbs) - 2,665,343 Percent Recycled - 29%</p> <p>Sharp Coronado Hospital and Healthcare Center Recycled Waste Per Year (lbs) - 252,848 Total Waste Per Year (lbs) - 1,335,244 Percent Recycled - 18%</p> <p>Sharp Grossmont Hospital Recycled Waste Per Year (lbs) - 1,761,515 Total Waste Per Year (lbs) - 4,703,949 Percent Recycled - 37%</p> <p>Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women and Newborns Recycled Waste Per Year (lbs) - 2,006,597 Total Waste Per Year (lbs) - 6,450,334 Percent Recycled - 34%</p> <p>Sharp Mesa Vista Hospital Recycled Waste Per Year (lbs) - 257,739 Total Waste Per Year (lbs) - 555,811 Percent Recycled - 46%</p> <p>Sharp Rees-Stealy Medical Centers Recycled Waste Per Year (lbs) - 1,158,209 Total Waste Per Year (lbs) - 2,743,139 Percent Recycled - 42%</p> <p>Sharp Corporate Sites Recycled Waste Per Year (lbs) - 1,329,075 Total Waste Per Year (lbs) - 2,154,748 Percent Recycled - 92%</p> <p>Total Sharp HealthCare Recycled Waste Per Year (lbs) - 7,539,114 Total Waste Per Year (lbs) - 20,608,568 Percent Recycled - 37%</p> <p>According to the Intergovernmental Panel on Climate Change, agriculture is responsible for 13.5 percent of greenhouse gas emissions worldwide. Sharp is committed to making eco-friendly food choices to minimize its environmental footprint. This includes a systemwide focus on its sustainable Mindful food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. In collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful program includes Meatless Mondays, Wellness Menus, Community Supported Agriculture (CSA) fresh produce, food composting, increased recycling activities, the promotion of sugarless beverages, the use of post-consumer recycled packaging solutions and increased local and organic food purchases which are approaching 65 percent at some entities. In addition, SMH, SMV, and SCHHC created the first county-approved organic gardens and use the produce from these gardens in the meals served at the hospital cafes. Sharp has implemented many other sustainable food practices including the use of green-label kitchen soaps and cleansers, electronic cafe menus, recycling of all cardboard, cans and grease from cafes, organic markets at each hospital and corporate office, purchasing of hormone-free milk, and partnering with vendors who are committed to reducing product packaging. In April 2014, Sodexo began replacing the traditional foam, plastic and aluminum packaging commonly used in food service, and expanded purchases of paper products made from recycled, compostable and chlorine-free renewable materials. If recycled, these paper napkins, cups, bowls and take-out containers will divert 3,220 pounds of waste from the local landfill each month. In 2012, Sharp partnered with the City of San Diego to implement a Food Waste Composting Program in the kitchen that services SMH and SMBHWN, making Sharp the first San Diego health care organization to join the city's initiative. In FY 2014, SMV joined this effort and SCHHC plans to participate in 2015. The</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>rough the program, food waste is picked up weekly by EDCO, a solid waste vendor, and transported to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The food waste is processed into a rich compost product and sold to commercial landscapers and non-city residents, and to city residents at no charge at volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water, and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. Sharp continues to work with the City to expand food waste composting to other Sharp entities. Sharp's waste minimization initiatives have been recognized by several publications, including BioCycle, a national magazine about composting, renewable energy and sustainability, San Diego Business Journal, and by the California State CalRecycle website, which cited Sharp as one California's models for health care industry food scraps management. According to the Journal of the American Medical Association (JAMA), the U.S. health care industry produces eight percent of the country's total carbon dioxide emissions. Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer carpool parking spaces, designated bike racks and motorcycle spaces. Employees can also purchase discounted monthly bus passes. In addition, as part of the nationwide Electric Vehicle Project, Sharp has installed 17 electric vehicle chargers (EVCs) at its corporate office location and SMMC. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities. In partnership with the San Diego Association of Governments (SANDAG), Sharp offers a vanpool and carpool match-up to help employees find convenient ride share partners. Sharp employees also utilize SANDAG's online iCommute TripTracker tool to monitor the cost and carbon savings of their alternate methods of commuting. In 2014, for the second year in a row and for the third time in four years, Sharp was awarded the top spot in the Mega Employer Category in the iCommute Rideshare Corporate Challenge. Throughout the month of October, 51 organizations representing more than 102,000 employees participated in the challenge in which employees earned points for replacing their solo drive with a sustainable commute choice, such as biking, walking, carpooling, vanpooling and public transit. Through the challenge, more than 750 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,600 gallons of gasoline and approximately 341,000 pounds of carbon dioxide.</p>

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Form 990, Part III, line 4a (continued)		<p>To further reduce the number of cars on the road Sharp's Commuter Solutions Sub-Committee continuously works to develop new programs and marketing campaigns to educate employees on the benefits of ride sharing. The committee has overseen the implementation of bike racks and designated car pool spots, as well as adding a Bicycle Commuter Benefit, which each year gives employees who bike to work up to \$20 per month to use for qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp furthered its support of green transportation through several bike to work initiatives in FY 2014. This included two Bike to Work Day events during which Sharp employees opted to ride their bike to work in place of driving. Sharp also participated in the fifth annual iCommute Bike to Work 2014 Corporate Challenge for the entire month of May (National Bike Month), competing with similar-sized organizations for the highest percentage of bike ridership for the month. In June, Sharp promoted National Dump the Pump Day to employees by sharing special promotions from iCommute, such as vanpool discounts and gift card drawings, for individuals who pledged to "Dump the Pump" and make greener transportation choices. Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 200 employees so that they are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an onsite presence, such as information technology support, transcription and human resources. Table 4 highlights the All Ways Green efforts at Sharp entities. Going forward, Sharp remains committed to the All Ways Green initiative and will continue to investigate opportunities to reduce its carbon footprint. Sharp's All Ways Green Committee continues to work with system employees, physicians and corporate partners to develop new and creative ways to reduce its impact on the environment and meet the goal of being an outstanding community citizen through environmental responsibility. Table 4 All Ways Green Initiatives by Sharp Entity - FY 2014 SCHHC</p> <p>*Energy Efficiency - Update elevators/ chillers - Energy audits - Energy-efficient chillers/motors - ES Award HVAC projects - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharps containers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion SCVMC</p> <p>*Energy Efficiency - Energy audits - Energy-efficient chillers/ motors - ES participation and award eligible - HVAC projects - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Compactor renovation - Electronic cafe menus - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Recycling education - Ride share promotion SGH</p> <p>*Energy Efficiency - Energy audits - ES participation - HVAC projects - Lighting retrofits - Retro-commissioning *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic cafe menus - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Recycling education - Ride share promotion Sharp System Services</p> <p>*Energy Efficiency - EVCs - Energy audits - Energy efficient chillers/motors - ES participation - HVAC projects - Lighting retrofits - Occupancy sensors - Thermostat control software *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic patient bills and paperless payroll - Electronic and pharmaceutical waste recycling events - Green Grocer's market - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling *Education and Outreach - Earth Week activities - Environmental policy - Green Team -</p>

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Form 990, Part III, line 4a (continued)		<p>No smoking policy - Recycling education - Ride share promotion SHP *Energy Efficiency - Energy audits - HVAC projects - Lighting retrofits - Occupancy sensors *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Spring cleaning events *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Recycling education - Ride share promotion SMH/SMBHWN *Energy Efficiency - EVCs - Energy audits - Energy-efficient chillers/motors - ES participation - HVAC projects - Lighting retrofits - Occupancy sensors - Pipe insulations *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic cafe menus - Food waste composting - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharp waste containers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Drought tolerant rooftop garden - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion SMV/SMC *Energy Efficiency - Energy audits - ES participation - HVAC projects - Lighting retrofits - Motor and pump replacements *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Styrofoam elimination - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No smoking policy - Organic farmer's market - Recycling education - Ride share promotion SRS *Energy Efficiency - Energy audits - ES participation - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Low-flow systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Recycling of exam paper - Single-stream recycling - Styrofoam elimination *Education and Outreach - Contractor education - Earth Week activities - Environmental policy - Green Team - No smoking policy - Recycling education - Ride share promotion Emergency and Disaster Preparedness Sharp protects the San Diego community through essential emergency and disaster planning activities and services Throughout FY 2014, Sharp provided education and training to community members, staff and other health care professionals on emergency and disaster preparedness Sharp's disaster preparedness team offered disaster trainings to first responder and health care providers across SDC This included a standardized, on-scene federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), and a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time</p>

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Form 990, Part III, line 4a (continued)		<p>In March, Sharp's disaster team participated in the 2014 Mass Rescue Operations Exercise (MRO) at the San Diego Mission Bay Lifeguard Headquarters During the exercise, the San Die go Lifeguards, U S Coast Guard, American Red Cross (ARC), multiple response agencies, UC San Diego Health System, Palomar Health and Sharp HealthCare engaged in a maritime emergen cy simulation designed to practice and improve communication, water rescue, helicopter sup port and Emergency Medical Services (EMS) handoff of victims In July, Sharp hosted the 5t h Annual Disaster Partnership Conference at its Spectrum office location The conference w as attended by approximately 100 health care providers, county emergency personnel, Sharp HealthCare employees and community members and included speakers from SDC hospitals plus a review of lessons learned during an active shooter response exercise In September, Sharp 's disaster leadership presented to more than 900 California hospital staff, state and loc al officials, and key preparedness and response partners at the California Hospital Associ ation's (CHA) 9th annual Disaster Planning for California Hospitals Conference in Sacramen to, California Presentations aimed at helping hospitals strengthen their disaster plannin g efforts, including how to develop a perinatal evacuation plan Sharp's disaster leadersh ip donated their time to multiple state and local organizations and committees in FY 2014 This included the Southern California Earthquake Alliance, the County of San Diego Emerge ncy Medical Care Committee (EMCC) Disaster Operations and the County of San Diego Healthca re Disaster Council, a group of representatives from SDC hospitals, other health care deli very agencies, county officials, fire agencies, law enforcement, ARC and others who meet m onthly to share best practices for emergency preparedness Sharp's disaster leadership als o served on the Statew ide Medical Health Exercise work group that designed training materi als for the 2014 California Statew ide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Auth ority (EMSA) The program is designed to guide local emergency outlets in developing, plan ning and conducting emergency responses Furthermore, Sharp disaster leadership is part of the San Diego Patient Tracking Committee, which is in the process of designing a countyw ide Family Assistance Center (FAC) to aid community members in finding their loved ones dur ing a disaster event Sharp supports safety efforts of the state and the city through main tenance and storage of a county decontamination trailer at SGH, to be used in response to a mass decontamination event Sharp has also arranged for the prospective storage of 24 st ate hospital ventilators at three Sharp hospitals Additionally, all Sharp hospitals are p repared for an emergency with backup water supplies that last up to 96 hours in the event that the system's normal water supply is interrupted As part of its participation in the U S Department of Health & Human Services (DHHS) Public Health Emergency Hospital Prepare dness Program (HPP) grant, Sharp continued its involvement in the Sharp HealthCare HPP Dis aster Preparedness Partnership (the Partnership) The Partnership includes SCVMC, SCHHC, S GH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Chil dren's Hospital, Scripps Mercy Hospital, Kaiser Foundation Hospital, Alvarado Hospital, Pa radise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/N aval Medical Services, San Diego County Sheriffs, Marine Corps Air Station (MCAS) Miramar Fire Department and Fresenius Medical Centers The Partnership seeks to continually identi fy and develop relationships with health care entities, nonprofit organizations, law enfor cement, military installations and other organizations that serve SDC and are located near partner health care facilities Through netw orking, planning, and the sharing of resource s, training and information, the partners will be better prepared for a collaborative resp onse to an emergency or disaster affecting SDC In September, Sharp hosted its 3rd annual Disaster Preparedness Expo to educate San Diego community members on preparing their house hold for an earthquake, wildfire, pow er outage or other emergency This free, interactive event featured disaster preparedness vendors, special appearances by local emergency servi ce units and first responders, demonstrations by the San Diego Search & Rescue Dog Team, e ducation on caring for pets during a disaster, opportunity draw ings, and the Quake Cottage - an 8 0 magnitude earthquake simulator Sharp plans to collaborate with other SDC hospit als to create regional teams of health care personnel trained to respond to a community de contamination event Internally, Sharp plans to develop employee disaster teams who will b e trained to provide leadership, order and safety</p>

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Form 990, Part III, line 4a (continued)		<p>during an emergency or disaster Employee Wellness Sharp Best Health Recognizing the importance of improving the health of its team members as part of impacting the health of the broader community, Sharp HealthCare established the Sharp Best Health employee wellness program in 2010 With a goal to improve the overall health, happiness and productivity of Sharp's workforce, Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their journey to attain their personal health goals Sharp Best Health provides team members with the tools, information and resources for them to get fit and stay healthy The program includes a comprehensive and interactive website - the Sharp Best Health Web Portal - that Sharp team members can access any time of day to support their health improvement efforts The Sharp Best Health Web Portal offers team members a variety of digital health tools, including a personal health assessment, meal and exercise planners, food and physical activity logs, healthy recipes and tips, a progress tracker and health library The web portal also provides information and resources on available support groups, classes and events, wellness workshops, health coaching, and discounts on thousands of health and wellness products including dinner delivery, gym memberships, wellness centers, training clubs, footwear, weight management, golf packages, yoga, massage and more Through Sharp Best Health, employees can participate in a variety of health and wellness events throughout the year Sharp team members are encouraged to take advantage of onsite fitness classes, walking and running clubs and events such as bike to work days, wellness days and take the stairs days In May, Sharp Best Health collaborated with SANDAG to recognize National Bike to Work Day and promote a healthier alternative for commuting to work Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, the AHA Go Red for Women, National Nutrition Month, the American Diabetes Association (ADA) Tour de Cure Bike Ride, National Walking Day, Fit for the Holidays and "Caught in the Act" of being healthy at work (ie taking the stairs, walking outside, etc) In addition, each Sharp hospital as well as SRS has a dedicated Best Health committee, which works to promote employee wellness in different ways for their team members For instance, in FY 2014, more than 700 Sharp team members attended the annual Wellness Fair at SCVMC Organized by SCVMC's Best Health committee, the event provided an inviting atmosphere for employees to improve wellness of the mind, body and spirit Educational resources included employee safety, cancer awareness, physical therapy and weight management, as well as bone density screenings and a nutrition booth that offered healthy food samples At SMH, the Best Health committee provided a Best Health wellness cart, led by members of the committee and a physical therapist The cart navigated throughout the SMH campus and provided team members with healthy food and wellness tips, such as how to perform stretch breaks and other healthy ideas</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>Sharp Best Health added healthy vending machine options on all hospital campuses, as well as healthy food items in each cafeteria and retail area. Sharp Best Health also conducts a semi-annual food and nutrition survey at each Sharp hospital and corporate office location to assess employee satisfaction of the organization's cafeteria food and customer service, including requests for feedback and suggestions for improvement. Additionally, in September, Sharp Best Health supported Fresh Fruit and Vegetable Month through the Five-A-Day Challenge, a 21-day initiative designed to motivate Sharp team members to increase their daily consumption of fruits and vegetables. In collaboration with Sodexo and Specialty Produce, Sharp Best Health offers the Green Grocers - Delivered to You program at more than 15 Sharp sites. Through the Green Grocers program, seasonally available, locally grown and organic produce can be selected online and delivered to the workplace twice a month. The program provides a convenient method for employees and their families to incorporate more fruits and vegetables into their diet. Along with supporting employee health, the purchase of locally grown produce helps support local farmers and the San Diego community. Since January 2014, Sharp team members have ordered approximately 17,024 pounds of produce through the Green Grocers program. Sharp Best Health also provides a free Nutrition Education Series to employees and family members designed to help Sharp team members develop healthier eating habits. The program includes live workshops with cooking demonstrations from registered dietitians, educational videos and blog posts. More than 30 nutrition classes were offered to Sharp employees and their families by Sharp Best Health in FY 2014. Offsite activities like hiking and walking clubs are also available to Sharp team members, family and friends. In FY 2014, Sharp Best Health organized 12 systemwide hikes with more than 80 attendees. Beginning in FY 2013, Sharp Best Health has offered annual health screenings to Sharp employees in order to raise awareness of important biometric health measures and help team members understand how to reduce their risk of related health issues. Screenings are completed in less than 15 minutes and include indicators for blood pressure, body mass index (BMI), blood sugar, tobacco use and cholesterol. In FY 2014, more than 9,400 Sharp employees participated in the screening effort, and more than 2,300 employees reduced their risk levels in at least one screening metric when compared to FY 2013 screening results. A variety of post-screening resources and tools are available for Sharp employees and their family members, including a free health coach and classes on diabetes, heart disease, smoking cessation, healthy weight and eating, physical activity and stress management. As a fun incentive for completing their health screening, Sharp Best Health provided employees with a Fitbit Zip wireless pedometer that tracks steps, distance and calories, and syncs these statistics to computers or smartphones. Sharp Best Health highly encourages its team members to utilize the Fitbit Zip to track their physical activity and achieve their personal fitness goals. On a monthly basis, Sharp Best Health provides a systemwide update on each entity's Fitbit Zip activity levels to inform team members of their progress, and encourage them to continue working toward the recommended goal of 10,000 steps per day. Since January 2014, Sharp's Fitbit Zip users have achieved a daily average of 8,260 steps. The success of Sharp Best Health's employee health screenings prompted the design and implementation of a free health screening program for the broader San Diego community (non-Sharp employees). Checking for the same health indicators included in the employee health screenings, as well as follow-up resources, Sharp team members conducted screening events at community sites throughout San Diego. Through these different programs, Sharp connects with both its employees and community members and encourages them to achieve healthy lifestyles. Sharp Best Health also offers community members free fitness and stretch break activities. Looking forward, Sharp Best Health remains committed to an environment that promotes healthy and sustainable lifestyle choices for Sharp team members and the San Diego community. Sharp Best Health plans to provide highly nutritious food options in Sharp's cafeterias that balance nutrition with appealing flavors. Future plans of implementing a new color coding system in cafeterias and vending machines will make it easier for team members, visitors and guests to quickly discern the nutritional value of items based on the item's color categorization. Sharp Best Health continues to search for creative ways to support a healthier lifestyle. Sharp Best Health was awarded the 2014 and 2013 American Heart Association Fit-Friendly Worksites Honor Roll award (Gold Category).</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>The Fit-Friendly program recognizes employers that promote a culture of health and physical activity in the workplace or the community. Section 2 Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2014 (October 1, 2013, through September 30, 2014). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in SB 697, for the following entities: * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare. Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2014. The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report: * Access to care for individuals without a medical provider, and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education for the community. Highlights of Community Benefit Provided by Sharp in FY 2014. The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2014: * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty and service members, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.</p>

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Form 990, Part III, line 4a (continued)		<p>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Habitat for Humanity, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members</p> <p>* Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community</p> <p>Sharp collaborated with local schools to promote interest in health care careers, made Sharp facilities available for use by community groups at no charge, and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community</p> <p>See Appendix A for a listing of Sharp's involvement in community organizations</p> <p>In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration</p> <p>* Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care professionals, as well as supervision and support for students and interns, and time devoted to generalizable, health-related research projects that were made available to the broader health care community</p> <p>Economic Value of Community Benefit Provided in FY 2014</p> <p>In FY 2014, Sharp provided a total of \$354,271,459 in community benefit programs and services that were unreimbursed</p> <p>Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697</p> <p>Table 1 Total Economic Value of Community Benefit Provided Sharp HealthCare Overall - FY 2014</p> <p>*Medical Care Services Shortfall in Medi-Cal - \$129,446,653 Shortfall in Medicare - \$160,841,853 Shortfall in San Diego County Indigent Medical Services - \$10,547,826 Shortfall in CHAMPVA/TRICARE - \$2,664,033 Shortfall in Workers' Compensation - \$167,061</p> <p>Charity Care and Bad Debt - \$41,362,966</p> <p>*Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$2,340,135</p> <p>*Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$2,090,478</p> <p>*Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$4,810,454</p> <p>TOTAL - \$354,271,459</p> <p>Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity</p> <p>Table 2 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2014</p> <p>Estimated FY 2014 Unreimbursed Costs</p> <p>Sharp Chula Vista Medical Center - \$66,364,211</p> <p>Sharp Coronado Hospital and Healthcare Center - \$15,755,637</p> <p>Sharp Grossmont Hospital - \$116,587,353</p> <p>Sharp Mary Birch Hospital for Women & Newborns - \$17,069,286</p> <p>Sharp Memorial Hospital - \$126,648,487</p> <p>Sharp Mesa Vista Hospital and Sharp McDonald Center - \$11,714,311</p> <p>Sharp Health Plan - \$132,174</p> <p>TOTAL FOR ALL ENTITIES - \$354,271,459</p> <p>Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697</p> <p>In FY 2013, Sharp led the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems</p> <p>Table 3 FY 2014 Detailed Economic Value of Community Benefit at Sharp HealthCare Entities Based on Senate Bill 697 Categories</p> <p>Sharp Chula Vista Medical Center</p> <p>*Medical Care Services - \$64,918,400</p> <p>*Other Benefits for Vulnerable Populations - \$310,178</p> <p>*Other Benefits for the Broader Community - \$225,236</p> <p>*Health Research, Education and Training Programs - \$910,397</p> <p>*Estimated FY 2014 Unreimbursed Costs - \$66,364,211</p> <p>Sharp Coronado Hospital and Healthcare Center</p> <p>*Medical Care Services - \$14,858,765</p> <p>*Other Benefits for Vulnerable Populations - \$22,021</p> <p>*Other Benefits for the Broader Community - \$160,405</p> <p>*Health Research, Education and Training Programs - \$714,446</p> <p>*Estimated FY 2014 Unreimbursed Costs - \$15,755,637</p> <p>Sharp Grossmont Hospital</p> <p>*Medical Care Services - \$114,172,426</p> <p>*Other Benefits for Vulnerable Populations - \$721,474</p> <p>*Other Benefits for the Broader Community - \$590,239</p> <p>*Health Research, Education and Training Programs - \$1,103,214</p> <p>*Estimated FY 2014 Unreimbursed Costs - \$116,587,353</p> <p>Sharp Mary Birch Hospital for Women & Newborns</p> <p>*Medical Care Services - \$16,613,741</p> <p>*Other Benefits for Vulnerable Populations - \$45,880</p> <p>*Other Benefits for the Broader Community - \$16</p>

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Form 990, Part III, line 4a (continued)		<p>2,516 *Health Research, Education and Training Programs - \$247,149 *Estimated FY 2014 Unreimbursed Costs - \$17,069,286 Sharp Memorial Hospital *Medical Care Services - \$123,785,739 *Other Benefits for Vulnerable Populations - \$711,595 *Other Benefits for the Broader Community - \$530,820 *Health Research, Education and Training Programs - \$1,620,333 *Estimated FY 2014 Unreimbursed Costs - \$126,648,487 Sharp Mesa Vista Hospital and Sharp McDonald Center *Medical Care Services - \$10,681,321 *Other Benefits for Vulnerable Populations - \$511,787 *Other Benefits for the Broader Community - \$311,288 *Health Research, Education and Training Programs - \$209,915 *Estimated FY 2014 Unreimbursed Costs - \$11,714,311 Sharp Health Plan *Medical Care Services - \$0 *Other Benefits for Vulnerable Populations - \$17,200 *Other Benefits for the Broader Community - \$109,974 *Health Research, Education and Training Programs - \$5,000 *Estimated FY 2014 Unreimbursed Costs - \$132,174 ALL ENTITIES *Medical Care Services - \$345,030,392 *Other Benefits for Vulnerable Populations - \$2,340,135 *Other Benefits for the Broader Community - \$2,090,478 *Health Research, Education and Training Programs - \$4,810,454 *Estimated FY 2014 Unreimbursed Costs - \$354,271,459</p> <p>Section 3 Community Benefit Planning Process For the past 18 years, Sharp HealthCare has based its community benefit planning on findings from a triennial Community Health Needs Assessment (CHNA) process, as well as from the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals. Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments Since 1995, Sharp has participated in a countywide collaboration that includes a broad range of hospitals, health care organizations, and community agencies to conduct a triennial CHNA. Findings from the CHNA, the program and services expertise of each Sharp hospital, and knowledge of the populations and communities served by those hospitals combine to provide a foundation for community benefit planning and program implementation. To address the new requirements under Section 501(r) within Section 9007 of the Affordable Care Act, and IRS Form 990, Schedule H for not-for-profit hospitals, San Diego County hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration. In this endeavor, Sharp collaborated with the Hospital Association of San Diego and Imperial Counties (HASD&IC), the Institute for Public Health (IPH) at San Diego State University (SDSU) and SDC hospital systems including Kaiser Foundation Hospital, San Diego, Palomar Health, Rady Children's Hospital, Scripps Health, Tri-City Medical Center and UC San Diego Health System. The complete report of this collaborative process - the HASD&IC 2013 CHNA - is available for public viewing at http://www.hasdic.org</p>

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Form 990, Part III, line 4a (continued)		<p>The results of this collaborative process significantly informed the 2013 CHNAs for each Sharp hospital, and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2013 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for Sharp HealthCare's 2013 CHNAs: Data Collection and Analysis. As the study area for both the collaborative HASD&IC 2013 CHNA and the Sharp 2013 CHNAs cover SDC, the HASD&IC 2013 CHNA process and findings significantly informed Sharp's CHNA process and as such, are described as applicable throughout the various CHNA reports. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org. For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria:</p> <ul style="list-style-type: none"> * Has a significant prevalence in the community * Contributes significantly to the morbidity and mortality in SDC * Disproportionately impacts vulnerable communities * Reflects a need that exists throughout SDC * Can be addressed through evidence-based practices by hospitals and health care systems <p>Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the U.S. Census Bureau, the Centers for Disease Control and Prevention and others. The variables analyzed are included in Table 1 below, and were analyzed at the ZIP code level wherever possible.</p> <p>Table 1: Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs</p> <ul style="list-style-type: none"> *Secondary Data Variables - Inpatient Hospitalizations by Cause - Emergency Department Visits by Cause - Demographic Data (socio-economic indicators) - Mortality Data - Regional Disease-Specific Health Data (County HHSA) - Self-Reported Health Data (California Health Interview Survey) - Specialized Health Data /Reports (various) <p>Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (CNI) to identify communities in SDC with the highest level of health disparities and needs. Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting. For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods: an online community health leader/health expert survey, key informant interviews and community forums. The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts. Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents. In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health officers, health care and social service providers and members of community-based organizations. Following consultation with the CHNA Planning Teams at each Sharp hospital, additional, specific feedback from additional key informants and community residents was also collected. Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being.</p> <p>Findings: Through the combined analyses of the results for all of the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order):</p> <ul style="list-style-type: none"> * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy

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Form 990, Part III, line 4a (continued)		<p>ncy * Obesity * Orthopedics * Senior Health (including end-of-life care) As the CHNAs were hospital-specific, not all of Sharp's hospitals identified all of the above priority health needs through their CHNA process, given the specific services the individual hospitals provide to the community. For instance, Sharp Mesa Vista Hospital, the largest provider of mental health, chemical dependency and substance abuse treatment in SDC, identified behavioral health as a priority health need for the community members it serves, however it did not identify other needs such as cancer, high-risk pregnancy, etc. In addition, as part of the collaborative CHNA process, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories: * Access to Care or Insurance * Care Management * Education * Screening Services * Collaboration. Sharp is committed to the health and well-being of the community, and the findings of Sharp's 2013 CHNAs will help to inform the activities and services provided by Sharp to improve the health of the community members it serves. The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their most vulnerable community members. With the challenging and uncertain future of health care, there are many factors to consider in the development of programs to best serve members of the San Diego community. The health conditions and health issues identified in this CHNA, including, but not limited to health care and insurance access and education and information for all community members, will not be resolved with a quick fix. On the contrary, these resolutions will be a journey requiring time, persistence, collaboration and innovation. It is a journey that the entire Sharp system is committed to making, and Sharp remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. The 2013 CHNAs for each Sharp hospital are available online at http://www.sharp.com/about/community/community-health-needs-assessments or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com.</p> <p>Determination of Priority Community Needs: Sharp HealthCare Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region.</p> <p>Steps Completed to Prepare an Annual Community Benefit Report: On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefit Report: * Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs.</p>

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Form 990, Part III, line 4a (continued)		<p>* Reports on activities conducted in the prior fiscal year - FY 2014 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2015 Plan * Reports and categorizes the economic value of community benefit provided in FY 2014, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to Collaboration In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, HASD&IC, and other local collaboratives such as Combined Health Agencies and the Community Health Improvement Partners Behavioral Health Work Team Section 4 Sharp Metropolitan Medical Campus The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2014 Community Benefit Program Highlights SMMC provided a total of \$155,432,084 in community benefit in FY 2014 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Metropolitan Medical Campus - FY 2014 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2014 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal - \$50,723,145 Shortfall in Medicare - \$75,018,326 Shortfall in San Diego County Indigent Medical Services - \$4,642,668 Shortfall in CHAMPVA/ TRICARE - \$1,421,546 Shortfall in Workers' Compensation - \$3,197 Charity Care and Bad Debt - \$19,271,919 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$1,269,262 *Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$1,004,624 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$2,077,397 TOTAL - \$155,432,084 Section 5 Sharp Mary Birch Hospital for Women & Newborns FY 2014 Community Benefit Program Highlights Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of \$17,069,286 in community benefit in FY 2014 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Mary Birch Hospital for Women & Newborns - FY 2014 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2014 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal - \$13,997,397 Shortfall in Medicare - \$552,155 Shortfall in San Diego County Indigent Medical Services - \$18,376 Shortfall in CHAMPVA/TRICARE - \$1,443 Shortfall in Workers' Compensation - \$3,197 Charity Care and Bad Debt - \$2,041,173 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$45,880 *Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$162,516 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$247,149 TOTAL - \$17,069,286 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity, and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, and collaboration with local schools to promote interest in health care career</p>

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Form 990, Part III, line 4a (continued)		<p>s SMBHWN also donated meeting room space to community groups SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), the American Cancer Society (ACS), the Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Academy of Neonatal Nursing (ANN), Perinatal Social Work Cluster, Regional Perinatal System (RPS), Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL) and the National Initiative for Children's Healthcare Quality (NICHQ) See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community Definition of Community Sharp Mary Birch Hospital for Women & Newborns is located at 3003 Health Center Drive in San Diego, ZIP code 92123 As a specialty hospital, SMBHWN serves the entire county of San Diego, however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and north inland communities surrounding Rancho Bernardo For Sharp Memorial Hospital's (SMH's) 2013 Community Health Needs Assessment (CHNA) process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC) The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to Dignity Health's CNI, communities served by SMBHWN with especially high need include but are not limited to Southeast San Diego, East San Diego, City Heights, North Park and National City Description of Community Health In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011- failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure Table 2 Health Care Access in SDC, 2011 Description Rate Year 2020 Target *Current Health Insurance Coverage Children 0 to 11 Years 93.8% 100% Children 12 to 17 Years 93.5% 100%</p>

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Form 990, Part III, line 4a (continued)		<p>Adults 18 + Years 81 3% 100% *Regular Source of Medical Care Children 0 to 11 Years 98 1% 100% Children 12 to 17 Years 82 2% 100% Adults 18 + Years 85 6% 89 4% *Not Currently Insur ed Adults 18 to 64 Years 17 7% Source 2011-2012 California Health Interview Survey (CHIS) Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011 Description/Rate Medi-Cal Eligible - 6 9% Healthy Families Elr gible - 0 4% Not Eligible - 92 6% Source 2011-2012 CHIS In 2012, there w ere 44,391 live b irths in SDC During this time, SDC overall met the HP 2020 national targets for all mater nal and infant health indicators See Table 4 for a summary of maternal and infant health indicators In 2011 fetal mortality in SDC was 4 2 fetal deaths per 1,000 live births plus fetal deaths, also meeting the HP 2020 national target of less than 5 6 fetal deaths per 1,000 live births plus fetal deaths Table 4 Maternal and Infant Health Indicators in SDC , 2012 Maternal and Infant Health Indicator Rate Year 2020 Target Early Prenatal Care 84 3 % 77 9% Preterm Births 9 1% 11 4% Very Low Birth Weight (VLBW) Infants 1 1% 1 4% Low Birth Weight (LBW) Infants 6 4% 7 8% Infant Mortality 3 9% 6 0% Source County of San Diego, He alth and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services In 2012, all regions of SDC met every HP 2020 national target except for Very Low Birth Weight (VLBW) Infants and Infant Mortal ity in the central region See Table 5 for a summary of maternal and infant health indicat ors by region Table 5 Maternal and Infant Health Indicators by Region in SDC, 2012 Indic ator *Prenatal Care North Coastal - 82 2% North Central - 90 9% Central - 82 8% South - 85 4% East - 80 6% North Inland - 83 8% Preterm Births North Coastal - 8 8% North Central - 8 6% Central - 10 4% South - 8 4% East - 9 2% North Inland - 9 1% VLBW Infants North Coast al - 1 0% North Central - 1 0% Central - 1 5% South - 0 9% East - 1 0% North Inland - 1 0% LBW Infants North Coastal - 5 9% North Central - 6 3% Central - 7 4% South - 6 0% East - 6 0% North Inland - 6 6% Infant Mortality North Coastal - 3 2% North Central - 2 9% Centra l - 6 3% South - 4 7% East - 3 4% North Inland - 3 4% Sources County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family He alth Service In 2011 the fetal mortality rate was 4 8 (fetal deaths per 1,000 live births plus fetal deaths) in the north coastal region, 2 8 in the north central region, 5 1 in th e central region, 3 8 in the south region, 3 0 in the east region and 5 4 in the north inland region In 2011, all SDC regions met the HP 2020 national target of less than 5 6 feta l deaths per 1,000 live births plus fetal deaths For additional demographic and health da ta for communities served by SMBHWN, please refer to the SMH 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments Community Benefit Planning Process In addition to the steps outlined in Section 3 regarding community benefit planning, SMBH WN * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current fundin g levels * Participates in programs and workgroups to review and implement services that i mprove the health status and emotional well-being of women and infants Priority Community Needs Addressed in Community Benefit Report - SMH 2013 CHNA In accordance w ith federal reg ulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities Through the SMH 2013 CHNA the follow ing priority health needs w ere identified fo r the communities served by both entities (in alphabetical order) * Behavioral Health (Me ntal Health) * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health (including end-of-life care) SMBHWN is a specialty hospital providing care for expectant mothers, new borns and women's services Therefore, in alignment w ith these i dentified needs, the follow ing pages detail programs that specifically address high-risk p regnancy, including reducing the incidence of neonatal morbidity and mortality associated w ith high-risk pregnancy and preterm delivery As a specialty hospital, SMBHWN lacks the r esources to comprehensively address the elements of community education and support for ca rdiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health Conseq uently, the programs and services that attend to t</p>

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Form 990, Part III, line 4a (continued)		<p>These health issues are addressed through the programs and services provided by SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. Through further analysis of SMBHWN's community programs and consultation with its community benefit team, this section also addresses the following priority health needs for community members served by SMBHWN:</p> <ul style="list-style-type: none"> * Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery * Meeting the needs of new mothers and their families * Health professions education, training and promotion of health care careers <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.</p> <p>Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery</p> <p>Rationale: references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale:</p> <ul style="list-style-type: none"> * The SMH 2013 CHNA identified high-risk pregnancy as one of six priority health issues for community members served by SMH and SMBHWN. * The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process identified high-risk pregnancy among priority health conditions observed in San Diego hospitals. * According to research from the SMH 2013 CHNA, risk factors for high-risk pregnancy include advanced maternal age - there is an increased risk for mothers 35 years and older, lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs, medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions, underlying conditions such as diabetes, high blood pressure, obesity and epilepsy, and multiple pregnancies. * In 2012, 175 infants died before their first birthday in SDC. The infant mortality rate was 3.9 infant deaths per 1,000 live births, meeting the HP 2020 target of less than six infant deaths per 1,000 live births. Infant mortality was similar for male infants and female infants and was highest among Hispanic infants when compared to infants of other races and ethnicities. * In 2012, there were 4,042 preterm births (less than 37 weeks gestation) in SDC, while the preterm birth rate was 9.1 percent (of live births with known length of gestation).

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Form 990, Part III, line 4a (continued)		<p>* In 2012, preterm births were higher for male newborns when compared to female newborns, highest among Hispanic mothers when compared to mothers of other races and ethnicities, and highest for mothers ages 25 to 34 when compared to mothers in other age groups (defined as 15 to 24 years and 35 years and older) *</p> <p>According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid. * In 2012, preterm birth affected more than 450,000 babies, or one of every nine infants born in the U.S. (CDC, 2014) *</p> <p>Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC. * According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010). * According to a 2006 report from the Institute of Medicine (IOM), the rate of preterm births in the U.S. is a growing public health problem that has significant consequence for families, and costs society at least \$26 billion per year. Further, premature and low birth weight infants (LBW) spent an average of 15 days in the hospital, compared to just over two days for healthy, full-term infants. Premature infants average about 20 outpatient medical visits compared to just 14 for full-term infants (March of Dimes, 2014).</p> <p>Objectives *</p> <ul style="list-style-type: none"> Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal health to women in the community, including high-risk populations. Participate in community events and provide education on preterm births and prenatal health. Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Neonatal Research Institute (NRI). <p>FY 2014 Report of Activities</p> <p>In FY 2014, SMBHWN offered education for expecting mothers in the community, including teenagers and other high-risk populations. Free, monthly Preterm Birth Prevention classes taught approximately 120 individuals the warning signs of preterm labor and how to help prevent a premature birth. SMBHWN was actively involved in a variety of events supporting the Miracle Babies Foundation, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU). The hospital participated in the annual Miracle Babies 5K and Masquerade Ball as well as held a silent auction, gift basket raffles, and pizza and bake sales. Through these events SMBHWN raised nearly \$6,000 for Miracle Babies in FY 2014. SMBHWN also participated in the American Heart Association (AHA) Heart & Stroke Walk and provided educational resources on breastfeeding and information about the community programs and services offered at the hospital, to hundreds of community members at various events. This included the AHA Go Red for Women luncheon, Sharp's annual Women's Health Conference, and the Johnson & Johnson Health Fair.</p> <p>Throughout FY 2014, SMBHWN led a variety of educational classes for expecting mothers and their families, covering various aspects of prenatal care. Topics included how one's body prepares for birth and delivery, hospital procedures, medication choices, Cesarean delivery, relaxation and breathing techniques, postpartum care, breastfeeding and infant feeding, newborn characteristics and procedures, preparing for multiple babies, and prenatal fitness and yoga.</p> <p>New in FY 2014, SMBHWN brought together a multidisciplinary team of physicians, nurses, respiratory therapists, research staff and data analysts to form the Sharp NRI. Established to identify and disseminate the latest evidence-based best practices for newborn care with the health care community, the clinical trials conducted by the NRI team have the potential to improve outcomes for at-risk newborns both regionally and nationwide. The NRI includes the Parent Advisory Board (NRI-PAB) consisting of parents and grandparents of infants who have been in the NICU. The NRI-PAB offers the NRI their unique perspective as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents will understand and feel comfortable participating in them. Current clinical</p>

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Form 990, Part III, line 4a (continued)		<p> I trials aimed at improving outcomes for at-risk new borns include delayed umbilical cord clamping, premature infant resuscitation with oxygen or air, sustained lung inflation in the delivery room, and treatment of ductus arteriosus, an opening between the two major blood vessels leading from the baby's heart, which should close shortly after birth but can mistakenly remain open. FY 2015 Plan SMBHWN will do the following: <ul style="list-style-type: none"> * Continue to offer monthly Preterm Birth Prevention classes * Conduct community outreach and education to pregnant teens * Provide free community education on the importance of breastfeeding * Continue to conduct community outreach and provide prenatal education at various health fairs and events * Continue to support the Miracle Babies Foundation in San Diego * Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care with the health care community Identified Community Need: Meeting the Needs of New Mothers and Their Families. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale: <ul style="list-style-type: none"> * According to the CDC's 2014 Breastfeeding Report Card, breastfeeding provides many known benefits for infants, children, and mothers. Professional lactation support can help mothers initiate and continue breastfeeding. * The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012). * According to the CDC's 2014 Breastfeeding Report Card, 63.1 percent of mothers in California were breastfeeding at six months, while only 25.4 percent were exclusively breastfeeding at six months (CDC, 2014). * In California, SDC is ranked 22nd out of 50 counties for exclusive breastfeeding (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013). * Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants, and building a foundation for a healthy immune system. Hospital practices have an enormous impact on infant-feeding success and mothers who receive in-hospital support to breastfeed exclusively often continue to do so after discharge. Further, breastfeeding support aligns with the quality improvement and cost-saving strategies of the Triple Aim and Health Care Reform (California Women, Infants and Children (WIC) Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013). * Too many California mothers give up on their breastfeeding goals, nearly two-thirds of women plan to exclusively breastfeed, but less than 40 percent are doing so at one month postpartum. Hospitals, health care providers, public health agencies, and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home (California WIC Association and University of California Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013). </p>

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Form 990, Part III, line 4a (continued)		<p>* According to the American Psychological Association (APA), between nine and 16 percent of postpartum women will experience postpartum depression. Among women who have already experienced postpartum depression following a previous pregnancy, some prevalence estimates increase to 41 percent. * According to a recent study in the Journal of the American Medical Association (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013). * The days and weeks following childbirth - the postnatal period - is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. Evidence-based practices recommended for the postnatal care period include timing of discharge from a health facility after birth, number and timing of postnatal contacts, assessment of the baby, exclusive breastfeeding, cord care, assessment of the mother, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013). Objectives: * Provide support and education to new mothers and their families on postpartum care. * Provide NICU-specific support services to new mothers and their families. * Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding.</p> <p>FY 2014 Report of Activities: In FY 2012, SMBHWN was selected from more than 200 applicants to participate in the NICHQ Best Fed Beginnings Learning Collaborative, a 22-month collaborative consisting of 90 hospitals throughout the nation. The collaboration enabled participating hospitals to exchange information and best practices in order to become a designated Baby-Friendly Hospital. Established by the United Nations Children's Fund (UNICEF) and the WHO in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. SMBHWN anticipates a Baby-Friendly USA site visit in the spring of 2015, while the hospital expects to receive Baby-Friendly USA Designation in late 2015. Designation will occur through participation in the NICHQ Best Fed Beginnings Learning Collaborative, and through the implementation of evidence-based maternity care practices including but not limited to training health care staff to properly implement a breastfeeding policy, providing education to pregnant women on the benefits of breastfeeding, demonstrating how to breastfeed and maintain lactation to new mothers, encouraging breastfeeding on demand, and referring mothers to breastfeeding support groups following discharge from the hospital. In July 2013, more than 400 registered nurses (RN) at SMBHWN started and are currently in the process of completing the required competency training to achieve Baby-Friendly USA Designation. Since 2011, the program has shown increases in the rate of exclusive breastfeeding at discharge, which is up to 57 percent on average throughout the year, compared to a baseline average of 47 percent throughout the year. In FY 2014, SMBHWN continued to offer free breastfeeding support groups to new mothers and their families. Facilitated by an experienced lactation educator, the groups met three times per week, and provided support and education to nearly 1,900 mothers about the joys and challenges of breastfeeding. SMBHWN continued to provide its weekly NICU Breastfeeding Support Group - the Mother's Milk Club - for all mothers in the community with a baby who spent any length of time in the NICU. In FY 2014, 100 mothers from the community received support and counseling for topics of concern including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their experiences, feed and show off their babies, and measure and track their baby's growth using a scale provided by the support group. To support new parents in a smooth and safe transition from giving birth at the hospital to returning home, SMBHWN offered the Baby and Me Time support group, serving nearly 500 new parents in FY 2014. Understanding that new parents often experience difficulty retaining information given in the hospital setting, this free weekly group supports families after giving birth by providing access to valuable resources to help them adjust to home, as well as opportunities to share their insights regarding parenthood and establish friendships. All parents are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. This unique support group has evolved into a community-centered place of support during</p>

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Form 990, Part III, line 4a (continued)		<p>an often challenging time for parents. SMBHWN provided specialized education and support to approximately 800 mothers through its free, ongoing postpartum support groups in FY 2014. Led by licensed clinical social workers (LCSW), the postpartum support groups provided emotional support to women dealing with feelings of anxiety or depression related to challenges associated with new motherhood. The groups were offered weekly in both the morning and evening to help accommodate working mothers' schedules, and served mothers in the community with babies of newborn age up to 12 months. SMBHWN also offered its Multiple Loss support group, providing support and education to nearly 20 mothers and families in the community who lost a child during their pregnancy with twins or more. In FY 2014, SMBHWN continued to offer a variety of educational classes for new mothers and their families, covering various aspects of postpartum care, including infant sleep patterns and strategies, infant massage, mom and baby yoga, and preparing new brothers, sisters and family dogs for a baby. Additionally, SMBHWN staff devoted more than 540 hours to daily Family Home Care classes, providing critical support and information to more than 4,100 new mothers, family members and student nurses. Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. SMBHWN also offered parents in the San Diego community a special volunteer opportunity in FY 2014 through the NICU Navigator Program. This unique program is designed to connect families with babies in the NICU with parents whose newborns previously graduated from the NICU. These experienced parents serve as NICU Navigators and volunteer their time to provide new parents with free one-on-one advice and guidance to appropriate resources as their baby transitions from hospital to home. The NICU Navigator Program also offered a Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour sessions were offered free to families with a baby in the NICU and focused on an assortment of topics, including premature growth and development, breastfeeding, nutrition, feeding mechanics, and discharge preparations. In FY 2014, the NICU Navigator Program provided education, encouragement and emotional support to approximately 100 families with NICU newborns at SMBHWN. Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team and celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. In FY 2014, more than 600 former patients and their families attended the NICU Little Graduate Reunion.</p>

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	Form 990, Part III, line 4a (continued)	<p> FY 2015 Plan SMBHWN will do the following * Continue to implement current evidence-based breastfeeding practices for new mothers and their families * Continue to offer a variety of free educational classes and outreach activities targeting new mothers and their families * Continue to offer free postpartum, breastfeeding, and new parent support groups to new mothers and their families * Continue to provide the NICU Navigator Program and the NICU Little Graduate Reunion to current and former NICU patients and their families * Implement evidence-based maternity care practices required to achieve Baby-Friendly USA Distinction Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2013 SDC Healthcare Shortage Areas Atlas from the County of San Diego's Health and Human Services Agency (HSA), SDC is one of 28 counties in California listed as an RN Shortage Area * The demand for RNs and other health care personnel in the US will increase due to the aging population Nurses will be needed to educate and care for patients with various chronic conditions including diabetes and obesity In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012) * The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012 RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care * The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022 As the US population ages, the demand for home health aides to provide assistance and companionship will continue to increase The older population often has health problems and will need help with daily activities * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers * According to the San Diego Workforce Partnership 2013 report titled, In-Demand Jobs A Study of the Occupational Outlook in San Diego, health care has been one of the few local industries that has experienced strong employment growth the last three to four years The health care specialty occupations expected to grow considerably are radiological technologists and technicians, dental assistants and RNs * According to the California Hospital Association (CHA) report titled, Critical Roles California's Allied Health Workforce, in the coming decades, as health professionals will be required to have a more complex set of skills, education and training programs need to evolve and innovate in order to meet the current skill demands of health employers * According to the same report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in hospitals in California each year, gaining valuable work experience and career exposure Objectives * Provide obstetrical, gynecological and neonatal education and training for health care professionals * Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community * Provide education and training for students interested in health care careers FY 2014 Report of Activities In FY 2014, SMBHWN served as a training site for more than 220 interns, residents, educators and student nurses in the following specialized areas paramedics, social work, pharmacy, lactation, childbirth, obstetrics and gynecology (OB/GYN), labor and delivery, neonatal, and perioperative nursing Nearly 200 student nurses spent more than 14,000 hours at SMBHWN during the fiscal year, while ancillary students spent approximately 7,200 hours on the campus Academic institution partners included Azusa Pacific University (APU), California Northstate University, University of San Diego (USD), Point Loma Nazarene University (PLNU) </p>

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Form 990, Part III, line 4a (continued)		<p>), San Diego State University (SDSU), Southwestern College (SWC), Concorde Career College, Grossmont College (GC), Grossmont Health Occupations Center, Pima Medical Institute (PMI) , San Diego City College, Touro University, Western University, and University of California, San Diego (UCSD) SMBHWN leadership also reached approximately 70 USD nursing students through an educational lecture on the value of education in career advancement In FY 2014, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as AWHONN, CWISH, ANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the Best Fed Beginnings Learning Collaborative SMBHWN provided presentations at local, state and national conferences and events, including a poster presentation on the Neurological-Intensive Care Nursery (NICN) at the 11th annual National Advanced Practice Neonatal Nurses Conference, a poster presentation titled, Creating a Peaceful Postpartum Experience, at the 36th annual ACNL Conference, a guest lecture titled Is Your Bedside Care Defensible at the inaugural Scripps Mercy Hospital Perinatal Symposium, as well as a national webinar presentation to hospital physicians and nurses on the provision of safe bedside obstetrical care Education and training was also provided to hundreds of local and national health care providers, including education on evidence-based practices to community nurses interested in entering the obstetrical field, and training to prepare San Diego paramedics to safely assess and treat obstetrical trauma patients In FY 2014, SMBHWN completed its seventh year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to 9th through 12th grade students SMBHWN provided 12 students with professional development opportunities at the hospital During a 16-week period, students rotated through a variety of hospital areas, including labor and delivery , maternal and infant services, post-anesthesia care unit (PACU), women and children's unit (WACU), and patient transporter services Students learned about education and job requirements, as well as career ladder development FY 2015 Plan SMBHWN will do the following</p> <ul style="list-style-type: none"> * Continue to serve as a training site for interns, residents, educators and student nurses * Continue to participate in local and national collaboratives to learn and share specialty expertise * Continue to participate in the HSHMC program * Offer Continuing Medical Education (CME) opportunities to community clinicians SMBHWN Program and Service Highlights * Cord Blood Banking * Doula program * Gynecologic oncology * Lactation services * Labor and delivery * Level III Neonatal Intensive Care Unit (NICU) * Maternal Infant Services Unit * Mother's Milk Depot * Neonatal Research Institute * New Beginnings Boutique & Gift Shop * Obstetrical and women's triage services * Parent education programs * Perinatal Special Care Unit (High-Risk Pregnancy Care) (PSCU) * Prenatal Diagnostic Center * Robotic gynecologic surgery * Spiritual care and education, including Arts for Healing Program * Teen pregnancy program * Women's and infants' pathology services * Women's education programs * Women's surgery services

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Form 990, Part III, line 4a (continued)		<p>Section 6 Sharp Memorial Hospital FY 2014 Community Benefit Program Highlights Sharp Memorial Hospital (SMH) provided a total of \$126,648,487 in community benefit in FY 2014 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Memorial Hospital - FY 2014 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2014 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms - \$35,013,334 Shortfall in Medicare - \$71,495,908 Shortfall in San Diego County Indigent Medical Services - \$3,770,494 Shortfall in CHAMPVA/TRICARE - \$860,620 Charity Care and Bad Debt - \$12,645,383 *Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy - \$711,595 *Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$530,820 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$1,620,333 TOTAL - \$126,648,487 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, Project HELP, contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, osteoporosis, depression, blood pressure, heart disease, nutrition, body mass index (BMI), hearing, balance, and diseases or disorders of the hands, such as arthritis and tendonitis, the SMH Cancer Institute Patient Navigator program- including breast, lymphomas, head, neck, lung, colon, rectal, renal, prostate, gynecological and all other cancers, and flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Senior Health Centers SMH donated meeting room space to community group and collaborated with local schools to promote interest in health care careers SMH staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), the American Heart Association (AHA), Health Sciences High and Middle College Board, American College of Healthcare Executives (ACHE), San Diego Organization of Healthcare Leaders (SOHL), Association of California Nurse Leaders (ACNL), Association of periOperative Registered Nurses (AORN), American Association of Critical-Care Nurses (AACCN), Sigma Theta Tau International Honor Society of Nursing, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurses' Advisory Board, Emergency Nurses Association - San Diego Chapter, YMCA, Association for Clinical Pastoral Education (ACPE), Community Health Improvement Partners (CHIP), Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego Emergency Medical Care Committee (EMCC), San Diego County Stroke Consortium, San Diego Blood Bank, San Diego Healthcare Disaster Council, Gary and Mary West Senior Wellness Center, Caregiver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC) See Appendix A for a listing of Sharp's community involvement The category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education, and Training Programs included education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community Definition of Community * Sharp Memorial Hospital is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (the Pavilion) is located at 3075 Health Center Drive in San Diego, ZIP code 92123 SMH serves the entire county of San Diego, however the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernard</p>

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Form 990, Part III, line 4a (continued)		<p>o For SMH's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Tru ven Health Community Need Index (CNI) was utilized to identify vulnerable communities with in the county. The CNI identifies the severity of health disparity for every ZIP code in t he United States (U S) based on specific barriers to health care access including educati on, income, culture/language, insurance and housing. As such, the CNI demonstrates the lin k betw een community need, access to care, and preventable hospitalizations. According to Dignity Health's CNI, communities served by SMH with especially high-need include but are n ot limited to East San Diego, City Heights, North Park, the College Area and Dow ntow n San Diego. Description of Community Health In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011- failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regardi ng eligibility for Medi-Cal Healthy Families. In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of th ese adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Furth er, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure. Table 2. Health Care Access in SDC, 2011. Description Rate Year 2020 Target *Current Health Insurance Coverage Children 0 to 11 Years 93.8% 100% Children 12 to 17 Years 93.5% 100% Adults 18 + Years 81.3% 100% *Regular Source of Medica l Care Children 0 to 11 Years 98.1% 100% Children 12 to 17 Years 82.2% 100% Adults 18 + Ye ars 85.6% 89.4% *Not Currently Insured Adults 18 to 64 Years 17.7% Source: 2011-2012 Calif ornia Health Interview Survey (CHIS) Table 3. Medi-Cal (Medicaid)/Healthy Families Eligibi lity, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011. Description/Rate Medi-Cal Eligible - 6.9% Healthy Families Eligible - 0.4% Not Eligible - 92.6% Source: 2011-2012 CH IS. Cancer and heart disease were the top two leading causes of death in SDC. See Table 4 f or a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMH, please refer to the SMH 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments Table 4. Leading Causes of Death in SDC, 2012. Cause of Death Number of Deaths Percent of Total Deaths Malignant neoplasms 4,958 24.8% Disease of heart 4,626 23.1% Alzheimer's disease 1,163 5.8% Chronic lower respiratory diseases 1,029 5.1% Cerebrovascular diseases 1,003 5.0% Accidents (unintentional injuries) 989 4.9% Diabetes mellitus 652 3.3% Intentional self-harm (suicide) 408 2.0% Chronic liv er disease and cirrhosis 354 1.8% Essential (primary) hypertension and hypertensive renal disease 332 1.7% Influenza and pneumonia 303 1.5% Parkinson's disease 264 1.3% Pneumonitis due to solids and liquids 147 0.7% Septicemia 129 0.6% Neoplasms - in situ, benign or unk now n behavior 124 0.6% All other causes 3,537 17.7% Total Deaths 20,018 100.0%</p>

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Form 990, Part III, line 4a (continued)		<p>Source County of San Diego Health and Human Services Agency (HHS), Public Health Services, Epidemiology & Immunization Services Branch Community Benefit Planning Process In addition to the steps outlined in Section 3 regarding community benefit planning, SMH * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SMH 2013 CHNA In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities Through the SMH 2013 CHNA, the following priority health needs were identified for the communities served by SMH (in alphabetical order) * Behavioral Health (Mental Health) * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health (including end-of-life care) In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease (as part of health education and wellness, includes stroke), diabetes and senior health SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC Please see the SMBHWN section of this report for details on SMBHWN's activities that address this identified community need Obesity is addressed through general nutrition and exercise education and resources provided at SMH, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs In addition, through further analysis of SMH's community programs and consultation with SMH's community relations team, this section also addresses the following priority health needs for community members served by SMH * Health education and wellness * Cancer education and patient navigator services * Prevention of unintentional injuries * Health professions education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved patients with complex medical needs For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities</p> <p>Identified Community Need Diabetes Education and Screening Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2013 CHNA identified diabetes as one of six top priority health issues for community members served by SMH * The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC * Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC (City Heights, National City, etc) * Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type 2 diabetes * According to data presented in the SMH 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the U.S (Centers for Disease Control and Prevention, 2011) * In 2012, diabetes was the seventh leading cause of death for SDC residents * In 2012, there were 652 deaths due to diabetes in SDC overall, while the age-adjusted death rate due to diabetes was 20.3</p>

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Form 990, Part III, line 4a (continued)		<p>per 100,000 population, both higher than the number and rate of deaths due to diabetes in 2011 * In 2012, there were 4,245 hospitalizations due to diabetes in SDC, while the rate of hospitalizations for diabetes was 133.2 per 100,000 population, both higher than the number and rate of hospitalizations due to diabetes in 2011 * In 2012, there were 4,508 diabetes-related Emergency Department (ED) visits in SDC, while the rate of diabetes-related ED visits in SDC was 142.6 per 100,000 population, both higher than the number and rate of diabetes-related ED visits in 2011 * According to the California Health Interview Survey (CHIS), in 2011 7.8 percent of adults living in SDC indicated that they were ever diagnosed with diabetes * According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHSA), the most common risk factors associated with Type 2 diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol * The 2014 National Diabetes Statistics Report from the Centers for Disease Control (CDC) reports that there are 21 million people in the U.S. diagnosed with diabetes * According to the American Diabetes Association (ADA), in 2012 the prevalence of diabetes in the U.S. was 29.1 million, or 9.3 percent of the population. The incidence of diabetes in 2012 was 1.7 million new diagnoses * According to the ADA, in 2012 the total cost of diagnosed diabetes in the U.S. was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced productivity. Objective * Provide diabetes education and screening in the central and north central regions of SDC. FY 2014 Report of Activities. The SMH Diabetes Education Program is recognized by the ADA and meets national standards for excellence and quality in diabetes education. In FY 2014, the SMH Diabetes Education Program conducted three blood glucose screenings at events in the community, including a health fair for seniors at the Point Loma Community Presbyterian Church, the Celebrando Latinas Conference at the Hilton San Diego Bayfront and December Nights in Balboa Park, reaching more than 750 community members. The SMH Diabetes Education Program screened more than 200 people through these events and identified 34 attendees with elevated blood glucose levels. Of these identified individuals, 30 did not have a pre-existing diagnosis of diabetes. The SMH Diabetes Education Program also provided a diabetes lecture to 25 senior community members at the Gary and Mary West Senior Wellness Center in downtown San Diego, entitled Are You at Risk for Diabetes? The SMH Diabetes Education Program is actively involved with San Diego's renal health community. The SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease, as well as members of the professional health care community.</p>

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	<p>Form 990, Part III, line 4a (continued)</p>	<p>At the Sharp Women's Health Conference, the Sharp HealthCare (SHC) Diabetes Education Program provided resources on diabetes management and nutrition. The SHC Diabetes Education Program continued to support the ADA's Step Out Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation. Also in FY 2014, the SHC Diabetes Education Program submitted abstracts and poster presentations to national conferences on various topics, including the safe and effective use of insulin, designing and implementing Glucometrics (measures that assess the success of inpatient glucose management), and predictors of poor blood glucose control for hospitalized diabetic patients. FY 2015 Plan SMH Diabetes Education Program will do the following:</p> <ul style="list-style-type: none"> * Provide diabetes education at various community venues in SDC * Continue to support ADA's Step Out Walk to Stop Diabetes * Keep current on resources to provide community members support of diabetes treatment and prevention * Develop relationships with community clinics to provide education and resources to community members * Explore partnerships with YMCAs in the north central region to provide education and resources to community members <p>Identified Community Need: Education, Support and Screening for Stroke. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * The SMH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of six top priority health issues for community members served by SMH. * The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC (including cerebrovascular disease/stroke). * In 2012, heart disease was the second leading cause of death and cerebrovascular disease was the fifth leading cause of death for SDC overall. Together, these conditions were responsible for nearly 30 percent of deaths in SDC. * In 2012, there were 1,003 deaths due to stroke in SDC and the age-adjusted death rate due to stroke was 30.3 per 100,000 population, lower than the HP 2020 target of 33.8 deaths per 100,000. * In 2012, there were 6,725 hospitalizations for stroke in SDC, with an age-adjusted rate of 212.3 per 100,000 population. * In 2012, there were 1,789 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 56.9 per 100,000 population. <p>* If no changes are made in risk behavior, based on current disease rates it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHS. * According to the same report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes. * According to the Centers for Disease Control and Prevention (CDC), stroke is the fourth leading cause of death in the U.S. and a major cause of adult disability. About 800,000 people in the U.S. have a stroke each year. Some stroke risk factors cannot be controlled, such as heredity, age, gender, and ethnicity. Others are able to be controlled, such as avoiding smoking and drinking too much alcohol, eating a balanced diet, and exercising (CDC, 2014).</p> <p>Objective: * Provide stroke education, support and screening services for the central region of SDC. FY 2014 Report of Activities Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2013). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke, and the Target Stroke Honor Roll Quality Achievement Award. The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA's Target Stroke Honor Roll Quality Achievement Award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients. In collaboration with the SMH Senior Resource Center, the SMH Stroke Program provided a presentation and screening at Point Loma Community Presbyterian Church to 25 community members titled Stroke Is a Brain Attack. During the event, a neurologist discussed stroke prevention and warning signs, and community members received magnets with the acronym F.A.S.T. (Face, Arms, Speech and Time) to help them recognize the sudden signs of stroke and act accordingly. In May, Sharp's system-wide stroke program participated in Strike Out Stroke Night at the Padres. This annual event, organized by the San Diego County Stroke Consortium, County of San Diego Health and Human Services Agency (HHS).</p>

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Form 990, Part III, line 4a (continued)		<p>A), the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game. Stroke education was displayed on the Ju mboTron throughout the evening to a crowd of more than 27,700 community members. Throughout FY 2014, the SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills, adjustment, family and intimacy, work and school re-entry, and support. SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. In FY 2014, SMH collaborated with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry. FY 2015 Plan SMH Stroke Center will do the following:</p> <ul style="list-style-type: none"> * Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults * Provide a community presentation featuring a Sharp physician on stroke education and prevention during Stroke Month (May) * Provide education for individuals with identified stroke risk factors * Participate with other SDC hospitals in the San Diego County Stroke Consortium * Collaborate with the state of California to develop a Stroke Center Registry * Continue to offer stroke support groups through SMH Rehabilitation Services <p>Identified Community Need: Health Education, Screening and Support for Seniors. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * The SMH 2013 CHNA identified senior health as one of six top priority health issues affecting members of the communities served by SMH. * Findings presented in the 2013 SMH CHNA revealed the following health conditions as chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment), and mobility issues (falls and resulting immobility). In addition, health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were also listed. * In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top priority health conditions within SDC hospitals. * Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC. * In SDC in 2012, there were 374,535 residents (11.91 percent of the population) ages 65 years or older. This number is expected to nearly double by the year 2030 to 723,572. * In 2012, the leading causes of death among senior adults ages 65 years and older in SDC were cancer, heart disease, chronic lower respiratory diseases, diabetes, stroke, unintentional injuries, chronic liver disease and cirrhosis, Alzheimer's disease, Parkinson's disease, hypertension and hypertensive renal disease, influenza and pneumonia, and septicemia.

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	<p>Form 990, Part III, line 4a (continued)</p>	<p>* In 2012, influenza ranked as the 11th leading cause of death in all regions of SDC * In 2011, rates of hospitalization among senior adults ages 65 years and older in SDC were higher than the general population due to coronary heart disease, stroke, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), overall cancer and arthritis In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC * In 2011, 108,853 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents ED discharge and hospitalization rates both increased with age * In 2011, the top three causes of ED utilization among persons ages 65 years and older were falls, diabetes and stroke * According to data in the San Diego County Senior Health Report Update and Leading Indicators, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and Alzheimer's disease, cancer and heart disease In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHSA, 2013) * According to the San Diego County Senior Falls Report, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHSA, 2012) * In 2011, 68,817 calls were made to 911 for seniors in need of pre-hospital care in SDC, representing a call for one out of every five seniors * The CDC recommends annual vaccination against influenza for the following people ages 50 and older, adults and children with a chronic health condition, children ages six months to 19 years, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than age five * Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers * There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC) (AARP Public Policy Institute, 2007) * While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities (AARP Public Policy Institute, Valuing the Invaluable, Updated November 2012) * One in five caregivers report having had training, but seek additional resources Nearly 78 percent report needing more help and information with at least 14 specific topics related to caregiving, and caregivers in high burden situations are more likely to seek help The top four topics of concern to caregivers are keeping their loved one safe, managing their own stress, finding easy activities to do with their care recipient, and finding time for themselves (The National Alliance for Caregiving and AARP (2009), Caregiving in the U.S., Bethesda, MD National Alliance for Caregiving Washington, D.C., 2012) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations * Provide health education materials at seasonal flu clinics, as well as information about additional Sharp Senior Resource Center programs * Provide education and community resources to family caregivers FY 2014 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them - through phone and in-person consultations - to a variety of free and low-cost programs and services The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals, and caregiver resources The SMH Senior Resource Center develops and mails quarterly calendars that highlight its programs and services to more than 3,000 households in San Diego In addition, the SMH Senior Resource Center distributed nearly 2,000 Vials of Life in FY 2014 - providing critical medical information to emergency personnel for seniors and disabled people living in their homes In FY 2014, the SMH Senior Resource Center provided 35 free health education programs to nearly 800 seniors, caregivers and loved ones of the elderly Programs were presented by various professionals including physical therapists, speech therapists, a psychologist,</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>a physician, an audiologist and an attorney, as well as experts from community organizations. Health education topics included arthritis, diabetes, fall prevention, nutrition, vision loss, Parkinson's disease, Alzheimer's disease, driving and dementia, financial issues, caregiver resources, maintaining a healthy voice, brain health, Medicare, addressing behavior issues, stress management, hearing loss, advance care planning, lower back pain and stroke warning signs and risk factors. Educational programs were offered at Sharp HealthCare administrative office locations, the Peninsula Family YMCA, Point Loma/Hervey Branch Library, Point Loma Community Presbyterian Church and the Sharp Senior Health Center in Claremont. The SMH Senior Resource Center provided health screenings at eight community health fairs and events, serving nearly 90 members of the senior community. Screenings included stroke, diabetes, hearing and hand mobility (arthritis, carpal tunnel, trigger finger, etc.) as well as medication review, in which a pharmacist reviewed attendees' medications and answered questions to support proper medication management. As a result of these screenings, approximately 40 community members were referred to physicians for follow-up care. In addition, free monthly blood pressure screenings were offered, serving nearly 500 members of the senior community. As a result of the blood pressure screenings, more than 50 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA, the War Memorial building at Balboa Park and various other community health fairs and special events. The SMH Senior Resource Center participated in 12 community events in FY 2014, including health fairs, conferences and seminars that reached more than 1,430 attendees. Health fairs included the Sharp Senior Resource Center Fair at the Point Loma Community Presbyterian Church, the Health Fair at the Pacific Beach/Taylor Branch Library, California Telephone Access Program (CTAP) Resource Fair, the San Diego Community Action Network (SanDi-CAN) Wellness & Resource Expo and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Senior Resource Fair. At the CTAP Resource Fair, free phones were provided to people with disabilities including difficulty hearing, speaking, moving, seeing and remembering or interpreting information. The eighth annual Senior Resource Fair at the San Diego LGBT Community Center focused on older adult health and well-being. The theme was Living Longer, Growing Stronger, and included resources and blood pressure screenings provided by the SMH Senior Resource Center. The SMH Senior Resource Center also participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center that provides information, referrals, transportation and outreach to seniors in Point Loma. The SMH Senior Resource Center, the Alzheimer's Association and the Department of Motor Vehicles also provided an Aging and Driving seminar at the Point Loma/Hervey Branch Library. The free event educated participants on how to address the topic of driving with loved ones who are exhibiting early signs of dementia, including how to identify the warning signs of unsafe driving practices, and how to successfully ease the transition for themselves or their loved ones from driver to passenger.</p>

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Form 990, Part III, line 4a (continued)		<p>The SMH Senior Resource Center also coordinated notification of the availability and provision of seasonal flu vaccines for seniors and high-risk adults in a variety of community settings through activity reminders, collaborative outreach conducted by the flu clinic site, both paper and electronic newspaper notices and via Sharp.com. In FY 2014, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored eight community seasonal flu clinics, serving nearly 550 seniors and others with chronic illness. Seasonal flu clinics were held at the Sharp Senior Health Centers, the Senior Health Fair at Point Loma Community Presbyterian Church, the Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), Potiker Family Senior Residence, City Heights Senior Living, Norman Park Senior Center and the Gary and Mary West Senior Wellness Center. At many of these community sites, the SMH Senior Resource Center also provided their activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, Vials of Life and other community programs for seniors. In FY 2014, the SMH Senior Resource Center participated in the County of San Diego Aging and Independence Services (AIS) 2014 Aging Summit: Creating a Safe and Caring Community. Held at the Town & County Resort & Convention Center, the conference focused on safety and caregiving, specifically regarding Alzheimer's disease and other dementias. Other topics included, but were not limited to self-defense, financial planning, disaster preparedness, helping the caregiver, finding the best long-term care, how technology can keep you safe and easing the burden of Alzheimer's disease. The SMH Senior Resource Center provided a resource booth at the event with information on Vials of Life, screening events and other Sharp Senior Resource Center programs for seniors and caregivers. In honor of October's California Health Care Decisions Week, the SMH Senior Resource Center participated in the SanDi-CAN end-of-life conference at Balboa Park titled Navigating End-of-Life Decisions: Planning Ahead. Crucial Conversations. Approximately 115 community members attended the free conference, where they received education on how to make educated and informed health care decisions from a variety of end-of-life care professionals. The conference focused on assistance for community members to plan ahead regarding burial, advance directives and financial management. In May, the SMH Senior Resource Center participated in a conference for seniors and caregivers titled Recognizing and Responding to Elder Abuse, held at Balboa Park's War Memorial Building. The conference included a resource fair and education on understanding elder abuse, manipulation, internet and social media, dating websites and recognizing and responding to scams and identity theft. In April, the SMH Senior Resource Center partnered with Sharp Hospice Care to provide a conference for seniors and their families on how to approach aging from a healthy perspective. The conference, titled Aging: Planning and Coping, was held at the La Mesa Community Center and reached approximately 110 community members. The conference provided education on a variety of topics, including chronic care management, geriatric frailty and warning signs for specific chronic diseases, when to access care, advance care planning, understanding available resources, coping with life's transitions, and healing touch for self-care. The conference included educational presentations by a physician, psychologist and advance care planning specialist, as well as education from other experts in the field of aging and health care to help seniors effectively navigate their later years. The conference also offered free health and mental health screenings, advance care planning consultations and resource tables. Sharp Senior Health Centers are committed to providing outreach and serving underserved seniors in the downtown area. Through educational presentations, Sharp Senior Health Centers are able to connect with and provide services to highly vulnerable seniors who need care, education and support. Throughout FY 2014, Sharp Senior Health Centers provided health education to approximately 100 seniors in the community, covering topics such as advance directives, Medicare, Medi-Cal, Vials of Life, Cal MediConnect, and depression during the holidays. Health education was provided at the Potiker Family Senior Residence and through a Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center. The Speaker Series provided information on topics such as healthy eating for diabetics, senior safety in the city, fall prevention, depression awareness and senior website training, as well as two cooking classes to demonstrate how seniors can cook healthy on a budget and reached approximately 200 members of the senior community. Sharp Senior Health Centers participated in numer</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>ous community events in FY 2014, providing education and resources to approximately 500 attendees. Events took place at the Senior of Today Conference in Balboa Park, the Aging Planning and Coping Conference at Point Loma Community Presbyterian Church, the SanDie-CAN Navigating End-of-Life Decisions Planning Ahead Crucial Conversations Conference, Live Well San Diego, the San Diego County Council on Aging (SDCCOA), and the Third Avenue Charitable Organization (TACO) in Downtown San Diego, which provides free medical, acupuncture, dental and legal clinics to those in need. Throughout the year, both the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations including the Gary and Mary West Senior Wellness Center, Peninsula Shepherd Senior Center, Serving Seniors (formerly Senior Community Centers of San Diego), Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San Diego, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, SanDie-CAN, SDC COA, Aging and Disability Resource Connection and the Health Insurance Counseling and Advocacy Program (HICAP) - ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Sharp Senior Health Centers' collaboration with HICAP included the provision of bi-weekly counseling and education by a HICAP representative to community members at the Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns. FY 2015 Plan The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:</p> <ul style="list-style-type: none"> * Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention * Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screenings annually * Produce and distribute quarterly calendars for approximately 3,000 San Diego households highlighting events of interest to seniors and family caregivers * Continue support of the Vials of Life program through distribution of 2,000 vials to seniors in the community * Participate in community health fairs and conferences, including the SanDie-CAN End-of-Life Conference * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma * Provide an Aging and Driving program in collaboration with the Alzheimer's Association and the Department of Motor Vehicles * Provide seasonal flu vaccinations to the community as funding allows * Maintain active relationships with other organizations serving seniors in SDC, Point Loma, the county's north central and central regions, and downtown San Diego * Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center * Explore collaboration with the Gary and Mary West Senior Community Center and West Health Institute (WHI) to conduct research that measures the clinical effectiveness of comprehensive long-term care coordination for high-risk seniors. <p>Identified Community Need: Health Education and Wellness</p>

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Form 990, Part III, line 4a (continued)		<p>Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SMH * According to data presented in the SMH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke Additional risk factors include alcohol use, obesity, diabetes, and genetic factors About half of Americans (49 percent) have at least one of these three risk factors * The HASD&IC 2013 CHNA process identified the following among top priority health conditions in SDC hospitals diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease, and respiratory diseases * Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health Participants in community forums held in Oceanside and Escondido also recommended health screenings * Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (City Heights, National City, etc) * In 2012, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fifth leading cause of death for SDC Together, these conditions were responsible for nearly 30 percent of deaths in SDC * In 2012 , the number of arthritis-related hospitalizations in SDC totaled 10,241, an age-adjusted rate of 323.2 per 100,000 population * In 2012, females in SDC had a higher ED discharge rate for arthritis-related diagnosis than males (579.9 and 459.7 per 100,000 population, respectively) Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons 65 and older had higher ED discharge rates for arthritis-related diagnosis than other persons * According to the CDC, arthritis is the nation's most common cause of disability An estimated 52.5 million U.S. adults (more than one in five) report doctor-diagnosed arthritis As the U.S. population ages, the se numbers are expected to increase to 67 million by 2030, and more than one-third of these adults will report arthritis-attributable activity limitations (CDC, 2012) * According to the National Institutes of Health (NIH), more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014) * According to 2011 data from the CHIS, the self-reported obesity rate for adults ages 18 and older in SDC was 22.1 percent * In 2011, 12.1 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2011) * According to the CDC, obesity increases the risk of many health conditions, including coronary heart disease, stroke, high blood pressure, Type 2 diabetes, various cancers, high total cholesterol, high levels of triglycerides, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, mental health conditions and reproductive health complications such as infertility (CDC, 2011) * According to the CDC, obesity -related conditions include heart disease, stroke, Type 2 diabetes, and certain types of cancer These are some of the leading causes of preventable death The CDC reports that approximately 34.9 percent of U.S. adults are obese Objectives * Coordinate and host a variety of health education and wellness offerings for the community * Participate in community -sponsored events and support nonprofit health organizations FY 2014 Report of Activities The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of community health education classes and support groups In FY 2014, classrooms were booked for approximately 2,000 hours, serving nearly 10,000 community members Educational classes served nearly 5,800 students, and included topics such as integrative medicine and holistic healing (acupuncture, massage, meditation, stress reduction, etc), healing touch for caregivers, Reiki (stress reduction and relaxation technique), Qi Gong, laughter yoga, diabetes, cancer, parenting and childbirth, hip and knee joint replacement, arthritis and senior issues such as Medicare and fall prevention Various support groups were also provided at SMH, including groups for cancer, bereavement, disability, stroke, heart transplantation, heart failure,</p>

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Form 990, Part III, line 4a (continued)		<p>and needs of new mothers and families. The groups provided an opportunity for community members facing similar challenges to come together and share their personal experiences and advice for coping. In FY 2014, more than 4,000 community members received valuable resources and comfort through support groups at SMH. Sharp Rehabilitation Services (Sharp Rehab) also offered Women on Wheels (WOW) on the Sharp Metropolitan Medical Campus (SMMC). WOW strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. The group met monthly at the SMH Rehabilitation Center where women gathered to share thoughts and emotions about their current life challenges, victories and visions. WOW also arranged special outings in FY 2014, including a tour of the San Diego Watercolor Museum, birthday lunches and a summer party, among other activities. WOW hosted the annual Lois Herr Luncheon in honor of their group member, Lois Herr, a proud and passionate woman who suffered a spinal cord injury (SCI) and passed away in 2001. Supported by the Herr family, the luncheon paid tribute to Lois who had a difficult time after her SCI, but found great support through WOW. Forty-five support group members, family, friends and other members of the community attended the luncheon. WOW is facilitated by two experienced Sharp Rehab social workers and included 75 participants in FY 2014. With a network of more than 170 disabled women and community partners, WOW is the only support group strictly for women with disabilities in the San Diego area. Sharp Rehab also offered the Support Group for Men with SCI on the SMMC throughout the year. This group provided emotional support through monthly meetings, guest speakers and special outings, including a trip to a Padres game. Group members also offered their own peer support to patients with recent injuries. Led by a Sharp Rehab social worker, the Support Group for Men with SCI included approximately 40 meeting attendees in FY 2014, as well as an additional 80 community members involved through an electronic resource and support network. Sharp Rehab also provided the Sharp Players weekly support group to approximately 25 members with a range of conditions including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. The Sharp Players use a drama-focused approach to facilitate emotional healing and support. In FY 2014, the group provided eight performances for approximately 300 community members at senior centers, retirement homes, and other community organizations in SDC. Sharp Rehab staff also devoted their time to the HeadNorth organization, providing support and guidance to survivors of SCI.</p>

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Form 990, Part III, line 4a (continued)		<p>The Pavilion also offers the Community Health Library at the Cushman Wellness Center. The library features DVDs, CDs, books, pamphlets and access to the Internet to help patients and community members locate reliable health information in various languages. The Community Health Library is led by a consumer health librarian with a specialty in community health, as well as a store manager with expertise in health-related gifts, assisted devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion. In FY 2014, 450 newsletters were mailed and 150 newsletters were electronically delivered to community members each quarter. The library also collaborates with and provides resources to all Sharp entities. Community members can also learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage. In FY 2014, outreach to the local community was a high priority. The consumer health librarian presented on health literacy topics to approximately 3,000 people at a variety of community organization sites, health fairs and events. This included talks with seniors through Jewish Family Service of San Diego and the Sharp Senior Health Center Downtown regarding how to partner with their doctors in their own medical care, how to prepare for an appointment with their doctor, and identifying reliable health websites, a nutrition lesson on ChooseMyPlate.gov for Girls with Goals to educate elementary and middle school females about the five food groups that make up the building blocks for a healthy diet, and the provision of health literacy information at the annual San Diego Earth Fair at Balboa Park, the San Diego Steps 4 Health Family Fun Day & Health Fair, the annual Sharp Women's Health Conference, and the 25th annual Women's Resource Fair hosted by the San Diego Volunteer Lawyer Program. The Women's Resource Fair is a unique event designed to provide women, children and teens in need with resources and services including applying for public benefits, confidential legal assistance, job skills, education and employment counseling, self-defense, mental health services, personal care and more. During this event, the consumer health librarian provided health resources to attendees who often lack the internet access needed to obtain such information. SMH also provided first-aid booths, health screenings and health information at numerous community-sponsored health fairs and events, including the Rock 'n' Roll Marathon, the Healthy Living Festival, Touch a Truck at Qualcomm Stadium, San Diego Earth Fair, San Diego Crew Classic, December Nights, the AHA Heart & Stroke Walk, and Finish Chelsea's Run. Various hospital departments also provided health services and education at Sharp's annual Women's Health Conference, including but not limited to breast self-exam demonstrations, genetics and nutrition information, chair massage, acupuncture, sleep apnea assessment, pre-osteoporosis heel bone density scans, and bone health education on calcium and vitamin D requirements, exercise, and treatment and prevention. In addition, SMH provided coordination, support and related fundraising activities for various nonprofit organizations in FY 2014, including the AHA Heart & Stroke Walk, Susan G. Komen Race for the Cure, and the San Diego Blood Bank (through quarterly blood drives). To support families with children who have a loved one in the medical intensive care unit (MICU), the SMH Community Health Library created and piloted a booklet titled You Are Important! Children Visiting in the Medical Intensive Care Unit. Using colorful illustrations and age-appropriate language, the booklet helps parents prepare their children to feel more comfortable about visiting their loved one in the hospital, and for children who are not visiting the hospital to understand what is happening to their loved one. The booklet is also a helpful resource for clinical staff who interact with children visiting patients' rooms. FY 2015 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide health education and wellness classes on a variety of topics to community members * Continue to host community support groups on a variety of topics, including cancer, bereavement, disability, stroke, heart transplantation, heart failure and needs of new mothers and families * Develop and coordinate quarterly calendars and newsletters of community health education and screening events * Continue to partner with local and national organizations to increase health literacy in the community * Continue to increase awareness of the Community Health Library and its resources * Continue to provide and participate in community events to provide health information, education, first-aid and health screenings as requested

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Form 990, Part III, line 4a (continued)		<p>by community partners * Provide coordination, support and fundraising-related activities for local nonprofit organizations * Explore opportunities to collaborate with community organizations to educate community members about patient rights and responsibilities Identified Community Need Cancer Education and Patient Navigator Services Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals * Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health * In 2012, cancer was the leading cause of death for SDC residents, responsible for nearly 25 percent of deaths * In 2012, there were 4,958 deaths due to cancer (all sites) in SDC The age-adjusted death rate due to cancer was 158.3 deaths per 100,000 population in SDC * From 2010 to 2012, cancer was the leading cause of death in SDC, responsible for 24.7 percent (or 14,618) of deaths overall * According to the California Cancer Registry (CCR) 2014 report, California Cancer Facts & Figures, in 2014 the predicted number of new cancer cases for all sites in SDC was 13,455 Expected cancer deaths in SDC for 2014 are predicted to be 4,815 * Cancer diagnoses in SDC, for the top cancer sites, decreased 1.3 percent from 2006 through 2010 Despite the overall decrease, breast, brain and other nervous system tumor diagnosis saw noticeable increases By 2018, total cancer cases in the county are expected to grow by 11.7 percent (CCR, 2013, Truven Health Analytics Market Discovery Planning) * According to the 2011 Susan G Komen for the Cure San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California In addition, of the estimated 12,490 new cases of all cancers in SDC for 2011, an estimated 15.7 percent (1,960) were breast cancer San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000) * In SDC, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G Komen for the Cure San Diego Affiliate Community Profile Report In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening</p>

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Form 990, Part III, line 4a (continued)		<p>* According to the same report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall. * Between 2006 and 2010, the female breast cancer incidence rate for women in California was 122.1 new cases per 100,000 women per year. Non-Hispanic white women experienced the highest incidence rate at 141.3 new cases per 100,000 women per year (CCR, 2013). * The breast cancer mortality rate between 2006 and 2010 for women in California was 21.8 deaths per 100,000 women per year (CCR, 2013). * According to the CDC, observational studies have shown that patient navigation in complex health systems leads to more complete, timely breast cancer care and earlier stage at diagnosis. Emerging evidence from randomized controlled trials supports this intervention in high-risk populations. * According to the CDC, cancer survivors face many physical, emotional, social, and financial problems as a result of their cancer diagnosis and treatment. Cancer survivorship affects not only the cancer patient, but also family members, friends, and neighbors who often help with daily tasks. * According to the American Cancer Society (ACS), a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the US in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (ACS, 2014). * Healthy People 2020 has multiple objectives for reducing various cancer types, with an overall cancer death rate reduction goal of 10 percent, from 179.3 cancer deaths per 100,000 in 2007 (age-adjusted to 2,000 standard population) to 161.4 deaths per 100,000 population. * According to a 2014 report from the American Cancer Society (ACS), California Cancer Facts & Figures, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous growth are known to reduce mortality for cancers of the cervix, colon, and rectum. Five year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began. Objective * Provide cancer education, support services and patient navigation to the community. FY 2014 Report of Activities. In FY 2014, the SMH Cancer Institute offered a variety of educational classes and support groups, and participated in numerous community events in support of community members impacted by cancer. Approximately 2,600 community members, patients and families were reached through these efforts. Educational classes in FY 2014 reached about 1,300 patients and community members, including a Food for Life Cooking Series, Nutrition and Cancer, Breast Cancer Education, Ovarian Cancer Education, Cancer and Genetics, Exercise and Stress Management, Cancer and the Arts, Healthy Steps, a weekly exercise class focused on gentle, therapeutic exercises using the Lebed method to aid the lymphatic system and improve overall strength and flexibility, and a monthly Cancer Lunch and Learn series for individuals and families impacted by cancer, including what to expect following cancer diagnosis and treatment and family survivorship. The Cancer Institute also held two lymphedema seminars in FY 2014 providing community members with education on risk factors, steps for prevention and next steps for dealing with lymphedema. Uninsured participants at risk for or suffering from lymphedema were referred to appropriate preventive services as well as community resources for need-based compression sleeves and gauntlets. The SMH Cancer Institute provided a variety of cancer support groups reaching more than 300 patients and community members in FY 2014. Support groups included Women's Cancer, Life After Cancer, Living with Advanced Cancer, Care Partner, a support group specifically for friends and family members of cancer patients, and the Young Patient support group, the only support group in San Diego for young adult men and women with cancer. In November, a special Coping with Cancer Through the Holidays presentation was offered for community members, including understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief and reviving hope. The SMH Cancer Institute's licensed clinical social worker (LCSW) also offers free psychosocial and emotional support to family members of cancer patients, serving approximately 2,300 patients and family members through this service in FY 2014. Throughout the year, the SMH Cancer</p>

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Form 990, Part III, line 4a (continued)		<p>Institute both hosted and participated in a variety of community events, providing cancer education and resources to more than 1,000 community members. For three days in May, staff celebrated National Cancer Survivorship Day with an informational table at the Pavilion, providing giveaways and information about the free community classes offered by SMH to those with cancer. Staff also participated in the San Diego State University (SDSU) Health Fair, the San Diego Crew Classic, the ACS Gala at the Grand Del Mar and the ACS Making Strides Breast Cancer Walk. The SMH Cancer Institute participated in the annual Sharp Women's Health Conference, providing breast self-exam demonstrations, and information on breast cancer, early detection, when genetic testing should be conducted, state-of-the-art diagnostic services and healthy nutrition choices. In addition, the SMH Cancer Institute provided education on cancer screening and prevention at the San Diego Regional Center annual health fair in April, and at the Sharp HospiceCare Aging Planning and Coping Conference at First United Methodist Church in Mission Valley in June. In addition, SMH provided meeting space for Look Good Feel Better classes, led by the ACS to teach women beauty techniques that help manage the appearance of side-effects related to cancer treatment. In FY 2014, four classes were held reaching approximately 30 community members. The SMH Cancer Institute also provided cancer education to support the training of future Look Good Feel Better instructors. The SMH Cancer Institute offers three patient navigators to assist patients and family members from the time of diagnosis through the course of treatment. Each patient navigator is assigned to a group of specific cancer diagnoses, including breast cancer, lymphomas and head, neck and lung cancers, and colon, rectal, renal, prostate, gynecological and all other cancers. The SMH patient navigators provide ongoing guidance for patients and families, including facilitation of appointment scheduling, explanation of procedures and test results, provision of education and support during diagnosis and treatments, and provision of financial resources and referrals to community agencies. In addition, the patient navigator team provides education and resources during the seminars and classes offered by the SMH Cancer Institute to community members throughout the year. FY 2015 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide a variety of cancer-focused community education classes through the SMH Cancer Institute * Continue to provide a variety of cancer support groups * Continue to participate in community walks, health fairs and events * Provide patient navigator services to cancer patients, families, and community members with cancer * Continue to seek funding to support the SMH Cancer Institute <p>Identified Community Need: Prevention of Unintentional Injuries. Rationale references the findings of the 2013 SMH Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale: In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top 15 priority health conditions among SDC hospitals.</p>

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Form 990, Part III, line 4a (continued)		<p>* In 2012, accidents (unintentional injuries) were the sixth leading cause of death for SD C residents * In 2012, there were 989 deaths due to unintentional injury in SDC The regi on's age-adjusted death rate due to unintentional injuries was 30.5 deaths per 100,000 pop ulation * Unintentional injuries - motor vehicle accidents, falls, pedestrian-related, fi rearms, fire/burns, drown ing, explosion, poisoning (including drugs and alcohol, gas, clea ners and caustic substances), choking/suffocation, cut/pierce, exposure to electric curren t/ radiation/ fire/ smoke, natural disasters and injuries at work - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region * Be tween 2010 and 2012, nearly 3,000 San Diegans died as a result of unintentional injuries * In 2012, there were 22,194 hospitalizations related to unintentional injury in SDC The age-adjusted rate of hospitalizations due to unintentional injury was 692.8 per 100,000 po pulation * In 2012, there were 161,467 unintentional injury-related ED discharges in SDC The age-adjusted rate of visits due to unintentional injury was 5,097.2 per 100,000 popul ation * Injury, including both intentional and unintentional, is the number one killer an d disabler of persons ages one to 44 in California (California Department of Public Health , 2010) * According to HP 2020, most events resulting in injury, disability or death are predictable and preventable There are many risk factors for unintentional injury and viol ence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and syst ems created for injury-related care, and the social environment, including individual soci al experiences (social norms, education, victimization history), social relationships (par ental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societa l factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations) Objective * Offer an injury prevention program for children, adolescents and young adul ts throughout SDC FY 2014 Report of Activities With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), a dozen schools throughout SDC had the opportunity to provide ThinkFirst/Sharp on Survival speakers to their students These students have an interest in pursuing careers in health care, and were provided w ith class room presentations and the opportunity to participate in a half-day tour of the SMH Rehabi litation Center Four separate presentations were provided in the city of San Diego, reach ing a total of 145 at-risk teenagers Also in FY 2014, ThinkFirst/Sharp on Survival contin ued to provide education to SDC's south region, educating more than 60 students on the con sequences of poor decision making at Mar Vista High School Additionally, students receive d presentations on physical rehabilitation careers w ithin health care through the HASPI pr ogram During these presentations, students also received personal testimonies from indivi duals, know n as Voices for Injury Prevention (VIPs), w ith traumatic brain or SCI FY 2015 Plan SMH will do the following * With funding support from grants, provide educational pr ogramming and presentations for local schools and organizations * With grant funding, incr ease community aw areness of ThinkFirst/Sharp on Survival through attendance and participat ion at community events and health fairs * Continue to evolve program curricula to meet th e needs of health career pathw ay classes as part of the HASPI partnership * Grow partnersh ip w ith HASPI through participation in conferences and round table events * Through the HA SPI partnership, expand educational presentations to schools in North County, South Bay an d Coronado * Explore further opportunities to provide education to health care professiona ls and college students interested in health care careers Identified Community Need Healt h Professions Education and Training, and Collaboration w ith Local Schools to Promote Inte rest in Health Care Careers Rationale references the findings of the SMH 2013 Community He alth Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2013 SDC Healthcare Shortage Areas Atlas from the County of San Diego HHS A, SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area * The demand for RNs and other health care personnel in the U S w ill increase due to the aging population Nurses w ill be needed to educate and care for pa tients w ith various chronic conditions, such as arthritis, dementia, diabetes, and obesity In addition, the number of individuals w ho have access to health care services w ill incr ease as a result of federal health insurance refor</p>

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Form 990, Part III, line 4a (continued)		<p>m More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012) * The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care. * The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022. As the U.S. population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities. * Overall employment is projected to increase 10.8 percent, or 15.6 million, from 2012 to 2022. Occupations and industries related to health care are projected to add the most new jobs during this decade and jobs requiring postsecondary education for entry are expected, on average, to grow faster than occupations that require a high school diploma or less. * According to the San Diego Workforce Partnership 2011 report titled Healthcare Workforce Development in San Diego County: Recommendations for Changing Times, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign language. * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience. * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. * According to the San Diego Workforce Partnership 2013 report titled, In-Demand Jobs: A Study of the Occupational Outlook in San Diego, health care has been one of the few industries in San Diego experiencing strong employment growth in the last three to four years. The health care specialty occupations expecting to grow considerably are radiological technologists and technicians, dental assistants and RNs. * According to the California Hospital Association (CHA) 2014 report titled, Critical Roles: California's Allied Health Workforce Follow-up Report, in the coming decades, as health professionals will be required to have a more complex set of skills, education and training programs need to evolve and innovate in order to meet the current skill demands of health employers. * According to the same report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in hospitals in California each year, gaining valuable work experience and career exposure.</p>

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Form 990, Part III, line 4a (continued)		<p>Objectives * In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions * Provide training for local, national and international health care professionals FY 2014 Report of Activities SMH received MAGNET re-designation in 2013, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care SMH has also earned Planetree Patient-Centered Hospital Designation with Distinction, representing the highest level of patient-centered care In FY 2014, SMH offered students and interns throughout SDC various placement and professional development opportunities Approximately 440 nursing students and nearly 320 ancillary students from a variety of colleges and universities spent approximately 113,000 hours at SMH in FY 2014 Among some of the program partners were SDSU, Point Loma Nazarene University (PLNU), Azusa Pacific University (APU), California State University San Marcos (CSUSM), University of San Diego (USD), Kaplan College (KC), Palomar College, EMSTA College, Alliant International University, Boston University (BU), San Diego Mesa College (MC) and Southwestern College (SWC) Students from a variety of disciplines were represented including nursing, radiology, pharmacy, physical therapy, occupational therapy, and nutrition SMH's Clinical Pastoral Education Program provided five chaplain residents with 1,000 hours of clinical training in FY 2014, teaching them theories and skills to help them provide exceptional spiritual care to patients and their families Through affiliations with SWC, Palomar Community College, EMSTA College, West Med College and National College of Technical Instruction (NCTI), SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns This included 29 EMT students who spent one eight-hour shift in the emergency department (ED), and 51 paramedic interns who spent 144 hours each in clinical training in the ED The paramedic interns also completed rotations in other hospital areas including labor and delivery, pulmonary, trauma, neonatal intensive care unit (NICU), the operating room (OR) and catheterization lab SMH staff contributed nearly 7,700 hours of clinical training and supervision to these specialized community programs Also in FY 2014, SMH and SGH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses Participants receive certification through San Diego County Emergency Medical Services (EMS) upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit Additionally, throughout the year, Sharp Rehab social workers provided presentations to students and professionals throughout SDC These presentations contributed to the advancement and improvement of rehabilitation services in the community, including a lecture to approximately 100 physical therapy students at the University of St Augustine SMH also provided a comprehensive two-day course in orthopedic nursing for health care professionals in the community The course covered a variety of topics, including but not limited to peri-operative nursing, total joint replacement, trauma, bone tumors, spine, metabolic disease and complications SMH also continued its participation in the HSHMC program to provide early professional development for students at all levels of high school During the school year, 62 students in 9th grade, 30 students in 10th grade, 16 students in 11th grade, and 17 students in 12th grade spent more than 8,600 supervised hours between SMH and the Pavilion A variety of hospital areas participated in the program, including inpatient nursing, ED, laboratory, pathology, radiology, cardiology, pulmonary rehabilitation and physical therapy Students were oriented to hospital operations including the cafeteria, engineering, supply chain and security SMH has also incorporated educational components on patient- and family-centered care, and the culture of a professional work environment In addition, 18 HSHMC students devoted more than 1,200 hours to the Sharp Rees-Stealy (SRS) facility located adjacent to SMMC SMH continues to provide planning and administrative support for the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community The consortium represents a partnership between Sharp HealthCare, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health System, VA San Diego Healthcare System, and Elizabeth Hospice, as well as four academic institutions - PLNU, SDSU, APU and USD For the past six</p>

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Form 990, Part III, line 4a (continued)		<p>years, the consortium has sought to inspire clinical excellence through its Evidence-Based Practice Institute (EBPI), which prepares teams of fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. In FY 2014, the nine-month program consisted of six full-day workshops during which mentors guide fellows through the process of evidence-based practice and working collaboratively with hospital leadership. The program culminated with a community conference and graduation ceremony for 41 EBPI fellows in November. As a Planetree Patient-Centered Hospital Designated with Distinction, SMH continued to provide hospital tours to share its experience in patient- and family-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. Participants toured various hospital units, as well as the Cushman Wellness Center Community Health Library, to learn about SMH's unique programs and design properties that promote patient- and family-centered care, a healing environment, workforce efficiency and effective use of technology. Participants may then apply these learnings to improve service delivery and customer experience within their own organizations. SMH also presented at the 2014 Planetree Conference in Montreal, Canada, an annual conference for Planetree organizations to gather and share knowledge on providing patient-centered care. The theme of the conference was Compassion in Action to salute health care providers dedicated to comforting, healing, protecting and partnering with patients and residents every day. Presentations by SMH included Discharge Process Acute Rehab Transition (DePART) Responding to the Voiced Needs of Our Customers, Rediscovering True North Connecting Passion for Healing and Building Resilience through Developing Compassion, and Promoting Staff and Family Communication through Collaboration in a Surgical Intensive Care Unit. In collaboration with the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine, Sharp HealthCare furthered its support of professional education and development by providing an eight-week Compassion Cultivation Training (CCT) course, designed to help health care professionals and community members develop cognitive, emotional and behavioral aspects of human compassion. Led by Sharp employees certified by Stanford CCARE, the CCT course utilized lectures and guided compassion cultivation exercises and group discussions to improve communication, increase resilience to stress and enhance feelings of well-being among the participants. The CCT course consisted of eight weekly classes and six steps that build a foundation for developing a compassionate heart and mind, and encompassed topics such as skills for calming the mind, self-compassion, empathy towards humanity and applications for daily life. In FY 2014, the CCT course trained approximately 100 employees and community members. FY 2015 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide intern and professional development opportunities to health professions students throughout SDC * Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers * Provide clinical training for chaplain interns in the Clinical Pastoral Education Program * Annually review and evaluate the HSHMC program * Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care * Continue to offer CCT for community members and health professionals * Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center

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Form 990, Part III, line 4a (continued)		<p>* Provide a two-day conference for orthopedic nurse certification * Conduct a visiting professorship to provide learning opportunities to community orthopedists, radiologists, as well as student interns and residents in the community Identified Community Need Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale *</p> <p>Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health, and obesity) * Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health * According to 2011 CHIS data, 22.0 percent of those 18 to 64 years of age in SDC were currently uninsured * In 2012, 13.86 percent of the population in SDC was living below the poverty level, with 14.58 percent of those families with children * In 2011, nearly 15 percent of families in SDC received some form of cash public assistance * In 2012, 6.22 percent of families with children in SDC received food stamps/Supplemental Nutrition Assistance Program (SNAP)/CalFresh benefits * According to 2011 CHIS data, 83.8 percent of adults in SDC have a usual source of care. Among the se adults, 26.9 percent utilize a community clinic, government clinic or community hospital as their usual source of care * According to 2011 CHIS data, in SDC for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (58.3 percent) and public programs (12.7 percent) * As of October 2014, the overall unemployment rate for SDC was 5.8 percent (BLS, 2014) * According to the BLS, the seasonally-adjusted September 2014 rate of persons unemployed for 27 weeks or longer was 31.9 percent * The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (California Hospital Association Special Report, October 2011) * According to Community Health Improvement Partners (CHIP), between 2006 and 2009, demand for ED services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits (CHIP, 2010) * In 2014, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$487 and \$585 per month, for three or more participants on the plan in California, COBRA costs ranged from \$1,594.29 to \$1,856.77 per month (2014 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans) * Community clinics in California have experienced rising rates of primary care clinic utilization, the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (Office of Statewide Health Planning and Development, 2011) Objectives * Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals * Assist economically disadvantaged individuals through transportation and pharmaceutical assistance FY 2014 Report of Activities In FY 2014, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SMH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe environment, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet. Sharp also provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Advocacy for safe discharge from the hospital is priority, regardless of funding. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays. In addition, clinical social work services, particularly for homeless populations, include assessment for individuals at risk for psychiatric disorders, developmental disorders, and substance abuse issues. For these high-risk individuals, referrals are provided as needed for housing, medication management and supportive community services. To further assist economically disadvantaged individuals, SMMC provided more than \$85,000 in FY 2014 in free medications, transportation, lodging</p>

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Form 990, Part III, line 4a (continued)		<p>and financial assistance through its Project HELP funds. In addition, SMH's case management and social work teams are committed to the next generation of the health care workforce through internships for graduate students at University of Southern California (USC) and the SDSU Schools of Social Work and Public Health. In FY 2014, six graduate students from these programs were placed in with case management and social work team members. FY 2015 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources to chronically homeless patients * Explore collaborations with Society of St. Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients * Continue to administer Project HELP funds to those in need, evaluate program to ensure it meets needs of the population served * Continue to provide internship opportunities to graduate students * Explore implementation of a Meds-to-Beds program for unfunded patients, ensuring their receipt of medication prior to hospital discharge <p>SMH Program and Service Highlights Sharp Memorial Hospital</p> <ul style="list-style-type: none"> * 24-hour emergency services with heliport and base station * Acute care * Bariatric * Bioethics consultation * Breast health, including mammography * Cancer Institute * Cardiac care * Cardiac rehabilitation * Community Care Partner Program * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * Computed Tomography (CT) Scan * Electrocardiogram (EKG) * Electroencephalography (EEG) * Group and art therapy, including Arts for Healing Program * Heart Valve Surgery Center * Home health * Home infusion services * Hospice * Integrative healing therapies * Interventional radiology * Intensive Care Unit (ICU) * Laboratory services * Mechanical Circulatory Support Device Program * Nutrition and metabolic services * Occupational therapy * Open medical records program * Organ transplantation (heart, kidney, pancreas) * Orthopedics Program * Pain Management Center * Palliative care * Pathology services * Pre-Anesthesia Evaluation Services (PAES) * Physical therapy * Primary care * Radiology services * Rehabilitation Center * Robotic surgery * Senior health services * Senior Resource Center * Sharp and Rady Children's MRI Center * Sleep laboratory * Spiritual care and education * Stroke Center * Surgical services * Thoracic (lung) surgery * Trauma Center * Van services * Warfarin management * Wound and Ostomy Center <p>Sharp Memorial Outpatient Pavilion</p> <ul style="list-style-type: none"> * Cancer services * Cushman Wellness Center, including health screening, lifestyle and fitness assessment, and the Community Health Library * Diabetes services - recognized by American Diabetes Association * Diagnostic services * Executive Health Program * General and Diagnostic Outpatient Imaging Center, including Women's imaging and 3-D mammography * Genetic Counseling * Integrative Medicine * Ophthalmology * Outpatient Surgery Center * PET/CT Imaging System (Positron Emission Tomography/Computerized Tomography) * Pre-Anesthesia Evaluation Services (PAES) * Radiation oncology and infusion services * Sharp Rees-Stealy Surgical Eye Consultants, including Ophthalmology and Optometry * Summerfelt Endoscopy Center * Virtual Colonoscopy * Vision Laser Center <p>Sharp Senior Health Center Downtown</p> <ul style="list-style-type: none"> * Community health education programs * Community health services * Primary and comprehensive physical and mental health care services to seniors

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Form 990, Part III, line 4a (continued)		<p>Sharp Senior Health Center Clairemont * Community health services * Primary and comprehensive physical and mental health care services to seniors Section 7 Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2014 Community Benefit Program Highlights Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided \$11,714,311 in community benefit in FY 2014 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 Table 1 Economic Value of Community Benefit Provided Sharp Mesa Vista Hospital and Sharp McDonald Center - FY 2014 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2014 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal - \$1,712,414 Shortfall in Medicare - \$2, 970,263 Shortfall in San Diego County Indigent Medical Services - \$853,798 Shortfall in CHAMPVA/TRICARE - \$559,483 Charity Care and Bad Debt - \$4,585,363 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$511,787 *Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$311,288 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$209,915 TOTAL - \$11,714,311 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), Residential Care Council, San Diego Suicide Prevention Council, Community Health Improvement Partners (CHIP) Behavioral Health Work Team, California Mental Health Coalition, Partners in Treatment Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction, Treatment and Healing), California Board of Behavioral Health Sciences, Psychiatric Emergency Response Team (PERT) and Serving Seniors (formerly Senior Community Centers of San Diego) See Appendix A for a listing of Sharp community involvement In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training of health care professionals and student and intern supervision Definition of Community * Sharp Mesa Vista Hospital is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * Sharp McDonald Center is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115, SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021 As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC) The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region and north inland communities surrounding Rancho Bernardo For SMV's and SMC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations According to Dignity Health's CNI, communiti</p>

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Form 990, Part III, line 4a (continued)		<p>es served by SMV with especially high need include but are not limited to East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. Description of Community Health in SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011-failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families. In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families.</p> <p>Table 2. Health Care Access in SDC, 2011. Description. Rate. Year 2020 Target. *Current Health Insurance Coverage. Children 0 to 11 Years 93.8% 100%. Children 12 to 17 Years 93.5% 100%. Adults 18 + Years 81.3% 100%. *Regular Source of Medical Care. Children 0 to 11 Years 98.1% 100%. Children 12 to 17 Years 82.2% 100%. Adults 18 + Years 85.6% 89.4%. *Not Currently Insured. Adults 18 to 64 Years 17.7%. Source: 2011-2012 California Health Interview Survey (CHIS). Table 3. Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011. Description/Rate. Medi-Cal Eligible - 6.9%. Healthy Families Eligible - 0.4%. Not Eligible - 92.6%. Source: 2011-2012 CHIS. An analysis of 2012 mortality data for SDC revealed Alzheimer's disease and suicide as the third and eighth leading causes of death for SDC, respectively. Table 4 summarizes the leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2013 CHNAs for these entities, available at http://www.sharp.com/about/community/community-health-needs-assessments.</p> <p>Table 4. Leading Causes of Death in SDC, 2012. Cause of Death. Number of Deaths. Percent of Total Deaths. Malignant neoplasms 4,958 24.8%. Disease of heart 4,626 23.1%. Alzheimer's disease 1,163 5.8%. Chronic lower respiratory diseases 1,029 5.1%. Cerebrovascular diseases 1,003 5.0%. Accidents (unintentional injuries) 989 4.9%. Diabetes mellitus 652 3.3%. Intentional self-harm (suicide) 408 2.0%. Chronic liver disease and cirrhosis 354 1.8%. Essential (primary) hypertension and hypertensive renal disease 332 1.7%. Influenza and pneumonia 303 1.5%. Parkinson's disease 264 1.3%. Pneumonitis due to solids and liquids 147 0.7%. Septicemia 129 0.6%. Neoplasms - in situ, benign or unknown behavior 124 0.6%. All other causes 3,537 17.7%. Total Deaths 20,018 100.0%. Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch. Community Benefit Planning Process. In addition to the steps outlined in Section 3 regarding community benefit planning, SMV and SMC</p>

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Form 990, Part III, line 4a (continued)		<p>* Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels * Host a bimonthly committee to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SMV 2013 CHNA and SMC 2013 CHNA Through the SMV 2013 CHNA and the SMC 2013 CHNA, mental/behavioral health was identified as a priority health need for SDC. Although additional priority health needs were identified for SDC through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, diabetes, and obesity), fall outside the scope of services provided by SMV and SMC. Thus, these identified health needs are not addressed in the community benefit report for these two hospitals. In alignment with the identified need of mental/behavioral health, the following pages detail programs that specifically address:</p> <ul style="list-style-type: none"> * Mental health and substance abuse education and support for the community * Improving outcomes for seniors at risk * Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities. Identified Community Need: Mental Health and Substance Abuse Education for the Community. Rationale: references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale: The SMV and SMC 2013 CHNAs identified mental/behavioral health as the priority health issue for community members served by SMV and SMC. The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified mental/behavioral health as one of the top four priority health issues for community members in SDC. The following conditions were identified in the SMV and SMC 2013 CHNAs as priority behavioral health issues in SDC: anxiety, trauma - particularly with San Diego's military population, mood disorders including depression and bipolar disorder, personality disorders - especially antisocial personality disorder with indigent individuals or individuals with co-occurring disorders, and chemical dependency.</p> <p>Community health leaders participating in the SMV 2013 CHNA process identified stigma as a significant barrier to improving the behavioral health in SDC. Community member input from the SMV and SMC 2013 CHNAs revealed the concern for and need for specific attention to co-occurring disorders - behavioral health disorders that include both mental health and substance abuse issues. In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to behavioral/mental health in more vulnerable communities within SDC. In 2012, Alzheimer's disease and suicide were the third and eighth leading causes of death for SDC, respectively. In 2012, the age-adjusted death rate due to suicide was 12.8 deaths per 100,000, less than the HP 2020 target of 10.2 deaths per 100,000. Mood disorders (depression, bipolar disorder), schizophrenia and other psychotic disorders, and self-inflicted injury were presented as the top three highest hospitalization rates for SDC in 2011. In 2011, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders demonstrated the highest visit rates in the ED for SDC. In 2012, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 80.5 per 100,000 population. From 2007 to 2012, the age-adjusted rate of overdose/poisoning hospitalizations among SDC residents increased from 68.8 hospitalizations per 100,000 population in 2007 to 81.8 hospitalizations per 100,000 in 2012. In 2012, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 163.1 per 100,000 population. County age-adjusted rates for overdose/poisoning-related ED visits were higher in females when compared to males, higher among Blacks when compared to other races, and higher among individuals ages 15 to 24 years when compared with other age groups. In 2011, 34.9 percent (811,000) of adults participating in the California Health Interview Survey (CHIS) reported an episode of binge-drinking in the past year. Additionally, five percent of teens participating in the same CHIS survey reported an episode of binge-drinking the previous month, and 8.7 percent reported that they had ever tried drugs including marijuana, cocaine, sniffing glue and other drugs. In the U.S., app</p>

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Form 990, Part III, line 4a (continued)		<p>roximately 8.9 million adults have co-occurring disorders and only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all (Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008 and 2009) * In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders. Serious mental illness costs America \$19.32 billion in lost earnings per year and those facing serious mental illness face an increased risk of having chronic medical conditions. * According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide. * In the first six months of 2014, Family Health Centers in SDC reported huge increase in demand for mental health service, with a 52 percent increase in mental health visits compared to the same period in 2013. The increase is attributed to the Patient Protection and Affordable Care Act's requirement that mental health care be one of ten essential benefits all insurance policies had to include starting January 1, 2014. Objectives: * Provide mental health and substance abuse education for patients, their loved ones and the community. * Facilitate community reintegration through community service activities. * Provide support for members of the community impacted by mental health and substance abuse issues. FY 2014 Report of Activities: To increase awareness of mental health and substance abuse, in FY 2014, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse and child and geriatric psychiatry. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression and stress. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided community educational materials in the hospital lobby through the National Alliance on Mental Illness's (NAMI's) Friends in the Lobby program. In addition, SMV psychiatric evaluation and intake teams provided approximately 13,000 free psychiatric evaluations and referrals for the general community in FY 2014. In support of community members with behavioral health issues, SMV offered weekly support groups to the community throughout FY 2014, including a Mood Disorders support group for individuals, family and friends impacted by depression, bipolar disorder, schizoaffective disorder or anxiety, an ANAD (National Association of Anorexia Nervosa and Associated Disorders) support group for individuals affected by an eating disorder, and a bi-weekly Dialectical Behavior Therapy (DBT) support group that teaches DBT cognitive behavioral therapy skills to help treat behavioral disorders.</p>

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Form 990, Part III, line 4a (continued)		<p>Throughout the year, SMV provided its Veterans Engaging in Supportive Treatment (VEST) program to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan. The program provides a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD) or acute stress, and includes services for spouses and family members who experience distress when their loved one returns with war- or trauma-related symptoms. VEST program team members also provide education on reducing the stigma of mental health issues in the military community as well as available resources. In addition, the VEST program continues to participate in the San Diego Military Family Collaborative, which meets monthly to discuss services for military members and their families in the community. SMV and SMC also collaborated with partners in the military community through participation in events such as the Veteran's Wellness Fair at Balboa Park and the Community Mental Health Summit at the Veterans Affairs (VA) San Diego Medical Center. SMV and SMC provided behavioral health education and resources to approximately 550 community members at these events. In FY 2014, SMV and SMC sponsored and participated in six walks to increase awareness and raise funds for mental health services, including the NAMI Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Save a Life San Diego/Yellow Ribbon (for suicide prevention) Walk, National Eating Disorders Association Walk, San Diego Alzheimer's Association Annual Memory Walk and the American Heart Association's Heart & Stroke Walk. Throughout 2014, SMV attended several health and wellness fairs, conferences and events. At the Trauma Across the Lifespan Conference, SMV provided a resource booth with information and education on childhood trauma for professionals. SMV also provided information on services and intake processes at the Psychiatric Emergency Response Team Academy Resource Fair, a quarterly training event where SDC police officers are trained to be psychiatric emergency responders. SMV participated in other health fairs including the SanDiego Wellness & Resource Expo and the Sharp HealthCare Behavioral Health Summit, as well as provided education and resources at the Child Mental Health Conference, the Make the Best of Your Options conference and the Coming Back with Wes Moore event. The latter event included conversations with Wes Moore, a renowned author and veteran, and local veterans to explore the challenges and triumphs facing veterans and their families. SMV also hosted a San Diego Film Festival Screening of the 1990 Robin Williams movie Awakenings at the Arclight Cinemas La Jolla to raise suicide awareness. The event included an expert group of panelists to discuss suicide and SMV provided a question and answer session following the film. SMV sponsored and participated in several events in FY 2014, benefitting organizations such as the Alzheimer's Association, Mental Health Systems, NAMI and Jewish Family Service Behavioral Health Committee. SMV also sponsored and participated in the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing the stigma associated with addictive illnesses through education. In addition, SMV sponsored and participated in MHA's annual Meeting of the Minds educational conference, and also sat on the MHA board, which helps guide and facilitate educational opportunities in behavioral health. SMV also hosted and participated in monthly EAPA forums which focus on increasing knowledge and education in the behavioral health professional community. In FY 2014, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, a work team including CHIP, housing organizations and other community partners, secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Association (ILA). The work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals, educational curriculums for members of the ILA, peer review and accountability through site visits, and advocacy. These efforts seek to both improve conditions for ILFs and the consumers housed there, and to help keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates. The ILA is an initiative of CHIP's Behavioral Health Work Team, in which SMV actively participates, and the registry continues to expand with new participating ILFs. Throughout the year, SMV provided more than 2,700 hours in free meeting space for a variety of self-</p>

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Form 990, Part III, line 4a (continued)		<p>help groups on a weekly basis including Al-Anon, NARANON, NARANON District Meeting, Alcoholics Anonymous (AA), Women's Alcoholics Anonymous, My Next 30 Years - Alcoholics Anonymous, Gambler's Anonymous, Tobacco Anonymous, Alcoholics Anonymous - Dual Diagnosis, Obsessive Compulsive Disorder Support, Child and Adolescent Support Group, Men's 12-Step Group, 12- Step Recovery Workshop, Cocaine Anonymous, Narcotics Anonymous, ANAD, Pills Anonymous, Sex aholics Anonymous, Co-Dependents Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, Concerned United Birth Parents, San Diego Phobia Foundation, Recovery Innovations - California Wellness Recovery Action Plan (WRAP) classes, the Anxiety and Phobia Clinic, Smart Recovery Community, Saturday Support, Hoarders Anonymous and the SMC Aftercare and Lifetime Support meetings Recently added self-help groups include Friday Night Live, which promotes healthy youth development and engages youth as active leaders in the community, and As Bill Sees It, an AA group that is run according to inspiration from the same-titled book In addition, SMV provided free meeting space for professional behavioral health organizations including San Diego Psychiatric Society and San Diego Physicians for Recovery SMV's Psychiatric Rehabilitation Program is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities In FY 2014, the program's community service activities included the Green Thursdays Up Group, where patients of SMV's outpatient programs maintain a community garden in a transitioning neighborhood, Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team, the Client Advisory Board, where SMV outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community, and Transit Training, where current and former patients learn to utilize public transportation SMV's Psychiatric Rehabilitation Program also provides current and former patients with the opportunity to attend mental health clubhouses, which provide free rehabilitation programs for individuals with mental illness by focusing on employment, education and support The mental health clubhouses are mainly operated by community members with mental illness and staff support In FY 2014, SMV's program also encouraged current and former patients to participate in the California Department of Rehabilitation, which is committed to providing a variety of career opportunities for advancement and training to community members with mental illness FY 2015 Plan SMV or SMC will do the following</p> <ul style="list-style-type: none"> * Provide free psychiatric assessments and referrals for the community * Participate in community events to raise awareness and funds for behavioral health services * Host and facilitate various weekly and bi-weekly support groups * Participate in key mental health events and activities alongside patients * Provide free meeting space for use by a variety of self-help groups * Continue participation in psychiatric rehabilitation programs and activities that benefit the San Diego community * Host and provide a variety of educational events and programs to community members * Continue collaboration with community providers and provide education to ILFs to improve living conditions for individuals with mental illness

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>* Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues * Continue serving as the media's go-to experts for information on mental health conditions and treatment * Continue to strategically align with nonprofit allies and key community partners through board and committee memberships * Through grant funding, provide additional follow up staff for at-risk patients post-discharge * Explore diversified collaboration with Gary and Mary West Senior Wellness Center to provide services to meet the unmet needs of the severely mentally ill in San Diego's downtown area, including seniors, children and adolescents * Explore working with multi-cultural groups * Expand collaborations and partnerships with community partners Identified Community Need Improving Outcomes for Seniors at Risk Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated Rationale * Key informant interviews conducted in the SMV 2013 CHNA identified Alzheimer's disease among the chief health concerns for San Diego seniors * Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as one of the top five priority health needs for SDC * In 2012, Alzheimer's disease was listed as one of the top ten leading causes of death for SDC residents ages 65 to 84 years, and the third leading cause of death for residents ages 85 and up * In 2011, the emergency department (ED) discharge rate for SDC seniors with a mental illness or depression diagnosis was 442.4 per 100,000 population * In 2011, the hospitalization rate for seniors in SDC with a principal diagnosis of mental illness or depression was 625.3 per 100,000 population * In 2012, the suicide rate for SDC seniors (ages 65 and up) was 18.4 per 100,000 population * According to 2011 CHIS data, 5.5 percent of adults over the age of 65 in SDC thought about committing suicide in the past year * According to 2011 CHIS data, 8.1 percent of adults over the age of 65 in SDC reported needing help for emotional/mental health problems or alcohol-drug issues in the past year, however only 6.7 percent of adults over the age of 65 in SDC saw a health care provider for emotional mental health problems or alcohol-drug issues in the past year * Older adults at particularly high risk for depression include those who are unmarried, widowed or lack a strong social support network (NAMI, 2009) * According to the International Journal of Geriatric Psychiatry, a study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system's Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls Older adults were also less likely to receive follow-up care, due to both the initial site of service - and an associated lower rate of follow-up among PERT clients - as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al, 2009) * According to the Community Mental Health Journal, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation and social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al, 2008) * According to the 2012 San Diego Association of Governments (SANDAG) Survey of Older Americans Living in San Diego County, almost half of the respondents (46 percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, and more than one out of four (27 percent) said they suffered from emotional problems at least some of the time the month before the survey * According to the 2012 SANDAG Survey of Older Americans Living in San Diego County, the greatest percentage (26 percent) of respondents indicated that medical ailments/issues were the biggest problems impacting them, including depression, mental health concerns and memory loss among others Objectives * Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities * Provide education and screening to senior community members FY 2014 Report of Activities Throughout FY 2014, SMV clinicians provided 16 hours each week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors Seniors received a variety of early intervention services, including examination by</p>

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Form 990, Part III, line 4a (continued)		<p>a nurse or psychiatrist, medication, referrals or counseling to reduce the risk of hospitalization and homelessness Also in FY 2014, SMV continued to collaborate with Potiker Family Senior Residence, the Gary and Mary West Senior Wellness Center and the City Heights Square Senior Community Center At these sites, SMV provided free prevention and early intervention services to high-risk older adults The services were designed to improve the utilization and effectiveness of mental health services for high-risk, culturally diverse seniors and address barriers to mental health services, including stigma, isolation and lack of services Staff contributed more than 1,000 hours of clinical services to these high-risk members of the senior community In October, SMV participated in Mental Illness Awareness Week and provided free depression screenings and education to approximately 100 older adults In addition, psychiatric services were provided by a culturally diverse psychiatrist and nurse contracted with SMV Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services to help prevent hospitalization and homelessness In FY 2014, the SMV Senior Intensive Outpatient Program (SIOP) provided a monthly community service initiative where both staff members and their older adult patients provided education and outreach to community members The initiative focused on debunking the myths associated with older adulthood - such as 'depression is a normal part of aging' and 'growing old is characterized by loss and pain' - in order to benefit both the older adult patients providing the community service, as well as members of the community The initiative included free community lectures provided at a variety of venues, including the Point Loma Community Presbyterian Church, La Mesa Community Center, Jewish Family Service of San Diego, El Cajon Branch Library, First United Methodist Church of San Diego and the Sharp Women's Health Conference Educational sessions included Helping Older Adults Cope with Loss and Transition, Battling the Blues Helping Older Adults Identify Signs and Symptoms of Depression, and Don't Let the Worry Win Coping Tools for Anxiety Also in FY 2014, SMV's SIOP attended the health and wellness fair held at the VI senior residential living center in La Jolla, and provided free lectures on anxiety, senior wellness and depression, as well as behavioral resources to approximately 60 older adults SMV also provided a webinar on Alzheimer's disease to approximately 100 community members, caregivers and geriatric providers FY 2015 Plan SMV will do the following * In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing * Continue to address the behavioral needs of high-risk, culturally diverse seniors * Through the SIOP, provide education and support to community members around senior behavioral health issues Identified Community Need Mental Health and Substance Abuse Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers</p>

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Form 990, Part III, line 4a (continued)		<p>Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated. Rationale * For the HASD&IC 2013 CHNA, community health leaders and key informants surveyed closely aligned care management with meeting the mental health/behavioral health needs of SDC community members * The 2008 County of San Diego Mental Health Services Workforce Education and Training (WET) Needs Assessment revealed that the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce * According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, challenges in attracting and hiring mental health staff in SDC include the perceived low status of mental health careers, the under-representation of diverse cultural groups in higher education, and the intense competition for bilingual staff * According to the same report, an important component of strengthening the mental health workforce involves increasing the relevance, effectiveness and accessibility of training and education * A report from the San Diego Workforce Partnership in 2010 sites that despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience * The same report recommended that programs provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers * According to a 2008 report from the World Health Organization, mental disorders create an enormous toll of suffering, disability and economic loss. Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment. Integrating mental health services into primary care is the most viable way of closing the treatment gap and ensuring that people get the mental health care they need. Education and training of health workers is essential for mental health to be integrated successfully into primary care * According to a California OSPHD report from September 2014, California's public mental health system suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve. There are critical issues such as the poor distribution, lack of diversity, and under-representation of practitioners across disciplines with cultural competencies, including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience * Employment of mental health and substance abuse social workers is projected to grow 23 percent from 2012 to 2022, much faster than the average for all occupations. Employment will grow as more people seek treatment for mental illness and substance use disorders. Because drug offenders are increasingly being sent to treatment programs rather than jail, use of substance abuse treatment programs is expected to grow, increasing demand for these specialists (BLS, 2014) * According to a March 2014 report from the California Hospital Association, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in California hospitals each year, gaining valuable work experience and career exposure. Objectives * Provide internship and clinical training programs in psychology, social work, marriage and family therapy (MFT), health information technology and pharmacy * Serve as a placement site for medical, nursing, psychology, pharmacy, MFT and social work students * Provide mental health and substance abuse education for health care professionals * Collaborate with the behavioral health community through health professions education and training. FY 2014 Report of Activities Throughout the year, SMV participated in internship and training programs for psychology trainees, and social work, pharmacy and health information technology students. In addition, SMV served as a clinical placement site for medical, pharmacy, MFT, social work and nursing students. SMV provided clinical supervision and training for a total of 21 psychology trainees which included eight graduate students, seven doctoral interns, six postdoctoral fellows, 12 MFT student interns, five social work student interns and three integrative therapy students. In total, all ancillary (non-nursing) students served more than 16,500 hours on the</p>

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Form 990, Part III, line 4a (continued)		<p>SMV campus In addition, approximately 330 nursing students completed eight- to 15-week placements at SMV Nursing students worked clinical rotations of eight or 12 hour shifts, often with two clinical rotations in one day (day and evening) Including time spent with groups and individual preceptors, nursing students served more than 25,000 hours at SMV in FY 2014 Academic institution partners included but were not limited to University of San Diego (USD), San Diego State University (SDSU), California State University San Marcos (CS USM), Western University, Touro University, University of Southern California (USC), Point Loma Nazarene University (PLNU) and San Diego City College In addition, in FY 2014 nearly 200 applications were received for seven intern positions available through Sharp's year-long, American Psychological Association-accredited doctoral internship in clinical psychology Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient geriatric, and child and adolescent programs Interns also rotated through SMC SMV offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening With this training, psychology doctoral students provided approximately 100 detailed psycho-diagnostic assessments throughout the year In addition, psychology trainees provided approximately 7,000 hours of group therapy and more than 2,000 hours of individual therapy Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital SMV and SMC psychologists provided over 2,500 hours of direct clinical supervision to psychology trainees SMV also provided two hours of lectures every week for psychology interns and other trainees Lectures included Dialectical Behavioral Therapy (DBT) Theory, Self Injurious Behaviors Understanding and Treatment, Child Abuse and Tarasoff Reporting, Assessing Psychosis in Children and Adolescents, Evaluating Personality Disorders in Adolescents, and Evaluating Complex Trauma in Children Throughout FY 2014, SMV also participated in health fairs at SDSU, San Diego City College, Southwestern College and CSU SM In addition, SMV provided an educational session on opiate addiction to approximately 85 USD students SMV also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2014 The program provided 16 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, SIOP and Chemical Dependency Recovery), as well as nutrition services Students spent more than 500 hours at SMV, and received instruction on educational and job requirements, as well as career ladder development</p>

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Form 990, Part III, line 4a (continued)		<p>In addition, SMV and SMC provided 15 educational offerings for behavioral health care professionals in FY 2014, including continuing education classes, conferences and trainings. SMV and SMC provided education to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics covered included wellness and resilience, recognizing stress, substance abuse, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, geriatric mental health and cultural considerations in the treatment of Latino populations. SMV staff also participated in and provided educational resources to four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services. SMC also hosted educational events for the EAPA and provided education and resources to approximately 20 community members each month. The presentations covered current concerns in behavioral health care, evidence-based therapies and emerging treatment models. Throughout FY 2014, staff at SMV and SMC regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included Association of California Nurse Leaders (ACNL), San Diego Suicide Prevention Council, San Diego Military Family Collaborative, American Hospital Association's Regional Policy Board 9, American Psychiatric Nurses Association, American Nurses Association, California Hospital Association, California Mental Health Coalition, EAPA forums, Inner City Action Network, Live Well San Diego, Partners in Treatment Work Team, San Diego Mental Health Coalition, San Diego County Older Adult Council, San Diego County Alzheimer's Task Force, American Health Information Management Association, Mesa College Health Information Technology (HIT) Program Advisory Committee, Kaplan College HIT Program Advisory Committee, San Diego Health Information Association, Jewish Family Service Strategic Planning Committee-Vision Team, CHIP Behavioral Health Work Team, CHIP ILA Advisory Board and Peer Review Advisory Team, Journal for Nursing Care Quality Editorial Board, American Academy of Nursing, California Association of Marriage and Family Therapists, International Association of Eating Disorder Professionals, NAMI, MHA, HASD&IC, American Foundation for Suicide Prevention, Jewish Federation of San Diego County - Jewish Senior Services Council, Serving Seniors, ACHE, Association for Ambulatory Behavioral Healthcare, California Board of Behavioral Sciences, California Hospital Association Center for Behavioral Health, CHIP Suicide Prevention Work Team, A New PATH, and Residential Care Council. FY 2015 Plan SMV or SMC will do the following:</p> <ul style="list-style-type: none"> * Offer internship programs and clinical training programs in psychology, social work, MFT, health information technology and pharmacy * Serve as a placement site for medical, nursing students, psychology, pharmacy, MFT and social work students * Provide educational offerings for behavioral health care professionals, community groups and community members * Actively participate on boards, committees, and advisory and work groups to address behavioral health issues * Continue the mental health careers curriculum within the HSHMC program, and provide students with experience in a broad range of programs including therapeutic activities services, environmental services, and health information services SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child, adolescent, adult and older adult inpatient and outpatient psychiatric and chemical dependency services * On and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate dependence and dual diagnosis * Cognitive behavioral therapy and dialectical behavioral therapy programs * Outreach to military members and their families through programs geared specifically toward service members * Transportation services * Practicum programs for graduate social work and marriage and family therapy interns * Clinical supervision site for graduate psychology doctorate interns * Medication research studies Sharp McDonald Center at Sharp HealthCare * Chemical dependency and substance abuse inpatient, residential and outpatient treatment services for teens, adults and seniors * Inpatient detoxification services * Dual-diagnosis outpatient treatment services for adults and seniors * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group, family and expressive therapies * Psychiatric rehabilitation services * Transitional Age Youth programs Sharp Mesa Vista El Cajon Outpatient Program * Adult and adolescent programs * Caring for adults with severe

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Form 990, Part III, line 4a (continued)		<p>and persistent mental health issues * Group and expressive therapies * Individualized treatment planning and medication management * Psychiatric rehabilitation services Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2014 Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Independence Services (AIS) * Alzheimer's Association * American Association of Colleges of Nursing (AACN) * American Association of Critical Care Nurses, San Diego Chapter (AACCN) * American Cancer Society (ACS) * American College of Healthcare Executives (ACHE) * American Diabetes Association (ADA) * American Foundation for Suicide Prevention * American Health Information Management Association * American Heart Association (AHA) * American Hospital Association (AHA) * American Psychiatric Nurses Association * American Red Cross of San Diego (ARC) * Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education (ACPE) * Association of California Nurse Leaders (ACNL) * Association of periOperative Registered Nurses (AORN) * Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) * Azusa Pacific University (APU) * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of San Diego * Bonita Business and Professional Organization * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College, San Diego * California Council for Excellence * California Department of Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association (CHAPCA) * California Hospital Association Center for Behavioral Health * California Library Association * California State University San Marcos (CSUSM) * California Teratogen Information Service * Caregiver Coalition of San Diego * Caregiver Coalition of San Diego - Caregiver Education Committee * Caring Hearts Medical Clinic * Centers for Community Solutions * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Board * CHIP Health Literacy Task Force * CHIP Suicide Prevention Work Team * CHIP Independent Living Association (ILA) Advisory Board and Peer Review Advisory Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Family Health Center * Chula Vista Rotary * City of Chula Vista Wellness Program * Coalition to Transform Advanced Care (CTAC) * Combined Health Agencies * Community Emergency Response Team (CERT) * Consortium for Nursing Excellence, San Diego * Coronado Chapter of Rotary International * Coronado Fire Department * Council of Women's and Infants' Specialty Hospitals (CWISH) * Cycle EastLake * Downtown San Diego Partnership * East County Senior Service Providers (ECSSP) * El Cajon Fire Department * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego (FHCS) * Gardner Group * Gary and Mary West Senior Wellness Center * Girl Scouts of San Diego Imperial Council, Inc * Grossmont College (GC) * Grossmont Healthcare District * Grossmont Union High School District (GUHD) * Health Care Communicators Board</p>

Return Reference	Explanation	
Form 990, Part III, line 4a (continued)		<p>* Health Insurance Counseling and Advocacy Program (HICAP) * Health Volunteers Overseas * Heart to Heart International * Helen Woodward Animal Center * Helix Charter High School * Helps International * Home of Guiding Hands * Hospice-Veteran Partnership (HVP) * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * Health Sciences High and Middle College (HSHMC) Board * I Love a Clean San Diego * International Association of Eating Disorders Professionals (IAEDP) * International Lactation Consultants Association (ILCA) * International Relief Team (IRT) * Ioamai Medical Ministries * Jewish Family Service of San Diego * Jewish Federation of San Diego County - Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan College Advisory Board * Kiwanis Club of Chula Vista * Komen Latina Advisory Council * Komen Race for the Cure Committee * La Maestra Family Clinics * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Patronas * Las Primeras * March of Dimes * Meals-on-Wheels * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America (MHA) * Mental Health Coalition * Miracle Babies * MRI Joint Venture Board * National Alliance on Mental Illness (NAMI) * National Association of Neonatal Nurses (NANN) * National Association of Hispanic Nurses (NAHN), San Diego Chapter * National Hospice and Palliative Care Organization (NHPCO) * National Initiative for Children's Healthcare Quality (NICHQ) * National Kidney Foundation * National University (NU) * Neighborhood Healthcare Community Clinic * North County Health Project * NurseWeek * Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation) * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network (PON) * Project CARE * Project Compassion * Public Health Nurse Advisory Board * Recovery Innovations - California * Regional Perinatal System (RPS) * Residential Care Council * Safety Net Connect * San Diego Community Action Network (SanDi-CAN) * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Community Care Transitions Partnership (SDCCTP) * San Diego Center for Children * San Diego City College * San Diego City Parks and Recreation * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition * San Diego County Coalition for Improving End-of-Life Care (SDCCEOL) * San Diego County Council on Aging (SDCCOA) * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency (HSA) * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Taxpayers Association * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Board * San Diego Emergency Medical Care Committee (EMCC) * San Diego Eye Bank Nurses Advisory Board * San Diego Food Bank * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Hospice and Palliative Nurses Association (HPNA) * San Diego Housing Commission (SDHC) * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc (The Center) * San Diego Mental Health Coalition * San Diego Mesa College (MC) * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition * San Diego Regional Energy Office * San Diego Regional Home Care Council (SDRHHC) * 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 Ave</p>

Return Reference	Explanation	
	Form 990, Part III, line 4a (continued)	nue Charitable Organization (TACO) * Trauma Center Association of America * United Service Organizations Council of San Diego * University of California, San Diego (UCSD) * University of San Diego (USD) * VA San Diego Healthcare System * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * Walk San Diego * Women, Infants and Children Program (WIC) * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA In the Company of Women Event

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare organization	CA	501(c)3	3	N/A		No
(2) Sharp Coronado Hospital (SCHHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(3) Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0449527	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(4) Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(5) Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501(c)4	N/A	Sharp HealthCare	Yes	
(6) Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501(c)3	7	Sharp HealthCare	Yes	
(7) Grossmont Hospital Foundation (GHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501(c)3	7	Grossmont Hospital Corporation	Yes	

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII Supplemental Information

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

Return Reference**Explanation**

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare organization	CA	501(c)3	3	N/A		No
(1) Sharp Coronado Hospital (SCHHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(2) Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0449527	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(3) Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
(4) Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501(c)4	N/A	Sharp HealthCare	Yes	
(5) Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501(c)3	7	Sharp HealthCare	Yes	
(6) Grossmont Hospital Foundation (GHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501(c)3	7	Grossmont Hospital Corporation	Yes	

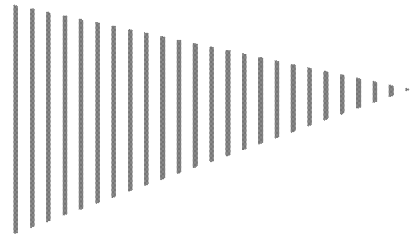
Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sharp Coronado Hospital	L	880,574	Accrual Method
Sharp Coronado Hospital	Q	54,723	Accrual Method
Sharp Chula Vista Medical Center	L	2,895,251	Accrual Method
Sharp Chula Vista Medical Center	Q	157,599	Accrual Method
Sharp Chula Vista Medical Center	R	124,969	Accrual Method
Sharp Chula Vista Medical Center	S	93,652	Accrual Method
Grossmont Hospital Corporation	M	3,077,881	Accrual Method
Grossmont Hospital Corporation	L	4,708,803	Accrual Method
Grossmont Hospital Corporation	Q	71,646	Accrual Method
Grossmont Hospital Corporation	P	77,582	Accrual Method
Grossmont Hospital Corporation	S	233,709	Accrual Method
Grossmont Hospital Corporation	R	146,104	Accrual Method
Sharp HealthCare Foundation	C	4,595,005	Accrual Method
Sharp HealthCare Foundation	B	153,500	Accrual Method
Sharp Health Plan	L	103,049,762	Accrual Method

COMBINED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Sharp HealthCare
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
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Sharp HealthCare

Combined Financial Statements and Supplementary Information

Years Ended September 30, 2014 and 2013

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Report of Independent Auditors

The Board of Directors
Sharp HealthCare

We have audited the accompanying combined financial statements of Sharp HealthCare, which comprise the combined balance sheets as of September 30, 2014 and 2013, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of Sharp HealthCare at September 30, 2014 and 2013, and the combined results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying combining financial statements are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Ernst + Young LLP

December 16, 2014

Sharp HealthCare

Combined Balance Sheets

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Assets		
Current assets		
Cash and cash equivalents	\$ 244,881	\$ 175,334
Short-term investments	46,650	59,520
Accounts receivable, net of allowance for doubtful accounts of \$85,295 in 2014 and \$152,922 in 2013	268,219	295,870
Estimated settlements receivable from government programs, net	21,372	5,058
Inventories	43,229	40,049
Prepaid expenses and other	50,563	42,579
Total current assets	<u>674,914</u>	<u>618,410</u>
Long-term investments	252,766	195,740
Assets limited as to use		
Designated for property	1,222,315	979,366
Under bond indentures	107,363	16,535
Other restricted investments	48,527	43,142
Under self-insurance programs	10,925	11,869
Total assets limited as to use	<u>1,389,130</u>	<u>1,050,912</u>
Property and equipment, net	1,049,546	991,584
Unamortized financing costs	7,213	6,335
Other assets	77,789	73,762
Total assets	<u>\$ 3,451,358</u>	<u>\$ 2,936,743</u>
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities	\$ 222,561	\$ 184,474
Accrued compensation and benefits	145,143	139,129
Current portion of long-term debt	12,884	19,458
Accrued interest	4,055	3,296
Total current liabilities	<u>384,643</u>	<u>346,357</u>
Long-term liabilities	126,147	105,831
Reserves for professional and general liabilities <i>(Note 12)</i>	11,537	16,106
Long-term debt	684,009	577,665
Total liabilities	<u>1,206,336</u>	<u>1,045,959</u>
Net assets		
Unrestricted	2,185,453	1,835,619
Temporarily restricted	53,316	49,122
Permanently restricted	6,253	6,043
Total net assets	<u>2,245,022</u>	<u>1,890,784</u>
Total liabilities and net assets	<u>\$ 3,451,358</u>	<u>\$ 2,936,743</u>

See accompanying notes

Sharp HealthCare

Combined Statements of Operations

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Revenues		
Patient service	\$ 1,805,547	\$ 1,664,809
Provider tax revenue	25,704	145,329
Provision for doubtful accounts	(24,975)	(28,114)
Net patient service	1,806,276	1,782,024
Premium	1,024,647	953,194
Other	97,650	94,585
Total revenues	2,928,573	2,829,803
Expenses		
Salaries and wages	1,060,873	1,008,827
Employee benefits	261,268	246,810
Medical fees	417,224	387,566
Purchased services	293,227	259,301
Supplies	346,359	318,658
Provider tax	18,158	106,087
Maintenance, utilities, and rentals	119,830	113,374
Depreciation and amortization	97,492	98,550
Business insurance	9,334	11,331
Interest	26,447	23,250
Other	44,007	30,610
Total expenses	2,694,219	2,604,364
Income from operations	234,354	225,439
Other nonoperating loss	(4,049)	(65)
Investment income	84,678	80,407
Excess of revenues over expenses	314,983	305,781
Net assets transferred from related-party	49,963	31,174
Net assets released from restrictions used for purchase of property, plant, and equipment	5,659	5,560
Pension-related changes other than net periodic pension cost	(24,145)	24,662
Other changes in net assets	3,374	368
Increase in unrestricted net assets	\$ 349,834	\$ 367,545

See accompanying notes.

Sharp HealthCare

Combined Statements of Changes in Net Assets

	Year Ended September 30	
	2014	2013
<i>(In Thousands)</i>		
Unrestricted net assets		
Excess of revenues over expenses	\$ 314,983	\$ 305,781
Net assets transferred from related-party	49,963	31,174
Net assets released from restrictions used for purchase of property and equipment	5,659	5,560
Pension-related changes other than net periodic pension cost	(24,145)	24,662
Other changes in net assets	3,374	368
Increase in unrestricted net assets	349,834	367,545
Temporarily restricted net assets		
Contributions	13,697	8,740
Investment income	1,269	1,323
Change in net unrealized (losses) gains on investments	(114)	559
Net assets released from restrictions	(9,490)	(9,587)
Other changes in net assets	(1,168)	919
Increase in temporarily restricted net assets	4,194	1,954
Permanently restricted net assets		
Contributions	197	481
Other changes in net assets	13	—
Increase in permanently restricted net assets	210	481
Increase in net assets	354,238	369,980
Net assets, beginning of the year	1,890,784	1,520,804
Net assets, end of the year	\$ 2,245,022	\$ 1,890,784

See accompanying notes.

Sharp HealthCare

Combined Statements of Cash Flows

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 354,238	\$ 369,980
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net assets transferred from related-party	(49,963)	(31,174)
Noncash losses (gains)	144	(531)
Depreciation of operating and nonoperating facilities	97,496	98,560
Amortization, including deferred financing costs	505	184
Change in fair value of interest and basis rate swaps	1,750	(3,081)
Restricted contributions and investment income, net	(15,163)	(10,544)
Pension-related changes other than net periodic pension cost	24,145	(24,662)
Changes in assets and liabilities		
(Increase) decrease in		
Accounts receivable	27,651	1,963
Inventories	(3,180)	(2,936)
Short-term investments	12,870	24,318
Assets limited to use and long-term investments	(395,244)	(282,090)
Prepaid expenses and other	(7,984)	(2,513)
Estimated settlements receivable from government programs, net	(16,314)	6,900
Increase (decrease) in		
Accounts payable and accrued liabilities, long-term liabilities and other liabilities	23,238	(40,209)
Accrued compensation and benefits	6,014	11,156
Net cash provided by operating activities	<u>60,203</u>	<u>115,321</u>
Investing activities		
Acquisition of property and equipment, net of retirements	(92,510)	(112,113)
Increase in other assets	(4,028)	(4,607)
Net cash used in investing activities	<u>(96,538)</u>	<u>(116,720)</u>
Financing activities		
Payments on long-term debt	(71,692)	(6,311)
Payments under capital lease obligations	(1,885)	(1,627)
Proceeds from the issuance of long-term debt	164,296	-
Restricted contributions and investment income, net	15,163	10,544
Net cash provided by financing activities	<u>105,882</u>	<u>2,606</u>
Net increase in cash and cash equivalents	69,547	1,207
Cash and cash equivalents, beginning of year	175,334	174,127
Cash and cash equivalents, end of year	<u>\$ 244,881</u>	<u>\$ 175,334</u>

Sharp HealthCare

Combined Statements of Cash Flows (continued)

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Supplemental disclosures of cash flow information		
Capital lease obligations for building and equipment	<u>\$ 5,918</u>	<u>\$ 5,529</u>
Cash paid for interest	<u>\$ 27,552</u>	<u>\$ 25,273</u>
Net assets transferred from related-party	<u>\$ 49,963</u>	<u>\$ 31,174</u>

See accompanying notes

Sharp HealthCare

Notes to Combined Financial Statements

September 30, 2014

1. Summary of Significant Accounting Policies

Organization

Sharp HealthCare (SHC) is a California nonprofit public benefit corporation with corporate offices in San Diego, California. SHC, together with its affiliated entities (collectively Sharp), constitute a regional integrated health care delivery system which does business as Sharp HealthCare, primarily serving the residents of San Diego County. The combined financial statements of Sharp include the accounts of the following:

- Sharp Memorial Hospital (SMH), including Stephen Birch Healthcare Center, Sharp Mary Birch Hospital for Women & Newborns, Sharp Outpatient Pavilion, Sharp Mesa Vista Hospital, and Sharp McDonald Center (formerly Sharp Vista Pacifica)
- Sharp Chula Vista Medical Center (SCVMC)
- Sharp Grossmont Hospital (SGH)
- Sharp Coronado Hospital and HealthCare Center (SCHHC)
- Sharp Health Plan (SHP)
- Continuous Quality Insurance SPC (CQI SPC)
- Sharp HealthCare Foundation (SHF)
- Grossmont Hospital Foundation (GHF)

SHC, SMH, SCVMC, and SGH are collectively the “Obligated Group” under certain bond indentures (see Note 6)

On January 1, 2012, SHC, together with its affiliated medical groups, Sharp Community Medical Group (SCMG), and Sharp Rees-Stealy Medical Group (SRSMG) formed the Sharp HealthCare ACO, a limited liability company (Sharp ACO). Sharp ACO was awarded a contract with the Centers for Medicare and Medicaid Services (CMS) as a Pioneer Accountable Care Organization (Pioneer ACO). SHC holds a one third percentage interest in Sharp ACO. The Pioneer ACO is a shared-savings model in which participating organizations are eligible for shared savings payments from CMS if they achieve medical cost savings while providing high quality, coordinated patient care for an assigned group of beneficiaries. Participating organizations also share risk in the form of increased cost payments with CMS for any increase in medical cost. Despite meaningful reductions in readmission rates and hospital and skilled nursing utilization, for 2012 and 2013, Sharp ACO’s performance was under a defined 2.0% and 1.9% minimum threshold, respectively, so no shared savings payments were earned and no increased cost payments were due.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The Pioneer ACO agreement provided Sharp ACO with the right to terminate at any time and if the termination was made during the first six months of any annual period, Sharp ACO would not be responsible for an increased cost payment for that annual period. In June 2014, Sharp ACO notified CMS that it would not continue in the Pioneer ACO Agreement for 2014. As such, Sharp ACO has no responsibility for increased cost payments nor potential for shared savings payments for 2014.

Pursuant to the Pioneer Agreement, Sharp ACO was obligated to guarantee its ability to pay CMS for twenty five percent of the total increased cost payments for which it could be potentially liable in a given year. Sharp ACO borrowed \$4,296,000 from SHC for the year ended September 30, 2013, to fund an escrow account to cover a portion of any potential medical cost increases of Sharp ACO. Sharp recorded the loan in accounts receivable, net on the combined balance sheets. Due to the termination of the Pioneer ACO agreement in June 2014, the escrow requirement was released and Sharp ACO refunded Sharp in full with no amounts due for the year ended September 30, 2014.

Sharp ACO owed Sharp \$275,000 as of September 30, 2014 and \$170,000 as of September 30, 2013 for operating expenses of the Sharp ACO.

SHC has certain contractual obligations with its affiliates that govern its operations and the use of certain assets. All significant transactions among Sharp's combined entities have been eliminated in the accompanying combined financial statements.

Use of Estimates

The preparation of Sharp's combined financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain 2013 amounts in the combined financial statements have been reclassified to conform to the 2014 presentation.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less. Sharp routinely invests its surplus operating funds in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations.

Inventories

Inventories, consisting principally of supplies, are stated at the lower of cost or market value.

Short-Term Investments

Short-term investments are classified as trading and include corporate and government obligation securities, which are included in professionally managed portfolios, and are measured at fair value in the balance sheet. The maturities of these securities do not exceed one year. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses.

Long-Term Investments

Long-term investments are classified as trading, which are included in professionally managed portfolios, and are measured at fair value in the balance sheet. The maturities of these securities are in excess of one year or are investments in equities not expected to be liquidated over the next year. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses.

Assets Limited as to Use

Assets limited as to use invested in debt and equity securities with readily determined fair values are measured at fair value in the balance sheet and are classified as trading. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses unless the income or loss is restricted by donor or law.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Assets limited as to use primarily include assets set aside by Sharp's Board of Directors (the Board) for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and amounts held by trustees under indenture agreements. Assets limited as to use consist of the following:

Designated for property – Cash resources not required for operations have been designated as funded depreciation to be used for future capital improvements. This designation may be changed and such funds used for other purposes – \$28,337,000 at September 30, 2014, and \$28,766,000 at September 30, 2013, of such assets are pledged as collateral for notes payable and other liabilities.

Under bond indentures – In accordance with the terms of Sharp's various bond indentures, certain bond proceeds and principal and interest payments have been deposited with a trustee and are limited as to use in accordance with the related indentures.

Other restricted investments – Certain cash and investments are limited as to use for future community benefit and for other purposes.

Under self-insurance programs – Certain cash and investments are restricted under Sharp's professional liability self-insurance program.

Derivative and Hedging Instruments

Sharp recognizes all derivatives on its combined balance sheets at fair value. Derivatives that are not effective hedges are adjusted to fair value through the combined statements of operations (see Note 6). At September 30, 2014 and 2013, the outstanding hedging instruments were not considered effective hedges.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset from 3 to 40 years and is computed using the straight-line method. Property and equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the combined financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Unamortized Financing Costs

Costs incurred in obtaining long-term financing are amortized over the terms of the related obligations using the effective interest method.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Sharp has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Sharp in perpetuity.

Impairment or Disposal of Long-Lived Assets

Sharp accounts for the impairment or disposal of long-lived assets using a future cash flow model to determine whether assets have been impaired. Sharp regularly reviews long-lived assets for circumstances which could indicate carrying values may not be recoverable. No impairments were recorded in 2014 or 2013.

Income From Operations

Sharp's primary purpose is to provide diversified health care services to the community served by its affiliates. Only those activities directly associated with the furtherance of this purpose are considered operating activities and classified as operating revenues and expenses. Items excluded from income from operations consist of investment income, gains and losses on disposition of property and equipment, changes in the fair value of interest rate swaps, and net income from SHF and GHF (Foundations).

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Excess of Revenues Over Expenses

The accompanying combined statements of operations include excess of revenues over expenses and other changes in unrestricted net assets. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, long-lived assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets, and pension-related changes other than net periodic pension cost.

Net Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. In the opinion of management, adequate provision has been made for such adjustments.

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Sharp's allowance for doubtful accounts for self-pay patients was 91% and 94% of self-pay accounts receivable at September 30, 2014 and 2013, respectively. In addition, Sharp's self-pay write-offs decreased \$4,261,000 from \$37,470,000 for fiscal year 2013 to \$33,209,000 for fiscal year 2014. The decrease was the result of decreased revenues from self-pay patients in fiscal year 2014 as a result of the Accountable Care Act (ACA) which provided insurance coverage to a large number of previously uninsured individuals and due to Medi-Cal expansion in the state of California. Sharp has not changed its charity care or uninsured discount policies during fiscal years 2013 or 2014. Sharp does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Premium Revenues

Sharp has agreements with various employers and health maintenance organizations to provide medical services to subscribing participants. Under these agreements, Sharp receives monthly capitation payments based on the number of participants who have selected Sharp, regardless of services actually performed by Sharp.

Other Revenues

Other revenues include unrestricted donations, retail pharmacy gross profits, management services, and joint venture income.

Health Care Service Costs

Sharp contracts with certain health care providers for the provision of medical services to eligible members. These services include primary care and specialty physician services, inpatient and outpatient facility services, pharmacy, and other medical services. Providers are paid on capitated, per diem, and structured fee-for-service bases.

Health care service costs (included in medical fees and purchased services in the accompanying combined statements of operations) are accrued in the period in which the services are provided to enrollees, based in part on estimates, including estimates of medical services provided but not yet reported to Sharp.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Charity Care

Sharp's policy is to accept all patients regardless of their ability to pay. In assessing a patient's ability to pay, Sharp utilizes financial eligibility requirements or criteria. Sharp provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Sharp does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Charity care costs are calculated using a ratio of cost to gross charge methodology by department. Direct revenues and costs of each department were included in the calculation, in addition to a step down of overhead costs.

The cost of charity care is summarized for 2014 and 2013, as follows:

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Charity care, at cost	\$ 35,927	\$ 47,642

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to Sharp are reported at fair value at the date the promise is received. Conditional promises to give and indications or intentions to give are reported at fair value at the date the gift becomes unconditional. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statements of operations as other operating revenues. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the combined financial statements.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Income Taxes

The principal operations of Sharp are exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code and related California provisions

Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2014 and 2013, no such assets or liabilities were recorded.

Adoption of New Accounting Pronouncements

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-11, *Disclosures About Offsetting Assets and Liabilities*, which requires additional disclosures relating to the offsetting of financial instruments. Sharp adopted ASU 2011-11 as of October 1, 2013 and applied its disclosure requirements retrospectively.

Recent Accounting Pronouncements

In April 2013, the FASB issued ASU 2013-06, *Services Received from Personnel of an Affiliate*, which requires a recipient not-for-profit entity to recognize all contributed services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. The adoption of ASU 2013-06 is required for Sharp on October 1, 2014, and is not expected to have a material impact on Sharp's combined financial statements.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In April 2014, the FASB issued ASU 2014-08, *Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity*, which requires that a disposal of a component of an entity or a group of components of an entity be reported in discontinued operations if the disposal represents a strategic shift that has (or will have) a major effect on an entity's operations and financial results when it meets the criteria to be classified as held for sale, or is disposed of by sale or other than by sale. It also requires an entity to present, for each comparative period, the assets and liabilities of a disposal group that includes a discontinued operation separately in the asset and liability sections, respectively, of the statement of financial position. The adoption of ASU 2014-08 is required for Sharp on October 1, 2015, and is not expected to have a material impact on Sharp's combined financial statements.

In May 2014, the FASB issued ASU 2014-09, which created Accounting Standards Codification (ASC) 606, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required for Sharp on October 1, 2017, and management is current evaluating the effect of this guidance, if any, on its combined financial statements.

In June 2014, the FASB issued ASU 2014-11, *Repurchase-to-Maturity Transactions, Repurchase Financings, and Disclosures*, which requires a repurchase to maturity transaction to be accounted for as secured borrowing and certain repurchase agreements to follow secured borrowing accounting. The adoption of ASU 2014-09 is required for Sharp on October 1, 2015, and management is current evaluating the effect of this guidance, if any, on its combined financial statements.

In August 2014, the FASB issued ASU 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*, which requires an entity's management to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or within one year after the date that the financial statements are available to be issued when applicable). The adoption of ASU 2014-15 is required for Sharp on October 1, 2017, and management is current evaluating the effect of this guidance, if any, on its combined financial statements.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements

FASB ASC 820 clarifies that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, FASB ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1 – Pricing is based on observable inputs such as quoted prices in active markets. Financial assets in Level 1 include U.S. Treasury securities and listed equities.

Level 2 – Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include corporate bonds, U.S. government agency securities, commercial paper, fixed income funds, mortgage-backed securities, interest rate swaps, and commingled plan trust funds.

Level 3 – Pricing inputs are generally unobservable and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparables, third-party appraisals, discounted cash flow models, and fund manager estimates. Sharp does not hold any financial assets that would be included in this category.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

Assets and liabilities measured at fair value are based on one or more of three valuation techniques noted in FASB ASC 820 as identified below. The valuation techniques are as follows:

- (a) **Market approach**—Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. This technique was utilized for all Level 1 investments.
- (b) **Cost approach**—Amount that would be required to replace the service capacity of an asset (replacement cost). This technique was utilized for all Level 2 investments except for the interest rate swaps.
- (c) **Income approach**—Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings model). This technique was utilized for the interest rate swaps.

Sharp's investments in partnerships, limited liability companies, and similarly structured entities amounting to approximately \$9,909,000 and \$10,687,000 as of September 30, 2014 and 2013, respectively, are accounted for using the equity method of accounting, which is not a fair value measurement.

The following table provides the composition of certain investment assets as of September 30, 2014. Only assets and liabilities measured at fair value on a recurring basis are shown in the three-tier fair value hierarchy.

	September 30, 2014	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Short-term investments				
U.S. Treasury obligations	\$ 8,491	\$ 8,491	\$ —	\$ —
Corporate bonds	24,409	—	24,409	—
U.S. government agencies	3,634	—	3,634	—
Commercial paper	9,904	—	9,904	—
Interest receivable	212	—	212	—
	\$ 46,650	\$ 8,491	\$ 38,159	\$ —

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2014	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Long-term investments				
Equities	\$ 17,292	\$ 17,292	\$ —	\$ —
U S Treasury obligations	85,019	85,019	—	—
Corporate bonds	80,288	—	80,288	—
U S government agencies	50,066	—	50,066	—
Mortgage-backed securities and collateralized mortgage obligations	1,481	—	1,481	—
Asset-backed securities	17,800	—	17,800	—
Interest receivable	820	—	820	—
	\$ 252,766	\$ 102,311	\$ 150,455	\$ —
Assets limited as to use				
Designated for property				
Cash and cash equivalents	\$ 4,891	\$ 4,891	\$ —	\$ —
Equities	628,963	628,963	—	—
U S Treasury obligations	218,478	218,478	—	—
Corporate bonds	193,503	—	193,503	—
U S government agencies	79,489	—	79,489	—
Mortgage-backed securities and collateralized mortgage obligations	42,726	—	42,726	—
Commercial paper	23,559	—	23,559	—
Asset-backed securities	27,985	—	27,985	—
Interest receivable	2,721	—	2,721	—
	\$ 1,222,315	\$ 852,332	\$ 369,983	\$ —
Under bond indentures				
Cash and cash equivalents	\$ 2,364	\$ 2,364	\$ —	\$ —
U S Treasury obligations	15,091	15,091	—	—
Corporate bonds	39,779	—	39,779	—
U S government agencies	40,854	—	40,854	—
Commercial paper	8,983	—	8,983	—
Interest receivable	292	—	292	—
	\$ 107,363	\$ 17,455	\$ 89,908	\$ —

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2014	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets limited as to use (continued)				
Other restricted investments				
Cash and cash equivalents	\$ 2,206	\$ 2,206	\$ —	\$ —
Equities	24,819	24,819	—	—
U S Treasury obligations	6,663	6,663	—	—
Fixed income funds	3,578	3,216	362	—
Corporate bonds	6,442	—	6,442	—
U S government agencies	1,986	—	1,986	—
Mortgage-backed securities and collateralized mortgage obligations	2,002	—	2,002	—
Commercial paper	269	—	269	—
Asset-backed securities	435	—	435	—
Commodities	35	—	35	—
Interest receivable	92	—	92	—
	<u>\$ 48,527</u>	<u>\$ 36,904</u>	<u>\$ 11,623</u>	<u>\$ —</u>
Under self-insurance programs				
Cash and cash equivalents	\$ 1,493	\$ 1,493	\$ —	\$ —
Equities	2,010	2,010	—	—
U S Treasury obligations	2,243	2,243	—	—
Corporate bonds	2,798	—	2,798	—
U S government agencies	1,316	—	1,316	—
Mortgage-backed securities and collateralized mortgage obligations	401	—	401	—
Commercial paper	250	—	250	—
Asset-backed securities	374	—	374	—
Interest receivable	40	—	40	—
	<u>\$ 10,925</u>	<u>\$ 5,746</u>	<u>\$ 5,179</u>	<u>\$ —</u>
Interest rate swap liabilities	\$ 1,883	\$ —	\$ 1,883	\$ —
	<u>\$ 1,883</u>	<u>\$ —</u>	<u>\$ 1,883</u>	<u>\$ —</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

The following table provides the composition of certain investment assets as of September 30, 2013. Only assets and liabilities measured at fair value on a recurring basis are shown in the three-tier fair value hierarchy.

	September 30, 2013	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Short-term investments				
U S Treasury obligations	\$ 12,515	\$ 12,515	\$ —	\$ —
Corporate bonds	29,088	—	29,088	—
U S government agencies	5,546	—	5,546	—
Commercial paper	12,037	—	12,037	—
Interest receivable	334	—	334	—
	<u>\$ 59,520</u>	<u>\$ 12,515</u>	<u>\$ 47,005</u>	<u>\$ —</u>
Long-term investments				
Equities	\$ 16,248	\$ 16,248	\$ —	\$ —
U S Treasury obligations	61,691	61,691	—	—
Corporate bonds	63,007	—	63,007	—
U S government agencies	51,673	—	51,673	—
Mortgage-backed securities and collateralized mortgage obligations	1,612	—	1,612	—
Asset-backed securities	750	—	750	—
Interest receivable	759	—	759	—
	<u>\$ 195,740</u>	<u>\$ 77,939</u>	<u>\$ 117,801</u>	<u>\$ —</u>
Assets limited as to use				
Designated for property				
Cash and cash equivalents	\$ 4,627	\$ 4,627	\$ —	\$ —
Equities	509,882	509,882	—	—
U S Treasury obligations	165,511	165,511	—	—
Corporate bonds	158,454	—	158,454	—
U S government agencies	72,867	—	72,867	—
Mortgage-backed securities and collateralized mortgage obligations	46,376	—	46,376	—
Commercial paper	18,899	—	18,899	—
Interest receivable	2,750	—	2,750	—
	<u>\$ 979,366</u>	<u>\$ 680,020</u>	<u>\$ 299,346</u>	<u>\$ —</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2013	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets limited as to use (continued)				
Under bond indentures				
Cash and cash equivalents	\$ 1,229	\$ 1,229	\$ —	\$ —
U S Treasury obligations	3,141	3,141	—	—
Corporate bonds	961	—	961	—
U S government agencies	11,147	—	11,147	—
Interest receivable	57	—	57	—
	<u>\$ 16,535</u>	<u>\$ 4,370</u>	<u>\$ 12,165</u>	<u>\$ —</u>
Other restricted investments				
Cash and cash equivalents	\$ 1,383	\$ 1,383	\$ —	\$ —
Equities	23,179	23,179	—	—
U S Treasury obligations	3,723	3,723	—	—
Fixed income funds	4,933	4,368	565	—
Corporate bonds	5,531	—	5,531	—
U S government agencies	1,886	—	1,886	—
Mortgage-backed securities and collateralized mortgage obligations	2,270	—	2,270	—
Commodities	144	—	144	—
Interest receivable	93	—	93	—
	<u>\$ 43,142</u>	<u>\$ 32,653</u>	<u>\$ 10,489</u>	<u>\$ —</u>
Under self-insurance programs				
Cash and cash equivalents	\$ 3,003	\$ 3,003	\$ —	\$ —
Equities	1,889	1,889	—	—
U S Treasury obligations	2,165	2,165	—	—
Corporate bonds	2,648	—	2,648	—
U S government agencies	1,355	—	1,355	—
Mortgage-backed securities and collateralized mortgage obligations	429	—	429	—
Commercial paper	380	—	380	—
	<u>\$ 11,869</u>	<u>\$ 7,057</u>	<u>\$ 4,812</u>	<u>\$ —</u>
Interest rate swap liabilities	\$ 133	\$ —	\$ 133	\$ —
	<u>\$ 133</u>	<u>\$ —</u>	<u>\$ 133</u>	<u>\$ —</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue

Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates

The Medicare program reimburses Sharp at prospectively determined rates for the major portion of inpatient and outpatient services rendered to patients, primarily on the basis of Medicare Severity Diagnosis Related Groups (MS-DRGs) and Ambulatory Payment Classification Groups (APCs), respectively. Nonacute inpatient services, defined capital costs, and certain outpatient costs are paid based on a cost reimbursement methodology. When paid under cost reimbursement, Sharp is reimbursed at the interim rate with final settlement determined after submission of annual cost reports and audits by the fiscal intermediaries.

The Medi-Cal program reimburses Sharp primarily on prospectively determined rates for inpatient and outpatient services. Effective July 1, 2013, the Medi-Cal program began reimbursing Sharp on the basis of All Patient Refined Diagnosis Related Groups (APR-DRGs) for inpatient services.

Revenue from the Medicare and Medi-Cal programs accounted for approximately 30% and 24%, respectively, of Sharp's gross patient charges for the year ended September 30, 2014, and 31% and 19%, respectively, of Sharp's gross patient charges for the year ended September 30, 2013.

Laws and regulations governing Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Net patient service revenue includes changes in estimate, which increased revenue by \$11,988,000 in 2014 and \$5,388,000 in 2013 and includes the impact of settlements of prior years' reimbursement from Medicare, Medi-Cal, and TRICARE programs.

Sharp also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to Sharp under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Patient service revenues are reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered

The mix of net patient service revenues, net of contractual allowances, discounts and provision for doubtful accounts was as follows

	September 30	
	2014	2013
Government	44%	44%
Contracted	56	56
Self pay and other	—	—

Provider Tax Revenue

California legislation established a program that imposes a Quality Assurance Fee (QA Fee) on certain general acute care hospitals in order to make supplemental and grant payments (Supplemental Payments) to hospitals up to the aggregate upper payment limit for various periods. There have been three such programs since inception. The first two programs were the 21-month program (21-Month Program) covering the period April 1, 2009 to December 31, 2010, and the six-month program (Six-Month Program) covering the period January 1, 2011 to June 30, 2011 (the Original Programs). The third program is the 30-month program (30-Month Program) covering the period from July 1, 2011 to December 31, 2013.

The programs are designed to make supplemental inpatient and outpatient Medi-Cal payments to private hospitals, including additional payments for certain facilities that provide high acuity care, sub-acute and trauma services to the Medi-Cal population. This hospital QA Fee program provides a mechanism for increasing payments to hospitals that serve Medi-Cal patients, with no impact on the state's General Fund (GF). Some of these payments will be made directly by the state, while others will be made by the Medi-Cal managed care plans, which will receive increased rates from the state in amounts equal to the Supplemental Payments. Outside of this legislation, the California Hospital Association (CHA) has created a private program, operated by the California Health Foundation and Trust (CHFT), which was established to alleviate disparities potentially resulting from the implementation of the Programs.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

The Original Programs required full federal approval by the Centers for Medicare and Medicaid Services (CMS) in order for them to be fully enacted. If final federal approval was not ultimately obtained, provisions in the underlying legislation allowed for the QA Fee, previously assessed, and Supplemental Payments, previously received, to be returned and recouped, respectively. As such, revenue and expense recognition was not allowed until full CMS approval was obtained. Full CMS approvals for the 21-Month Program and Six-Month Program were obtained in December 2010 and December 2011, respectively.

During the year ended September 30, 2013, Sharp recognized the final remaining Supplemental Payments on the Six-Month Program of \$3,000 as Provider Tax revenue.

The 30-Month Program was signed into law by the Governor of California in September 2011. In June 2012, the legislation governing the 30-Month Program was amended to allow for the fee-for-service portion of the 30-Month Program to be administered separately from the managed care portion. CMS approved the fee-for-service portion of the 30-Month Program in June 2012 and approved the first twenty four months of the managed care portion of the 30-Month Program in June 2013. Approval of the final six months of the managed care portion is still pending.

Sharp recognized payments to the California Department of Health Care Services (DHCS) for the QA Fee in the amount of \$17,660,000 in 2014 and \$65,912,000 in 2013 related to the fee-for-service portion of the 30-Month Program. Additionally, Sharp recognized pledge amounts to CHFT of \$498,000 in 2014 and \$1,995,000 in 2013 as Provider Tax expense related to the fee-for-service portion of the 30-Month Program.

Sharp recognized Supplemental Payment revenue of \$25,704,000 in 2014 and \$94,528,000 in 2013 as Provider Tax revenue related to the fee-for-service portion of the 30-Month Program.

Sharp recognized payments to DHCS for the QA Fee in the amount of \$37,214,000 and pledge amounts to CHFT of \$966,000 as Provider Tax expense related to the July 1, 2011 through June 30, 2013, managed care portion of the 30-Month Program during the year ended September 30, 2013. Sharp recognized Supplemental Payment revenue of \$50,798,000 as Provider Tax revenue related to the July 1, 2011 through June 30, 2013, managed care portion of the 30-Month Program during the year ended September 30, 2013. As the final six months of the managed care portion of the 30-Month Program is still pending approval, no amounts were recorded for the year ended September 30, 2014.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Sharp has paid more than owed on the QA Fee and pledge payments for the 30-month program as of September 30, 2014 resulting in a prepaid of \$2,805,000 in the combined balance sheet as of September 30, 2014. Sharp recorded \$10,000,000 in accounts payable and accrued liabilities for the 30-Month Program QA Fee and pledge payments owed that was not paid as of September 30, 2013, in the combined balance sheet as of September 30, 2013. Additionally, Sharp recorded \$5,002,000 in accounts receivable for the fee-for-service portion of the 30-Month Program Supplemental Payment revenue and \$12,089,000 of deferred revenue for the managed care portion of the 30-Month Program Supplemental Payment revenue in the combined balance sheet as of September 30, 2014. Sharp recorded \$46,018,000 in accounts receivable for the 30-Month Program Supplemental Payment revenue of the 30-Month Program, in the combined balance sheet as of September 30, 2013.

Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medi-Cal and Medicare incentive payment program beginning in 2012 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology as defined by the regulations. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medi-Cal incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. Providers must continue to demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid and Medicare incentive payments and to avoid potential penalties.

Sharp accounts for Medi-Cal and Medicare EHR incentive payments as a gain contingency. For the years ended September 30, 2014 and 2013, Medicare incentives of \$4,916,000 and \$7,392,000, respectively, were recognized in other revenues upon demonstration of compliance with the meaningful use criteria over the entire applicable compliance period and the end of the 12-month cost report period that will be used to determine the final incentive payment. Sharp also recognized Medi-Cal incentives of \$1,365,000 and \$5,900,000 for the years ended September 30, 2014 and 2013, respectively, in other revenues, upon demonstration of compliance with the criteria. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, Sharp's compliance with meaningful use criteria is subject to audit by the federal government.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

4. Investment Income

Investment income for cash equivalents, short-term investments, long-term investments, and assets limited as to use are comprised of the following

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Interest income	\$ 28,316	\$ 24,269
Unrealized gains, net	39,020	44,690
Realized gains, net	17,342	11,448
	\$ 84,678	\$ 80,407

5. Property and Equipment

Property and equipment consists of the following

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Land and improvements	\$ 74,209	\$ 57,906
Buildings and improvements	1,217,206	1,166,753
Equipment and furniture	738,818	703,836
Software cost	152,882	146,121
Construction-in-progress	141,213	105,212
	2,324,328	2,179,828
Less accumulated depreciation and amortization	(1,274,782)	(1,188,244)
	\$ 1,049,546	\$ 991,584

Sharp HealthCare

Notes to Combined Financial Statements (continued)

5. Property and Equipment (continued)

Accumulated amortization related to software costs amounted to \$142,548,000 and \$131,460,000 at September 30, 2014 and 2013, respectively

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Software cost	\$ 152,882	\$ 146,121
Current year amortization	10,830	11,452
Accumulated amortization	142,548	131,460

Depreciation and amortization expense for the years ended September 30, 2014 and 2013, amounted to approximately \$97,496,000 and \$98,560,000, respectively. Included in these amounts is amortization for buildings and equipment under capital lease obligations. Sharp has approximately \$64,582,000 and \$64,690,000 at September 30, 2014 and 2013, respectively, of buildings and equipment under capital lease, at cost. Sharp has outstanding commitments to complete construction-in-progress totaling approximately \$44,233,000 at September 30, 2014. On May 29, 1991, Sharp leased the Grossmont Hospital (the Hospital) existing campus land, buildings, and equipment from the Grossmont Healthcare District (the District). The lease provided for an original 30-year term ending May 29, 2021, at \$1 per year. In 2014, the lease was extended for an additional 30-year term ending on May 29, 2051. The buildings, improvements, and equipment acquired by the Hospital since the inception of the lease will revert to the District at the end of the lease term.

The Hospital and the District initiated, in 2006, a project for the construction of three shelled floors in the Emergency and Critical Care Center, central plant upgrades, infrastructure improvements, and facility renovations (the Project). The Project is being funded using the proceeds of general obligation (GO) bonds. In July 2007 and February 2011, \$85,500,000 and \$136,860,000, respectively, in GO bonds were issued by the District. The next offering of the GO bonds is expected in fiscal year 2015. Sharp considers the District to be a related party based upon these relationships between Sharp and the District.

The Hospital is not required to make any payments to the District with respect to the contribution to the Project of assets constructed using the GO bond proceeds. Therefore, the GO bonds have not been included in the combined financial statements as a liability of Sharp. The portion of the

Sharp HealthCare

Notes to Combined Financial Statements (continued)

5. Property and Equipment (continued)

Project funded with the GO bonds is being recognized as a transfer of net assets from the District as the Project is completed. In fiscal 2014 and 2013, the Hospital recorded \$49,963,000 and \$31,174,000, respectively, of construction in progress and a related transfer of net assets for the portion of the Project completed during the year with proceeds of the GO bonds.

6. Long-Term Debt

Long-term debt consists of the following

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
<p>Series 2014A Revenue Bonds (Series 2014A Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$2,050,000 in 2016 to \$32,300,000 in 2043. Interest payable semiannually at rates ranging from 3.00% to 5.00%. The borrowing amount is net of the unamortized original issue premium of \$6,497,000 at September 30, 2014. The bonds include issuer call features totaling \$140,120,000 in 2023.</p>	\$ 165,982	\$ —
<p>Series 2009B Revenue Bonds (Series 2009B Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$1,640,000 in 2022 to \$24,900,000 in 2039. Interest payable semiannually at rates ranging from 6.00% to 6.25%. The borrowing amount is net of the unamortized original issue discount of \$1,990,000 at September 30, 2014. The bonds include issuer call features totaling \$30,025,000 and \$109,975,000 in 2014 and 2019, respectively. In 2014, \$30,025,000 of bonds were redeemed.</p>	107,985	137,694
<p>Series 2009C and Series D Variable Rate Revenue Bonds (Series 2009C and D Bonds), collateralized by a three-year direct-pay letter of credit reimbursement agreement between Obligated Group and a bank. Principal is due in annual amounts ranging from \$145,000 in 2022 to \$11,805,000 in 2035. Letter of Credit is renewable in 2016. Interest is payable monthly at a variable rate (0.5% at September 30, 2014).</p>	99,880	\$ 99,880

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
<p>Series 2011A Revenue Bonds (Series 2011A Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$4,655,000 in 2015 to \$8,180,000 in 2030 Interest payable semiannually at rates ranging from 3.50% to 6.00% The borrowing amount is net of the unamortized original issue premium of \$316,000 at September 30, 2014 The bonds include issuer call features totaling \$54,490,000 in 2021</p>	\$ 75,041	\$ 78,057
<p>Series 2012A Revenue Bonds (Series 2012A Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$5,080,000 in 2019 to \$5,055,000 in 2028 Interest payable semiannually at rates ranging from 4.0% to 5.0% The borrowing amount is net of the unamortized original issue premium of \$4,079,000 at September 30, 2014 The bonds include issuer call features totaling \$30,735,000 in 2023</p>	47,014	47,438
<p>Series 2009A Variable Rate Revenue Bonds (Series 2009A Bonds) collateralized by a direct-pay letter of credit reimbursement agreement between Obligated Group and a bank Principal due in annual amounts ranging from \$3,580,000 in 2015 to \$5,360,000 in 2024 Letter of Credit is renewable in 2018 Interest is payable monthly at a variable rate (0.5% at September 30, 2014)</p>	40,775	44,260
<p>Series 2010A Variable Rate Revenue Bonds (Series 2010A Bonds) collateralized by revenues of the Obligated Group Principal due in quarterly amounts ranging from \$190,000 to \$450,000 through 2035 Interest payable quarterly at a variable rate (0.65% at September 30, 2014)</p>	26,740	27,550

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Series 2003C Revenue Bonds (Series 2003C Bonds) collateralized by revenues of the Obligated Group. The Series 2003C Bonds were refunded with proceeds from the Series 2014A Bonds	\$ —	\$ 24,846
Reverse Repurchase Agreement collateralized by U.S. Treasury securities. Principal due in April 2017. Interest payable quarterly at a variable rate (0.69% at September 30, 2014)	15,500	15,500
Series 1988A Insured Hospital Revenue Bonds collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$1,500,000 in 2015 to \$1,900,000 in 2018. Interest payable every 35 days at a variable rate (0.08% at September 30, 2014)	6,900	8,400
Construction loan agreement. Interest ranging from 9.0% to 12.6% payable quarterly. Principal due in quarterly installments beginning in 2018 to final maturity in 2041	39,315	39,315
Medical office building mortgage collateralized by the building. Interest and principal paid in monthly amounts at a rate of 5.39% through 2014 when the final principal payment of \$7,735,000 was paid	—	7,834
Capital lease obligations at imputed rates of interest ranging from 5.46% to 7.27%, collateralized by leased building or equipment	57,623	59,508
Other debt including the fair value of interest rate swaps	14,138	6,841
Total	696,893	597,123
Less current portion	(12,884)	(19,458)
	\$ 684,009	\$ 577,665

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

In 2014, Sharp issued Series 2014A Bonds in the amount of \$159,485,000 that had a net original issue premium of \$6,625,000. The proceeds were utilized to refinance the Series 2003C Bonds in the amount of \$22,446,000 and to finance the acquisition, renovation, construction, equipping and improvement of facilities of the Obligated Group.

In 2014, Sharp exercised the option to call and redeem \$30,025,000 of the Series 2009B Bonds that were scheduled to mature on August 1, 2034.

In 2012, SGH entered into a Co-Generation and Energy Equipment Purchase Agreement (Co-Generation Agreement) with the District. Under the Co-Generation agreement, the District is financing an \$18,000,000 loan through a separate lease agreement with a bank for the purchase and installation of a co-generation unit and replacement energy equipment at SGH. The loan is repayable in monthly installments of principal and interest over nine years. The interest rate is 2.09% and the monthly installments are \$182,977. The Co-Generation agreement requires SGH to pay the bank directly an amount equal to the principal and interest amount the District is obligated to pay on the loan. Upon payment of all amounts due, the co-generation and energy equipment will be transferred to SGH as part of leasehold improvements pursuant to the May 29, 1991 lease (see Note 5).

As of September 30, 2014, the co-generation unit and energy equipment is still under construction at SGH. All lease payments paid by SGH on behalf of the District are recorded as prepaid rent and included in prepaid expenses and other on the combined balance sheet. Construction in progress and notes payable is recorded as the project incurs costs. At completion of the project, the Co-Generation agreement will be treated as a capital lease.

Under the terms of the Series 2009B Bonds, Sharp is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use. Sharp's loan agreements include, among other things, certain financial covenants, limitations on additional indebtedness, and limitations on sales/leaseback transactions. Sharp was in compliance with such covenants and limitations at September 30, 2014 and 2013.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

Scheduled principal payments on long-term debt and payments on capital lease obligations for years ending September 30 are as follows

	Long-Term Debt	Capital Lease Obligations
	<i>(In Thousands)</i>	
2015	\$ 10,767	\$ 2,117
2016	13,184	2,404
2017	29,015	2,713
2018	13,864	3,046
2019	14,217	3,404
Thereafter	535,484	34,925

Scheduled interest payments Sharp is obligated to make on capital lease obligations referenced in the table noted above total approximately \$25,285,000 at September 30, 2014

A summary of interest cost on borrowed funds follows

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Interest cost		
Capitalized	\$ 989	\$ 1,270
Charged to operations	26,447	23,250
	\$ 27,436	\$ 24,520

Interest Rate Swaps

During 2003, Sharp entered into a floating-to-fixed interest rate swap on the Series 2003A and B Bonds which were refunded in 2009. The swap agreement hedges an initial notional amount of \$109,650,000 at a fixed payer rate of 3.01% for the entire swap term which expires on August 1, 2024, and will receive 59% of one-month London Interbank Offered Rate (LIBOR) plus 0.14%, for the remaining term of the swap. Settlements are made weekly. Cash paid on the interest rate swap was \$1,816,000 in 2014 and \$1,941,000 in 2013, which increased Sharp's overall cost of borrowing and was included in interest expense. The change in fair value of the swap increased

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

nonoperating income by \$871,000 in 2014 and \$2,941,000 in 2013. The fair value of the swap liability at September 30, 2014 and 2013, is \$5,233,000 and \$6,104,000, respectively, and is included in long-term debt on the combined balance sheet.

During 2004, Sharp entered into a fixed-spread basis swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 at a fixed payer rate of one-month Bond Market Association (BMA) for the entire swap term which expires on February 3, 2024, and will receive 67% of one-month LIBOR plus 0.55%. Settlements are made quarterly. Cash received on the interest rate swap was \$479,000 in 2014 and \$489,000 in 2013, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap decreased nonoperating income by \$698,000 in 2014 and \$1,009,000 in 2013. The fair value of the swap asset at September 30, 2013 is \$698,000 and is included in long-term debt on the combined balance sheet. The 2004 basis swap was terminated in 2014 and a new basis swap was executed in 2014.

During 2006, Sharp entered into a fixed-spread yield curve swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 and entails Sharp paying 67% of one-month LIBOR and receiving 67% of ten-year International Swaps and Derivative Association (ISDA) less 0.423%. Under the terms of the agreement, Sharp may terminate the swap at any time. Cash received on the interest rate swap was \$1,089,000 in 2014 and \$647,000 in 2013, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap decreased nonoperating income by \$2,914,000 in 2014 and increased nonoperating income by \$1,149,000 in 2013. The fair value of the swap asset at September 30, 2014 and 2013, is \$2,359,000 and \$5,273,000, respectively, and is included in long-term debt on the combined balance sheet.

During 2014, Sharp entered into a fixed-spread basis swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 at a fixed payer rate of Securities Industry and Financial Markets Association (SIFMA) Municipal Swap Index for the entire swap term which expires on February 2, 2034, and will receive 67% of one-month LIBOR plus 0.733%. Settlements are made quarterly. Cash received on the interest rate swap was \$68,007 in 2014, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap increased nonoperating income by \$991,000 in 2014. The fair value of the swap asset at September 30, 2014 is \$991,000 and is included in long-term debt on the combined balance sheet.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Purchase of equipment	\$ 15,840	\$ 14,718
Hospital departments	14,744	11,569
Hospital programs	12,185	12,506
Health education	5,717	5,346
Research	4,413	4,590
Indigent care	417	393
Total	\$ 53,316	\$ 49,122

Permanently restricted net assets of \$6,253,000 and \$6,043,000 at September 30, 2014 and 2013, respectively, represent investments to be held in perpetuity, the income from which is expendable to support health care services

8. Endowments

Sharp's endowments consist of 50 separate endowment funds included in assets limited as to use established for a variety of purposes. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors of Sharp's affiliated foundations to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

On September 30, 2008, California Senate Bill No. 1329 was signed into law which enacted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) for California. California also adopted one of the "optional" provisions of the act, creating a rebuttable presumption of imprudence for spending more than 7% of the value of an endowment fund in one year (based on a three-year rolling average). The Board has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Sharp classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Sharp in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Sharp considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of Sharp and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of Sharp, and (7) the investment policies of Sharp.

The endowment net asset composition as of September 30, 2014, by fund type was as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
	<i>(In Thousands)</i>			
Board-designated endowment funds	\$ 2,438	\$ 2,815	\$ —	\$ 5,253
Donor-restricted endowment funds	—	4,366	6,253	10,619
Total funds	\$ 2,438	7,181	\$ 6,253	\$ 15,872

The endowment net asset composition as of September 30, 2013, by fund type was as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
	<i>(In Thousands)</i>			
Board-designated endowment funds	\$ 1,121	\$ 2,299	\$ —	\$ 3,420
Donor-restricted endowment funds	—	3,822	6,043	9,865
Total funds	\$ 1,121	\$ 6,121	\$ 6,043	\$ 13,285

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

Sharp has adopted investment and spending policies for endowment assets that attempt to provide a stream of funding to programs supported by its endowment while balancing the risk of investment loss with long-term preservation of purchasing power. Endowment assets include those assets of donor-restricted funds that Sharp must hold in perpetuity or for a donor-specified period as well as board-designated funds.

Sharp targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints. Sharp's spending policy is to annually appropriate for distribution no more than 4% per year of each endowment fund's average fair value (based on a two-year rolling average).

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
	<i>(In Thousands)</i>			
Endowment net assets, October 1, 2012	\$ 874	\$ 5,363	\$ 5,562	\$ 11,799
Investment return				
Investment income	186	638	–	824
Net appreciation (realized and unrealized)	53	230	–	283
Total investment return	239	868	–	1,107
Contributions	8	–	481	489
Appropriation of endowment assets for expenditure	–	(110)	–	(110)
Endowment net assets, September 30, 2013	1,121	6,121	6,043	13,285
Investment return				
Investment income	252	555	–	807
Net appreciation (realized and unrealized)	88	138	–	226
Total investment return	340	693	–	1,033
Contributions	909	(10)	197	1,096
Other	68	491	13	572
Appropriation of endowment assets for expenditure	–	(114)	–	(114)
Endowment net assets, September 30, 2014	\$ 2,438	\$ 7,181	\$ 6,253	\$ 15,872

Sharp HealthCare

Notes to Combined Financial Statements (continued)

9. Functional Expenses

Sharp provides general health care services to residents within its geographic locations. Expenses related to providing these services are as follows:

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Hospital patient services	\$ 1,854,619	\$ 1,835,281
Clinic patient services	456,603	418,118
General and administrative	233,367	223,090
Purchased services under capitated agreements	149,630	127,875
	<u>\$ 2,694,219</u>	<u>\$ 2,604,364</u>

10. Pension Plans

Sharp sponsors a voluntary retirement plan (the Plan), which consists of a defined benefit cash balance plan and a defined contribution plan. Under the defined contribution element of the Plan, Sharp made matching contributions of \$17,218,000 in 2014 and \$16,219,000 in 2013.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

The following sets forth the funded status of the Sharp's defined benefit pension plans at September 30

	2014	2013
	<i>(In Thousands)</i>	
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 295,152	\$ 291,433
Service cost	14,104	14,895
Interest cost	14,916	12,557
Actuarial loss (gain)	41,473	(16,378)
Plan participant contributions	6,900	6,473
Benefits paid	<u>(16,750)</u>	<u>(13,828)</u>
Benefit obligation at end of year	355,795	295,152
 Change in plan assets		
Fair value of plan assets at beginning of year	253,169	228,580
Actual return on plan assets	28,676	15,830
Plan participants' contributions	6,900	6,473
Employer contributions	23,326	16,114
Benefits paid	<u>(16,750)</u>	<u>(13,828)</u>
Fair value of plan assets at end of year	<u>295,321</u>	<u>253,169</u>
Funded status	<u>\$ (60,474)</u>	<u>\$ (41,983)</u>

The net liability, recognized in the balance sheet in long-term liabilities, was \$60,474,000 and \$41,983,000 at September 30, 2014 and 2013, respectively

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic pension cost

	2014	2013
	<i>(In Thousands)</i>	
Prior service cost	\$ 713	\$ 1,917
Net actuarial loss	<u>89,070</u>	<u>63,721</u>
	<u>\$ 89,783</u>	<u>\$ 65,638</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Additional information for the plan

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Projected benefit obligation	\$ 355,795	\$ 295,152
Accumulated benefit obligation	336,443	277,738
Fair value of plan assets	295,321	253,169

Net periodic pension cost includes the following components for the years ended September 30

	2014		2013	
	<i>(In Thousands)</i>			
Service cost	\$ 14,104	\$	14,895	
Interest cost	14,916		12,557	
Expected return on plan assets	(17,132)		(16,125)	
Recognized net actuarial loss	4,585		7,369	
Amortization of prior service cost	1,204		1,204	
Net periodic pension cost	\$ 17,677	\$	19,900	

Weighted-average assumptions used to determine benefit obligations were

	September 30	
	2014	2013
Discount rate	4.53%	5 11%
Rate of compensation increase	3.00%	3 50%

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Weighted-average assumptions used to determine net periodic pension cost were

	September 30	
	2014	2013
Discount rate	5.11%	4.33%
Expected return on plan assets	6.75%	7.00%
Rate of compensation increase	3.50%	3.50%

The expected rate of return on plan assets is updated annually, taking into consideration the plan's asset allocation, historical returns on the types of assets held in the pension trust, and the current economic environment.

The estimated net actuarial loss, prior service cost, and transition obligation for the defined benefit pension plans that will be amortized from net assets into net periodic pension cost during the 2015 fiscal year are \$6,423,000, \$713,000, and \$0, respectively.

Plan Assets

The Plan's assets are invested in an institutional trust company commingled employee benefit plan trust (Commingled Plan Trust). The Plan's asset allocation utilizes a long range asset allocation strategy. The target asset allocation gradually shifts as the funded ratio increases from an initial mix of 65% equity securities and 35% fixed income when the Plan's funded ratio is less than 80% to an ultimate target of 40% equity securities and 60% fixed income when the Plan's funded ratio reaches 100%. As of September 30, 2014 and 2013, based on the Plan's funded ratio, the Plan's allocation of investments in the Commingled Plan Trust were as follows:

	2014	2013
Asset category		
Equity securities	59%	50%
Fixed income	41	50
Total	100%	100%

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Plan assets are managed according to an investment policy adopted by Sharp's Retirement Committee. Professional investment managers are retained to manage plan assets. The primary objective of the Plan is to generate a consistent total investment return sufficient to pay present and future Plan benefits to retirees. The investment policy includes an asset allocation that includes equities and fixed income instruments. The target mix represents a long-term asset allocation strategy for the Plan. Although the Retirement Committee will seek to maintain the target mix over the long term, short-term deviations may occur due to market impact and cash flow. The timing and degree of rebalancing of the actual portfolio will be determined by the Retirement Committee.

Financial assets measured at fair value are grouped in three levels, based on the markets in which the assets are traded and the reliability of the assumptions used to estimate fair value. These levels and associated valuation methodologies are described in Note 2. All of the Plan's investments in the Commingled Plan Trust are in the Level 2 fair value group at September 30, 2014 and 2013.

Contributions

Sharp expects to contribute \$11,444,000 to the Plan in 2015.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

2015	\$	24,407
2016		24,180
2017		24,943
2018		24,477
2019		24,993
2020–2024		122,663

Sharp HealthCare

Notes to Combined Financial Statements (continued)

11. Long-Term Liabilities

Long-term liabilities consist of the following

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Defined benefit pension plan unfunded liability	\$ 60,474	\$ 41,983
Workers' compensation	37,748	35,298
Deferred liabilities	21,573	20,012
Other	6,352	8,538
	\$ 126,147	\$ 105,831

12. Commitments and Contingencies

Leases

Sharp leases various equipment and facilities under operating leases expiring at various dates through 2032. Total rental expense in 2014 and 2013, for all operating leases was \$32,142,000 and \$31,795,000, respectively.

The following is a schedule by year of future minimum lease payments (in thousands) under operating leases as of September 30, 2014, that have initial or remaining lease terms in excess of one year:

2015	\$ 25,891
2016	22,871
2017	18,150
2018	16,124
2019	14,691
Thereafter	106,223
	\$ 203,950

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Legal Matters

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations are subject to ongoing government review and interpretations, and include matters such as licensure, accreditation, and reimbursement for patient services. Compliance with these laws and regulations is required for participation in government health care programs. Government activity continues to increase with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services. Sharp believes it is in compliance with current laws and regulations.

In the normal course of business, Sharp is involved in legal proceedings. Sharp accrues a liability for such matters when it is probable that a liability has been incurred and the amount can be reasonably estimated. The accrual for a litigation loss contingency might include, for example, estimates of potential damages, outside legal fees, interest penalties, and other directly related costs expected to be incurred.

Labor Matters

Not-for-profit health care providers and their employees are under the jurisdiction of the National Labor Relations Board. As of September 30, 2014, approximately 28% of Sharp employees are represented by unions. Such unionized employees are represented by Sharp Professional Nurses Network, United Nurses of California, National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, and AFL-CIO. The collective bargaining agreement with the union expires in 2016.

Professional Liability and Stop-Loss Insurance

CQI SPC is a wholly owned captive insurance company which insures a portion of the medical malpractice (professional liability) claims of certain affiliates of Sharp. Malpractice losses are accrued based on estimates of the ultimate costs for both reported claims and claims incurred but not reported. Sharp's liability is limited to \$3,000,000 per individual claim and \$17,625,000 in the aggregate each year. Sharp has obtained excess loss insurance covering claims above these amounts up to \$40,000,000.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Professional and general liability costs have been accrued based upon an actuarial determination. Accrued malpractice losses have been discounted at 3.0% at September 30, 2014 and 2013. In 2014, the current portion of professional liability costs were included in accounts payable and accrued liabilities.

Included in the combined balance sheets at September 30 are the following amounts related to professional and general liability:

	<u>2014</u>	<u>2013</u>
	<i>(In Thousands)</i>	
Reserves for professional and general liabilities	\$ 11,537	\$ 16,106
Accounts payable and accrued liabilities	6,391	—
	<u>\$ 17,928</u>	<u>\$ 16,106</u>

Claims, including alleged malpractice, have been asserted against Sharp and are currently in various stages of litigation. Additional claims may be asserted against Sharp arising from services provided to patients through September 30, 2014. In management's opinion, however, the estimated liability accrued at September 30, 2014, is adequate to provide for potential losses resulting from pending or threatened litigation. It is management's opinion that the ultimate disposition of such litigation will not have a material adverse effect on the combined financial position, results of operations, or cash flows of Sharp.

Sharp Health Plan

SHP is required to meet certain financial responsibility regulations of the California Department of Managed Healthcare (DMHC). Pursuant to these regulations, SHP maintains a reserve totaling \$500,000 on deposit with various financial institutions. In addition, SHP is required to maintain two times the normal requirement of tangible net equity, as defined in regulations of the DMHC. At September 30, 2014 and 2013, SHP was required to maintain tangible net equity totaling \$15,749,000 and \$10,525,000, respectively. SHP's tangible net equity was \$56,440,000 at September 30, 2014, and \$47,214,000 at September 30, 2013. Management believes they are in compliance with these requirements at September 30, 2014 and 2013.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Unemployment Claims and Workers' Compensation

Sharp has elected to self-insure for unemployment claims through various group plans. Prior to January 1, 1996, Sharp was also self-insured for workers' compensation claims. Since 1996, Sharp has purchased high deductible insurance policies and has been responsible for workers' compensation claims up to amounts covered by these insurance policies (Sharp was responsible for individual claims up to \$1,000,000 in 2014 and 2013). For workers' compensation, Sharp accrues for the unpaid portion of claims that have been reported and estimates of claims that have been incurred but not reported, based on an actuarial study. Accrued workers' compensation losses have been discounted at 170% and 125% at September 30, 2014 and 2013, respectively. Workers' compensation liabilities of \$47,679,000 and \$44,710,000 at September 30, 2014 and 2013, respectively, are included in other current liabilities and long-term liabilities in the combined balance sheets.

Seismic Standards (Unaudited)

All of Sharp's major hospital buildings are in compliance with the earthquake retrofit requirements under a State of California law through 2030. Due to regulatory changes in the definition of buildings over the past year, three small corridors at SMH are now subject to the requirements. Two of the corridors are expected to be in compliance by December 2014 and the third is expected to be completely removed as part of renovations prior to the compliance requirement date.

Credit Facilities

Sharp has a \$50,000,000 line of credit with a bank, which expires on September 1, 2016, of which \$20,600,000 and \$17,600,000 was available at September 30, 2014 and 2013, respectively. As part of the workers' compensation insurance agreement, letters of credit have been provided as collateral. The total letters of credit used as collateral totaled \$29,400,000 and \$32,400,000 as of September 30, 2014 and 2013, respectively. These letters of credit are each considered a decrease in the available \$50,000,000 line of credit with the bank. There are no amounts outstanding as of September 30, 2014 and 2013.

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$60,000,000 of Series 2009A Bonds. The bank liquidity facility was executed in February 2009 by a bank letter of credit that expires in May 2018. The letter of credit used as collateral totaled \$41,244,000 at September 30, 2014.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$99,880,000 of Series 2009C and D Bonds. The bank liquidity facility was executed in September 2009 by a bank letter of credit that expires in September 2016. The total letters of credit used as collateral totaled \$101,391,000 at September 30, 2014.

SHP has a bank credit facility that provides for the issuance of up to an aggregate of \$550,000 at September 30, 2014 and 2013, under letters of credit. Such letters of credit are under irrevocable standby letters of credit. At September 30, 2014 and 2013, none of these letters have been drawn upon.

13. Fair Value of Financial Instruments

The following methods and assumptions were used by Sharp in estimating fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates fair value.

Short-term investments and assets limited as to use: Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices.

Estimated settlements receivable from (payable to) government programs, net: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.

Prepaid expenses and other: The carrying amount reported in the balance sheet for prepaid expenses and other approximates its fair value.

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.

Accrued compensation and benefits: The carrying amount reported in the balance sheet for accrued compensation and benefits approximates its fair value.

Long-term debt: Fair values are computed using an estimated third party pricing analysis based on the individual bond terms. The fair value is considered Level 2 in the fair value hierarchy at September 30, 2014 and 2013.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

The carrying amounts and fair values of Sharp's financial instruments are as follows (in thousands)

	September 30, 2014		September 30, 2013	
	Carrying Value	Fair Value	Carrying Value	Fair Value
Cash and cash equivalents	\$ 244,881	\$ 244,881	\$ 175,334	\$ 175,334
Short-term investments	46,650	46,650	59,520	59,520
Estimated settlements receivable from government programs, net	21,372	21,372	5,058	5,058
Prepaid expenses and other	50,563	50,563	42,579	42,579
Long-term investments	252,766	252,766	195,740	195,740
Assets limited as to use	1,389,130	1,389,130	1,050,912	1,050,912
Accounts payable and accrued liabilities	222,561	222,561	184,474	184,474
Accrued compensation and benefits	145,143	145,143	139,129	139,129
Current and long-term debt	696,893	744,394	597,123	621,016

14. Subsequent Events

In preparing these combined financial statements, management has evaluated and disclosed all material subsequent events up to December 16, 2014, which is the date that the combined financial statements were issued

In November 2014, CMS approved the final six months of the managed care portion of the 30-Month Program covering the period July 1, 2013 to December 31, 2013. Sharp will recognize \$12.7 million as Provider Tax revenue, \$8.8 million as Provider Tax expense and \$242,000 of pledge payments related to this approval.

In December 2014, CMS approved the fee-for-service portion of a new 36-month Program to provide supplemental Medi-Cal payments and impose a QA fee for facilities that provide service to the Medi-Cal population. The 36-month Program covers the period January 1, 2014 through December 31, 2016. The impact to Sharp is still being determined.

Supplementary Information

Sharp HealthCare

Combining Balance Sheet

September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and Healthcare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Assets												
Current assets												
Cash and cash equivalents	\$ 175,000	\$ 1,045	\$ 550	\$ 24,302	\$ 120	\$ 37,477	\$ 278	\$ 1,421	\$ 3,404	\$ 244,881	\$ -	\$ 244,881
Short-term investments	31,304	-	-	10,001	-	4,085	-	-	-	46,050	-	46,050
Accounts receivable, net	24,343	134,150	35,730	60,504	6,710	3,487	-	2,478	608	274,034	(5,815)	268,219
Estimated settlements receivable from government programs, net	-	6,784	750	13,748	90	-	-	-	-	21,372	-	21,372
Intercompany receivables	-	1,270,500	133,504	-	13,032	-	-	-	59	1,417,104	(1,417,104)	-
Inventories	288	16,435	5,931	11,400	2,070	-	-	-	-	43,229	-	43,229
Prepaid expenses and other	35,795	3,404	3,152	8,080	435	534	4	38	4	52,052	(1,480)	50,563
Total current assets	274,306	1,432,033	170,035	135,340	22,481	46,183	282	3,937	4,135	2,069,322	(1,424,408)	674,914
Long-term investments	201,337	-	-	12,561	-	38,808	-	-	-	252,700	-	252,700
Assets limited as to use												
Designated for property	648,730	-	-	273,570	-	-	-	-	-	1,222,315	-	1,222,315
Under bond indentures	580	44,127	15,124	47,523	-	-	-	-	-	107,363	-	107,363
Other restricted investments	-	-	-	-	-	552	-	30,014	11,001	48,527	-	48,527
Under self-insurance programs	-	-	-	-	-	-	10,925	-	-	10,925	-	10,925
Total assets limited as to use	649,328	44,127	15,124	321,093	-	552	10,925	30,014	11,001	1,389,130	-	1,389,130
Property and equipment, net	244,068	411,751	71,900	304,877	15,703	984	-	173	-	1,049,546	-	1,049,546
Unamortized financing costs	1,000	3,504	804	915	-	-	-	-	-	2,133	-	2,133
Other assets	31,729	(17)	2,377	1,501	2,008	158	10,051	51,032	5,105	114,534	(30,745)	77,789
Beneficial interest in Foundations	52,370	-	-	20,416	-	-	-	-	-	72,816	-	72,816
Total assets	\$ 1,755,128	\$ 1,892,298	\$ 269,930	\$ 706,829	\$ 41,182	\$ 86,715	\$ 30,258	\$ 91,750	\$ 21,201	\$ 4,985,327	\$ (1,533,060)	\$ 3,451,358

Sharp HealthCare

Combining Balance Sheet (continued)

September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and Healthcare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets												
Current liabilities												
Accounts payable and accrued liabilities	\$ 132,202	\$ 30,482	\$ 12,295	\$ 17,410	\$ 2,352	\$ 27,054	\$ 0,458	\$ 55	\$ -	\$ 228,378	\$ (5,817)	\$ 222,561
Intercompany payables	137,003	-	-	14,110	-	851	22	20,971	-	141,000	(141,000)	-
Accrued compensation and benefits	43,045	40,200	17,044	31,323	4,314	1,800	-	341	70	145,178	(35)	145,143
Current portion of long-term debt	2,275	7,358	1,588	1,003	-	-	-	-	-	12,884	-	12,884
Accrued interest	158	2,528	81	488	-	-	-	-	-	4,055	-	4,055
Total current liabilities	1,550,043	80,034	31,508	65,000	6,000	29,874	648	30,307	80	1,807,561	(1,422,018)	384,043
Long-term liabilities	85,093	21,103	6,564	23,778	1,592	431	13,447	6,019	670	101,703	(35,010)	126,147
Reserves for professional and general liabilities	1,380	-	-	-	-	-	10,151	-	-	11,537	-	11,537
Long-term debt	120,860	370,834	75,247	101,968	-	-	-	-	-	684,009	-	684,009
Total liabilities	1,764,282	487,031	113,419	190,755	8,258	30,305	30,078	36,386	750	2,004,870	(1,458,534)	1,206,336
Net assets												
Unrestricted	653,742	1,404,007	150,511	580,803	34,124	50,440	180	782	4,204	2,200,110	(11,000)	2,185,453
Temporarily restricted	30,430	-	-	15,080	(1,200)	-	-	30,430	15,080	107,832	(54,510)	53,310
Permanently restricted	5,158	-	-	1,095	-	-	-	5,158	1,095	12,506	(10,253)	2,253
Total net assets	709,154	1,404,007	150,511	600,074	32,024	50,440	180	52,370	20,445	2,320,457	(75,435)	2,245,022
Total liabilities and net assets	\$ 1,753,128	\$ 1,892,298	\$ 209,930	\$ 790,829	\$ 41,182	\$ 80,745	\$ 30,258	\$ 91,756	\$ 21,201	\$ 4,985,327	\$ (1,533,969)	\$ 3,451,358

In Thousands

Sharp HealthCare

Combining Statement of Operations

Year Ended September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Vista Medical Center	Sharp Coronado Hospital and Healthcare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
<i>(in Thousands)</i>											
Revenues											
Patient service revenue	\$ 1,46,922	\$ 1,042,171	\$ 296,410	\$ 504,885	\$ 71,188	\$ -	\$ -	\$ -	\$ 2,151,576	\$ (3,460,209)	\$ 1,805,547
Provider tax revenue	-	9,171	6,215	8,019	1,000	-	-	-	25,704	-	25,704
Provision for doubtful accounts	(5,383)	(8,504)	(4,131)	(6,095)	(2,022)	-	-	-	(24,975)	-	(24,975)
Net patient service	141,539	1,042,838	298,494	506,809	72,025	-	-	-	2,152,305	(3,460,209)	1,806,276
Premium	812,324	-	-	-	382,592	-	-	-	1,194,916	(1,702,969)	1,024,647
Other	245,425	13,683	8,989	12,426	3,370	-	-	-	292,923	(195,273)	97,650
Total revenues	1,100,288	1,056,521	307,483	600,235	382,988	8,004	-	-	3,040,144	(7,115,711)	2,928,573
Expenses											
Salaries and wages	382,412	357,432	130,624	245,088	34,807	9,820	-	-	1,060,873	-	1,060,873
Employee benefits	73,795	85,389	30,811	60,447	8,713	2,114	-	-	261,268	(1)	261,268
Medical fees	245,055	13,001	5,525	10,926	668	335,000	-	-	611,084	(193,800)	417,284
Purchased services	137,958	50,323	20,919	56,721	7,306	12,576	-	-	300,076	(7,521)	293,222
Supplies	49,680	150,043	44,917	88,949	11,064	206	-	-	346,359	-	346,359
Provider tax	-	7,326	4,039	6,377	-	-	-	-	18,158	-	18,158
Maintenance, utilities, and rentals	63,107	29,063	8,491	17,811	3,276	880	-	-	123,618	(3,788)	119,830
Depreciation and amortization	38,873	40,000	12,003	23,341	3,201	568	6	-	119,654	(22,162)	97,492
Business insurance	2,369	3,204	1,104	2,294	252	114	8,700	-	18,100	(8,700)	9,334
Interest	4,609	17,311	3,770	2,906	-	1	-	-	28,687	(2,240)	26,447
Purchased services from affiliate	327,414	89,545	32,410	59,609	3,700	87	-	-	519,844	(519,844)	-
Other	17,242	8,463	2,605	4,852	10,072	38	-	-	44,007	-	44,007
Total expenses	1,242,691	862,800	303,878	579,921	78,108	9,076	-	-	3,452,632	(7,384,113)	2,064,219
(Loss) income from operations	(142,403)	193,622	3,605	29,344	6,800	(412)	-	-	187,512	46,842	234,354
Other non-operating income (loss)	(4,787)	(150)	29	(1,139)	38	-	1,484	291	(4,173)	124	(4,049)
Investment income	58,987	34,300	13,212	17,157	2,170	412	1,460	974	131,644	(46,960)	84,678
Excess (deficit) of revenues over expenses	107,007	222,082	11,701	95,301	9,227	-	3,505	2,431	356,772	(6,938)	349,834
Net assets transferred from related-party	-	-	-	49,963	-	-	-	-	49,963	-	49,963
Net assets released from restrictions used for purchase of property, plant and equipment	1,240	2,549	731	1,130	-	-	-	-	5,650	-	5,650
Pension related changes, other than net periodic pension cost	(6,565)	(8,319)	(2,873)	(5,561)	(180)	-	-	-	(24,145)	-	(24,145)
Other changes in net assets	4,506	-	-	2,518	1,570	-	552	1,100	10,312	(6,938)	3,374
Increase (decrease) in unrestricted net assets	9,087	222,082	11,701	95,301	9,227	-	3,505	2,431	356,772	(6,938)	349,834

Sharp HealthCare

Combining Statement of Changes in Net Assets

Year Ended September 30, 2014

	<i>In Thousands</i>											
	Sharp HealthCare	Sharp Memorial Hospital	Sharp Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and Healthcare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets	\$ 10,707	\$ 227,802	\$ 10,846	\$ 45,332	\$ 521	\$ 9,407	\$ -	\$ 2,953	\$ 1,205	\$ 314,983	\$ -	\$ 314,983
Excess (deficit) of revenues over expenses	-	-	-	49,963	-	-	-	-	-	49,963	-	49,963
Net assets transferred from related-party	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions used for purchase of property, plant, and equipment	1,240	2,510	731	1,130	-	-	-	-	-	5,650	-	5,650
Pension related changes, other than net periodic pension cost	(6,565)	(8,310)	(2,873)	(5,501)	(617)	(180)	-	-	-	(24,145)	-	(24,145)
Other changes in net assets	4,506	-	2,518	2,518	1,570	-	552	552	1,100	10,312	(6,938)	3,374
Increase (decrease) in unrestricted net assets	9,678	222,082	14,704	93,301	1,444	9,227	-	3,505	2,431	3,807	(6,938)	34,634
Temporarily restricted net assets	-	-	-	-	-	-	-	-	4,087	13,607	-	13,607
Contributions	-	-	-	-	-	-	-	1,112	157	1,269	-	1,269
Investment income	-	-	-	-	-	-	-	-	-	-	-	-
Change in net unrealized gains (losses) on other than trading securities	-	-	-	-	-	-	-	(1,149)	35	(1,114)	-	(1,114)
Net assets released from restrictions	-	-	-	-	-	-	-	(6,998)	(2,402)	(9,400)	-	(9,400)
Other	2,030	-	-	602	502	-	(545)	(1,185)	(1,185)	1,464	(2,632)	(1,168)
Increase (decrease) in temporarily restricted net assets	2,030	-	-	602	502	-	3,030	602	602	6,826	(2,632)	4,194
Permanently restricted net assets	-	-	-	-	-	-	-	-	-	-	-	-
Contributions	-	-	-	-	-	-	-	196	1	197	-	197
Other	189	-	-	21	-	-	-	(7)	20	223	(210)	13
Increase (decrease) in permanently restricted net assets	189	-	-	21	-	-	-	189	21	420	(210)	210
Increase (decrease) in net assets	12,107	222,082	14,704	94,014	2,006	9,227	-	6,724	3,054	364,018	(6,780)	354,238
Net assets beginning of the year	(21,351)	1,182,575	(41,807)	512,060	30,918	47,213	180	45,646	17,301	1,956,439	(65,655)	1,890,784
Net assets end of the year	(9,244)	1,404,657	156,511	606,074	32,924	56,440	180	52,370	20,415	2,320,457	(72,435)	2,248,022

Sharp HealthCare

Combining Balance Sheet – Obligated Group

September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
	<i>(In Thousands)</i>						
Assets							
Current assets							
Cash and cash equivalents	\$ 175,606	\$ 1,645	\$ 559	\$ 24,302	\$ 202,112	\$ -	\$ 202,112
Short-term investments	31,364	-	-	10,601	41,965	-	41,965
Accounts receivable, net	24,343	134,156	35,739	66,504	260,742	(682)	260,060
Estimated settlements receivable from government programs, net	-	6,784	750	13,748	21,282	-	21,282
Intercompany receivables	(1,371,708)	1,270,509	133,504	-	32,305	(14,119)	18,186
Inventories	7,288	16,435	5,931	11,499	41,153	-	41,153
Prepaid expenses and other	35,795	3,404	3,152	8,686	51,037	-	51,037
Total current assets	(1,097,312)	1,432,933	179,635	135,340	650,596	(14,801)	635,795
Long-term investments	201,337	-	-	12,561	213,898	-	213,898
Assets limited as to use							
Designated for property	948,739	-	-	273,576	1,222,315	-	1,222,315
Under bond indentures	589	44,127	15,124	47,523	107,363	-	107,363
Other restricted investments	-	-	-	-	-	-	-
Under self-insurance programs	-	-	-	-	-	-	-
Total assets limited as to use	949,328	44,127	15,124	321,099	1,329,678	-	1,329,678
Property and equipment, net	244,068	411,751	71,900	304,877	1,032,596	-	1,032,596
Unamortized financing costs	1,900	3,504	894	915	7,213	-	7,213
Other assets	31,729	(17)	2,377	1,591	35,680	-	35,680
Beneficial interest in Foundations	52,370	-	-	20,446	72,816	-	72,816
Total assets	\$ 383,420	\$ 1,892,298	\$ 269,930	\$ 796,829	\$ 3,342,477	\$ (14,801)	\$ 3,327,676

Sharp HealthCare

Combining Balance Sheet – Obligated Group (continued)

September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
<i>(In Thousands)</i>							
Liabilities and net assets							
Current liabilities							
Accounts payable and accrued liabilities	\$ 132,557	\$ 30,482	\$ 12,295	\$ 17,416	\$ 192,750	\$ (682)	\$ 192,068
Intercompany payable	-	-	-	14,119	14,119	(14,119)	-
Accrued compensation and benefits	43,945	46,266	17,044	31,323	138,578	-	138,578
Current portion of long-term debt	2,275	7,358	1,588	1,663	12,884	-	12,884
Accrued interest	458	2,528	581	488	4,055	-	4,055
Total current liabilities	179,235	86,634	31,508	65,009	362,386	(14,801)	347,585
Long-term liabilities							
Reserves for professional and general liabilities	85,093	21,163	6,564	23,778	136,598	-	136,598
Long-term debt	1,386	-	-	-	1,386	-	1,386
Total liabilities	126,860	379,834	75,347	101,968	684,009	-	684,009
Total liabilities	392,574	487,631	113,419	190,755	1,184,379	(14,801)	1,169,578
Net assets							
Unrestricted	(53,742)	1,404,667	156,511	589,893	2,097,329	-	2,097,329
Temporarily restricted	39,430	-	-	15,086	54,516	-	54,516
Permanently restricted	5,158	-	-	1,095	6,253	-	6,253
Total net assets	(9,154)	1,404,667	156,511	606,074	2,158,098	-	2,158,098
Total liabilities and net assets	\$ 383,420	\$ 1,892,298	\$ 269,930	\$ 796,829	\$ 3,342,477	\$ (14,801)	\$ 3,327,676

Sharp HealthCare

Combining Statement of Operations – Obligated Group

Year Ended September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
	<i>(In Thousands)</i>						
Revenues	\$ 1,46,922	\$ 1,042,171	\$ 296,410	\$ 594,885	\$ 2,080,388	\$ (332,894)	\$ 1,747,494
Patient service revenue	-	9,171	6,215	8,619	24,005	-	24,005
Provider tax revenue	(5,383)	(8,504)	(4,131)	(6,695)	(24,713)	-	(24,713)
Provision for doubtful accounts	141,539	1,042,838	298,494	596,809	2,079,680	(332,894)	1,746,786
Net patient service	812,324	-	-	-	812,324	-	812,324
Premium	245,425	13,683	8,989	12,426	280,523	(175,099)	105,424
Other	1,199,288	1,056,521	307,483	609,235	3,172,527	(507,993)	2,664,534
Total revenues							
Expenses	282,412	357,432	130,624	245,688	1,016,156	-	1,016,156
Salaries and wages	73,795	85,389	30,811	60,447	250,442	-	250,442
Employee benefits	245,055	13,001	5,525	10,926	274,507	(17,239)	257,268
Medical fees	137,958	59,323	26,919	56,721	280,921	(5,929)	274,992
Purchased services	49,680	150,943	44,917	88,949	334,489	-	334,489
Supplies	-	7,326	4,039	6,377	17,742	-	17,742
Provider tax	63,197	29,963	8,491	17,811	119,462	(3,095)	116,367
Maintenance, utilities, and rentals	38,873	40,999	12,663	23,341	115,876	(20,967)	94,909
Depreciation and amortization	2,366	3,204	1,104	2,294	8,968	-	8,968
Business insurance	4,699	17,311	3,770	2,906	28,686	(2,226)	26,460
Interest	327,414	89,545	32,410	59,609	508,978	(502,939)	6,039
Purchased services from affiliate	17,242	8,463	2,605	4,852	33,162	-	33,162
Other	1,242,691	862,899	303,878	579,921	2,989,389	(552,395)	2,436,994
Total expenses	(43,403)	193,622	3,605	29,314	183,138	44,402	227,540
(Loss) income from operations	(4,787)	(159)	29	(1,139)	(6,056)	-	(6,056)
Other non-operating income (loss)	58,987	34,399	13,212	17,157	123,755	(44,402)	79,353
Investment income	10,797	227,862	16,846	45,332	300,837	-	300,837
Excess of revenues over expenses	-	-	-	49,963	49,963	-	49,963
Net assets transferred from related-party	1,240	2,549	731	1,139	5,659	-	5,659
Net assets released from restrictions used for purchase of property, plant and equipment	(6,565)	(8,319)	(2,873)	(5,561)	(23,318)	-	(23,318)
Pension-related changes other than net periodic pension cost	4,506	-	-	2,518	7,024	-	7,024
Other changes in net assets	9,978	222,092	14,704	93,391	340,165	-	340,165
Increase in unrestricted net assets							

Sharp HealthCare

Combining Statement of Changes in Net Assets – Obligated Group

Year Ended September 30, 2014

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
	<i>(In Thousands)</i>						
Unrestricted net assets							
Excess of revenues over expenses	\$ 10,797	\$ 227,862	\$ 16,846	\$ 45,332	\$ 300,837	\$ -	\$ 300,837
Net assets transferred from related-party	-	-	-	49,963	49,963	-	49,963
Net assets released from restrictions used for purchase of property, plant and equipment	1,240	2,549	731	1,139	5,659	-	5,659
Pension related changes other than net periodic pension cost	(6,565)	(8,319)	(2,873)	(5,561)	(23,318)	-	(23,318)
Other changes in net assets	4,506	-	-	2,518	7,024	-	7,024
Increase in unrestricted net assets	9,978	222,092	14,704	93,391	340,165	-	340,165
Temporarily restricted net assets							
Other changes in net assets	2,030	-	-	602	2,632	-	2,632
Increase in temporarily restricted net assets	2,030	-	-	602	2,632	-	2,632
Permanently restricted net assets							
Other changes in net assets	189	-	-	21	210	-	210
Increase in permanently restricted net assets	189	-	-	21	210	-	210
Increase in net assets	12,197	222,092	14,704	94,014	343,007	-	343,007
Net (deficit) assets, beginning of fiscal year	(21,351)	1,182,575	141,807	512,060	1,815,091	-	1,815,091
Net (deficit) assets, end of fiscal year	\$ (9,154)	\$ 1,404,667	\$ 156,511	\$ 606,074	\$ 2,158,098	\$ -	\$ 2,158,098

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