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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization Sharp Health Plan		D Employer identification number 33-0519730
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (858) 499-8391
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 8695 Spectrum Center Blvd	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489		G Gross receipts \$ 504,825,234
F Name and address of principal officer Melissa Cook 8695 Spectrum Center Blvd San Diego, CA 921231489		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status 501(c)(3) 501(c) (4) ► (insert no) 4947(a)(1) or 527J Website: ► www.sharpehealthplan.comK Form of organization Corporation Trust Association Other ►H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1992 M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	153
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,474,526
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,068,844

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	365,266	227,591	
9 Program service revenue (Part VIII, line 2g)	382,630,336	498,591,857	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,388,517	1,416,537	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	384,384,119	500,235,985	

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	365,266	227,591	
9 Program service revenue (Part VIII, line 2g)	382,630,336	498,591,857	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,388,517	1,416,537	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	384,384,119	500,235,985	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,533	135,684	
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)	12,990,813	15,824,894	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ►0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	362,875,965	474,684,751	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	376,059,311	490,645,329	
19 Revenue less expenses Subtract line 18 from line 12	8,324,808	9,590,656	

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	86,745,310	103,429,024	
21 Total liabilities (Part X, line 26)	30,305,066	39,292,798	
22 Net assets or fund balances Subtract line 21 from line 20	56,440,244	64,136,226	

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		2016-08-11
	Rita Datko VP, CFO	Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00649485
	Firm's name ► Ernst & Young US LLP			Firm's EIN ► 34-6565596	
Firm's address ► 4370 La Jolla Village Dr Suite 500 San Diego, CA 92122			Phone no (858) 535-7200		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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 C

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 \$ 474,973.105 including grants of \$ 135,684) (Revenue \$ 498,591,857)

See Schedule C

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

See Community Benefits Report on Schedule C

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

Part IV Checklist of Required Schedules

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

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

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	323	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	153	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key Employee	Highest Compensated	Former			
(1) Michael W Murphy	6 00			X				0	1,733,581	102,962
Chairman	58 00				X					
(2) Ann Pumpian	2 00			X				0	879,792	47,462
Treasurer	48 00									
(3) John LeMoine MD	2 00			X				0	422,390	30,695
Director	40 00									
(4) Alison Fluery	2 00			X				0	483,429	40,882
Secretary	45 00				X					
(5) Melissa Cook	60 00			X				571,457	0	19,633
President & CEO	0 00									
(6) Rita Datko	60 00				X			247,746	0	28,412
VP, CFO	0 00									
(7) Leslie Pels-Beck	60 00					X		237,332	0	30,320
Chief Operating Officer	0 00									
(8) Michael Byrd	60 00					X		236,499	0	26,156
Bus Development Officer	0 00									
(9) Lori Stone MD	20 00					X		328,985	0	17,574
Chief Medical Officer	0 00									
(10) Jennifer Tuteur MD	60 00						X	197,222	0	20,608
Medical Director - SHP	0 00									
(11) Gregory Limon	55 00					X		179,930	0	8,100
Dir Med Economics/Contract	0 00									
(12) Mary Allen	50 00					X		146,474	0	8,249
Mgr Quality Improvement	0 00									
(13) Paul Piche	50 00					X		147,527	0	13,297
Dir Finance - SHP	0 00									
(14) Stephen Chin	55 00					X		141,836	0	13,948
Mgr Account Management	0 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,435,008	3,519,192	408,298

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sharp Memorial Hospital 8965 Spectrum Center Blvd San Diego, CA 92123	Medical Services	107,788,574
Sharp Rees Stealy Medical Group 4000 Ruffin Rd Ste E San Diego, CA 92123	Medical Services	75,598,019
Sharp Community Medical Group SD 8695 Spectrum Center Blvd Fl 4 San Diego, CA 92123	Medical Services	57,182,374
Palomar Pomorado Health 15255 Innovation Dr Ste 150 San Diego, CA 92128	Medical Services	13,281,271
Rady Children's Hospital SD 3020 Childrens Way MC 5001 San Diego, CA 92123	Medical Services	12,520,326
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►72		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 227,591			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		227,591		
Program Service Revenue	2a Prem fr Employer Groups	Business Code 524114	498,537,846	492,063,320	6,474,526
	b Other	900099	29,725	29,725	
	c Partnership Income	523000	24,286	24,286	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		498,591,857		
	3 Investment income (including dividends, interest, and other similar amounts)		860,832		860,832
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	5,144,954				
c Gain or (loss)	4,589,249				
d Net gain or (loss)	555,705				555,705
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a				
c Net income or (loss) from fundraising events	b				
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		500,235,985	492,117,331	6,474,526	1,416,537

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 domestic organizations and domestic governments See Part IV, line 21	135,684	135,684		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,820,678	420,812	1,399,866	
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	11,192,213	3,587,919	7,604,294	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	215,621	49,836	165,785	
9 Other employee benefits	1,684,953	389,442	1,295,511	
10 Payroll taxes	911,429	210,658	700,771	
11 Fees for services (non-employees)				
a Management	1,928,925	1,594,386	334,539	
b Legal	49,664		49,664	
c Accounting	398,109		398,109	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	449,144,120	449,144,120		
12 Advertising and promotion	974,119	515,886	458,233	
13 Office expenses	1,977,698	1,560,986	416,712	
14 Information technology	2,779,763	2,298,864	480,899	
15 Royalties				
16 Occupancy	891,012	671,223	219,789	
17 Travel	272,921	63,080	209,841	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,629	10,707	76,922	
20 Interest	961		961	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	569,382	470,879	98,503	
23 Insurance	145,170	117,679	27,491	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ACA Fees	10,676,810	10,676,810		
b System Allocation	1,065,331		1,065,331	
c Registry	1,033,821	854,970	178,851	
d Dues & Subscriptions	761,386	629,666	131,720	
e All other expenses	1,927,930	1,569,498	358,432	
25 Total functional expenses. Add lines 1 through 24e	490,645,329	474,973,105	15,672,224	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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1,957,460	1 11,101,572
2	Savings and temporary cash investments	40,204,192	2 34,153,157
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	3,488,596	4 16,933,488
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	533,836	9 595,244
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,005,852
b	Less accumulated depreciation	10b	1,092,224
		983,644	10c 913,628
11	Investments—publicly traded securities	39,420,277	11 39,584,096
12	Investments—other securities See Part IV, line 11	157,307	12 147,836
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	86,745,310	16 103,429,024
Liabilities			
17	Accounts payable and accrued expenses	19,179,930	17 27,539,948
18	Grants payable	18	
19	Deferred revenue	9,840,928	19 9,779,518
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	1,284,209	25 1,973,333
26	Total liabilities. Add lines 17 through 25	30,305,066	26 39,292,798
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	56,440,244	27 64,136,226
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	56,440,244	33 64,136,226
34	Total liabilities and net assets/fund balances	86,745,310	34 103,429,024

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	500,235,985
2	Total expenses (must equal Part IX, column (A), line 25)	2	490,645,329
3	Revenue less expenses Subtract line 2 from line 1	3	9,590,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,440,244
5	Net unrealized gains (losses) on investments	5	-1,703,668
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	-191,006
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,136,226

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

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

OMB No 1545-0047

2014

► 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.

Information about Schedule D (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 Health Plan**Employer identification number**

33-0519730

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		51,497	14,591	36,906	
d Equipment		1,923,465	1,077,633	845,832	
e Other		30,890		30,890	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					913,628

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.

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.

Table 1. (Continued) $\Delta E_{\text{ex}}^{\text{obs}}$ (cm $^{-1}$) for $\text{C}_6\text{H}_5\text{X}$ and $\text{C}_6\text{H}_5\text{Y}$ at 298.15 K and 1000 K.

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.

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	498,532,317
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,703,668
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-1,703,668
3	Subtract line 2e from line 1	3	500,235,985
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	500,235,985

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	490,645,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	490,645,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	490,645,329

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X, Line 2	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2015 and 2014, no such assets or liabilities were recorded

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Sharp Health PlanEmployer identification number
33-0519730**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797	501c(3)	8,333				Sponsorship/"Teaching Garden at Tiffany Elementary School"
(2) Girl Scouts San Diego 1231 Upas St San Diego, CA 92103	95-1644585	501c(3)	13,000				Sponsorship
(3) San Diego North Chamber of Commerce 10875 Rancho Bernardo Road Suite 104 San Diego, CA 92127	20-3185588	501c(6)	16,500				Sponsorship/"2014 Celebration of Business"
(4) Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501c(3)	10,000				Sponsorship/"Victories of Spirit Hero Sponsor"
(5) American Diabetes Association 5060 Shoreham Place Ste 100 San Diego, CA 92122	13-1623888	501c(3)	5,050				Sponsorship/"Tour de Cure"
(6) Association of Fundraising Professionals 2378 Trellis Street Chula Vista, CA 91915	33-0050791	501c(3)	10,000				Sponsorship

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 5

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

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

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

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

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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		
2		
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 in column(B) 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 4b	<p>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.</p>
Part I, Line 3	<p>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.</p>

Additional Data**Software ID:**
Software Version:**EIN:** 33-0519730**Name:** Sharp Health Plan**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael W Murphy, Chairman	(i) 0 (ii) 1,262,468	(i) 0 (ii) 401,135	(i) 0 (ii) 69,978	(i) 0 (ii) 83,051	(i) 0 (ii) 19,911	(i) 0 (ii) 1,836,543	(i) 0 (ii) 0
Ann Pumplian, Treasurer	(i) 0 (ii) 690,110	(i) 0 (ii) 163,219	(i) 0 (ii) 26,463	(i) 0 (ii) 32,465	(i) 0 (ii) 14,997	(i) 0 (ii) 927,254	(i) 0 (ii) 0
John LeMoine MD, Director	(i) 0 (ii) 337,047	(i) 0 (ii) 58,356	(i) 0 (ii) 26,987	(i) 0 (ii) 12,095	(i) 0 (ii) 18,600	(i) 0 (ii) 453,085	(i) 0 (ii) 0
Alison Fluery, Secretary	(i) 0 (ii) 360,444	(i) 0 (ii) 95,042	(i) 0 (ii) 27,943	(i) 0 (ii) 22,259	(i) 0 (ii) 18,623	(i) 0 (ii) 524,311	(i) 0 (ii) 0
Melissa Cook, President & CEO	(i) 447,559 (ii) 0	(i) 106,964 (ii) 0	(i) 16,934 (ii) 0	(i) 0 (ii) 822	(i) 0 (ii) 18,811	(i) 571,457 (ii) 19,633	(i) 0 (ii) 0
Rita Datko, VP, CFO	(i) 193,240 (ii) 0	(i) 48,964 (ii) 0	(i) 5,542 (ii) 0	(i) 10,557 (ii) 0	(i) 17,855 (ii) 0	(i) 276,158 (ii) 0	(i) 0 (ii) 0
Leslie Pels-Beck, Chief Operating Officer	(i) 183,255 (ii) 0	(i) 42,169 (ii) 0	(i) 11,908 (ii) 0	(i) 12,516 (ii) 0	(i) 17,804 (ii) 0	(i) 267,652 (ii) 0	(i) 0 (ii) 0
Michael Byrd, Bus Development Officer	(i) 184,676 (ii) 0	(i) 43,974 (ii) 0	(i) 7,849 (ii) 0	(i) 8,340 (ii) 0	(i) 17,816 (ii) 0	(i) 262,655 (ii) 0	(i) 0 (ii) 0
Lori Stone MD, Chief Medical Officer	(i) 258,058 (ii) 0	(i) 68,846 (ii) 0	(i) 2,081 (ii) 0	(i) 11,016 (ii) 0	(i) 6,558 (ii) 0	(i) 346,559 (ii) 0	(i) 0 (ii) 0
Jennifer Tuteur MD, Medical Director - SHP	(i) 196,774 (ii) 0	(i) 0 (ii) 0	(i) 448 (ii) 0	(i) 8,292 (ii) 0	(i) 12,316 (ii) 0	(i) 217,830 (ii) 0	(i) 0 (ii) 0
Gregory Limon, Dir Med Economics/Contract	(i) 143,846 (ii) 0	(i) 27,519 (ii) 0	(i) 8,565 (ii) 0	(i) 7,510 (ii) 0	(i) 590 (ii) 0	(i) 188,030 (ii) 0	(i) 0 (ii) 0
Mary Allen, Mgr Quality Improvement	(i) 127,044 (ii) 0	(i) 18,313 (ii) 0	(i) 1,117 (ii) 0	(i) 6,828 (ii) 0	(i) 1,421 (ii) 0	(i) 154,723 (ii) 0	(i) 0 (ii) 0
Paul Piche, Dir Finance - SHP	(i) 124,654 (ii) 0	(i) 17,639 (ii) 0	(i) 5,234 (ii) 0	(i) 5,574 (ii) 0	(i) 7,723 (ii) 0	(i) 160,824 (ii) 0	(i) 0 (ii) 0
Stephen Chin, Mgr Account Management	(i) 115,435 (ii) 0	(i) 21,924 (ii) 0	(i) 4,477 (ii) 0	(i) 6,746 (ii) 0	(i) 7,202 (ii) 0	(i) 155,784 (ii) 0	(i) 0 (ii) 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 990-EZ 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.****2014****Open to Public
Inspection**

Name of the organization

Sharp Health Plan

Employer identification number

33-0519730

Return Reference	Explanation
Form 990, Part I, Line 1 & Part III, Line 1	To promote the health and to serve the community interests of the residents of California, by operation of a health maintenance organization and by provision of other managed health care services To support the charitable and community-oriented mission and programs of the Sharp HealthCare system To do generally all things and transact all business which any person or individual may lawfully do, not inconsistent with the purposes of the Corporation or with the rights and purposes of a nonprofit organization

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Sharp Health Plan (SHP) offers a wide variety of commercial benefit plans to businesses in San Diego and Southern Riverside Counties. SHP is a San Diego based commercial health plan and as a not-for-profit enterprise, we are here for one simple reason to serve our members since 1992. Sharp Health Plan offers a variety of health insurance options for individuals, families and businesses that combine affordability and choice, while delivering high quality health care and personal service. Members have access to valuable plan enhancements, such as interactive wellness resources, dental discounts, Sharp Nurse Connection and our exclusive global emergency services program. In 2013, Sharp Health Plan was selected as one of 13 health plans to participate in Covered California's individual marketplace and one of six health plans to participate in Covered California's Small Business Health Options Program ("SHOP") marketplace for small businesses.</p>

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November/December 2014.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com). Additionally, Sharp Health Plan has separately stated audited financial statements that are also available upon request. Financial information is also available in the annual and quarterly Department of Managed Health Care (DMHC) filings, which are available on the DMHC website (www.dmhc.ca.gov)</p>

Return Reference	Explanation
Form 990, Part IX, line 11g	Fee for service medical expense Program service expenses 75,854,390 Management and general expenses 0 Fundraising expenses 0 Total expenses 75,854,390 Capitation medical expense Program service expenses 358,473,591 Management and general expenses 0 Fundraising expenses 0 Total expenses 358,473,591 Purchased services Program service expenses 5,650,071 Management and general expenses 0 Fundraising expenses 0 Total expenses 5,650,071 Broker commissions Program service expenses 9,166,068 Management and general expenses 0 Fundraising expenses 0 Total expenses 9,166,068

Return Reference	Explanation
Form 990, Part XI, line 9	Change in minimum pension liability -191,006

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

Return Reference	Explanation	
	Form 990, Part III, line 4b	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2015 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, 22 medical centers, five urgent care centers, 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, 2015, Sharp is licensed to operate 2,088 beds and has approximately 2,600 Sharp-affiliated physicians and more than 17,000 employees.</p> <p>FOUR ACUTE CARE HOSPITALS</p> <ul style="list-style-type: none"> Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in San Diego County's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the South Bay'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, cancer treatment, women and infants, and the only bloodless medicine and surgery center in SDC. Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services. Sharp Grossmont Hospital (528 licensed 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 licensed 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>THREE SPECIALTY CARE HOSPITALS</p> <ul style="list-style-type: none"> Sharp Mary Birch Hospital for Women & Newborns (206 licensed 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 (158 licensed 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 licensed beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital. <p>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. The operations of Sharp HospiceCare are reported within SGH.</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient's' expectations and are provided in a caring, convenient, cost-effective and accessible manner. Vision Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves.</p> <p>Values</p> <ul style="list-style-type: none"> * Integrity Trustworthy, Respectful, Sincere, Authentic, Committed to * Caring Compassionate, Communicative, Service Oriented, Dedicated to * Collaboration Teamwork and Collaboration, Serves Others Above Self, C

Return Reference	Explanation	
	Form 990, Part III, line 4b	Celebrates Wins, Embraces Diversity * Safety Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision 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, Accountable

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Culture The Sharp Experience For more than 15 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 care givers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. <p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 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. In 2014, 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"> Sensitivity to operations: A reluctance to amplify preoccupation with failure. Deference to expertise. Resilience: Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization: Quality, Safety, Service, People, Finance, Growth and Community. <p>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"> *Quality - Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations. *Safety - Keep patients, employees and physicians safe and free from harm. *Service - Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence. *People - Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission and vision. *Finance - Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization. *Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. *Community - Be an exemplary community citizen by improving the health and well-being of the community and supporting the stewardship of our environment. <p>Awards Sharp has received the following recognition:</p> <ul style="list-style-type: none"> Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award.

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ward, 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 and 2014 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind Sharp is the only health care company in San Diego recognized in both years 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," 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 was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2015 "Best of San Diego" Readers Poll In 2015, SMBHWN was named "Best Hospital," while SGH and SMH were ranked second and third "Best Hospitals" Sharp Community Medical Group (SCMG) and Sharp Rees-Stealy Medical Group (SRSM) were ranked first and second, respectively, in 2015 as San Diego's "Best Medical Group" 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 redesignated in March 2013 Sharp was named one of the nation's "Most Wired" health care systems from 1999 to 2009, and again from 2012 to 2015 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 2014, SCVMC and its on-site 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 joined 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 US In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015 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 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the US 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, 2013 and 2015</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>San Diego Gas & Electric (SDG&E) recognized Sharp 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 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 SMBHVN were honored for their comprehensive waste reduction programs. Sharp 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. From 2013 to 2015, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence Awards. Based on one year of data, this designation recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awards for SHC entities include SCVMC, SCHHC, SGH, SMBHVN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employee Engagement, SMBHVN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHVN and SMV for Physician Engagement. In 2013, the Press Ganey organization recognized multiple SHC entities for achievement of the Beacon of Excellence Awards. This designation recognizes those who maintain consistent 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). Awarded entities included SHC for Employee Engagement, SMH for Patient Satisfaction, and SCHHC and SMV for Physician Engagement. SHP was ranked a top 100 U.S. health plan and a top three California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015, which rated health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. SHP also received the highest level "Excellent" Accreditation status from the NCQA for the third year in a row (2013-2015). The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. SHP was also rated highest in California among reporting California Health Plans for Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance. In 2015, Sharp was ranked fourth in the large employers category as one of the "Best Places to Work" for Information Technology (IT) professionals by the International Data Group's (IDG) Computerworld survey. The list is compiled by the following criteria: benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. In 2015, SGH and SMBHVN received a 2015 Women's Choice Award - a symbol of excellence in customer experience awarded by the collective of women. SGH was recognized as one of America's Best Hospitals for Cancer Care and SMBHVN was recognized as one of America's Best Hospitals for Obstetrics. For the third year in a row, and the fourth time in five years, Sharp HealthCare won the top spot in the Mega Employer category in the Rideshare 2015 Challenge. The month-long challenge encouraged the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by San Diego Association of Governments (SANDAG) and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions. Patient Access to Care Programs. Uninsured patients with no ability to pay and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient received in the ED find 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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>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 2015, Sharp helped guide approximately 85,910 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity throughout the process. Beginning in 2014 Sharp hospitals implemented an on-site 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 2,198 unfunded patients in the ED during FY 2015. In support of Covered California's annual open enrollment period, 14 members of Sharp's registration staff have become Certified Application Counselors in order to better assist both patients and the general community with navigating 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. 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, social work, 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 installments, 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 may receive services such as assistance with transportation and placement, connections to community resources, and financial support for medical equipment and medications. SCHHC, SGH and SMH work in collaboration with the San Diego Rescue Mission (SDRM) to identify patients who may benefit from a referral 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. These referrals may include chronically homeless patients or patients who have exhausted other community housing resources.</p>

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	Form 990, Part III, line 4b (continued)	<p>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 through its community-wide health screening program. Complimentary health screenings are provided across SDC to inform community members about their current health status and help determine their risk for common diseases including diabetes, heart disease and other health conditions. Screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use. From October 1, 2014 to September 30, 2015, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 75 community health screening events throughout the county screening more than 5,200 San Diegans. Participants were not asked to provide personal information, nor were they required to show proof of insurance or have any relationship with Sharp to be eligible for the screening. All participants received their results and 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. Uninsured community members and those in need of additional services received information about available resources through 2-1-1 San Diego. Since its inception, the community screening effort has conducted events at more than 40 locations across San Diego, including communities with limited access to health care programs and resources. In addition, in April and May, Sharp offered screenings at the Health Sciences High and Middle College (HSHMC) eighth annual Internship Symposium and during parent/teacher events, serving more than 70 attendees. In FY 2015, Sharp team members devoted nearly 113,000 hours actively screening community members, including time spent on administrative support and logistics. Thirty-two team members provided screenings and 11 team members served as conference personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish. 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 Internships: 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 2015, more than 4,600 student interns dedicated nearly 680,000 hours within the Sharp system. Students belonged to a variety of 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, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health. Students came from local community colleges such as Grossmont College, San Diego City College, San Diego Mesa College (MCC) and Southwestern College (SWC), local and national university campuses such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California, San Diego (UCSD), and University of San Diego (USD), and vocational schools such as Kaplan College. Table 1 presents the number of students and student hours at each of the Sharp entities in FY 2015.</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Students</th> <th>Group Hours</th> <th>Precepted Hours</th> <th>Ancillary Hours</th> <th>Total Hours</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center Nursing</td> <td>842</td> <td></td> <td></td> <td></td> <td>842</td> </tr> <tr> <td>Sharp Grossmont Hospital Nursing</td> <td>732</td> <td>62,492</td> <td>16,643</td> <td>238</td> <td>54,200</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns Nursing</td> <td>207</td> <td>5,184</td> <td>15</td> <td>4,486</td> <td>222</td> </tr> <tr> <td>Sharp Memorial Hospital Nursing</td> <td>404</td> <td>29,451</td> <td>18,902</td> <td>310</td> <td>874</td> </tr> <tr> <td>Total</td> <td>133,335</td> <td>5,184</td> <td>15</td> <td>4,486</td> <td>133,335</td> </tr> </tbody> </table> <p>Table 1: Sharp HealthCare Internships - FY 2015</p> <p>Sharp Chula Vista Medical Center Nursing: 842 Students, 0 Group Hours, 0 Precepted Hours, 0 Ancillary Hours, 0 Total Hours.</p> <p>Sharp Grossmont Hospital Nursing: 732 Students, 62,492 Group Hours, 16,643 Precepted Hours, 238 Ancillary Hours, 54,200 Total Hours.</p> <p>Sharp Mary Birch Hospital for Women & Newborns Nursing: 207 Students, 5,184 Group Hours, 15 Precepted Hours, 4,486 Ancillary Hours, 222 Total Hours.</p> <p>Sharp Memorial Hospital Nursing: 404 Students, 29,451 Group Hours, 18,902 Precepted Hours, 310 Ancillary Hours, 874 Total Hours.</p> <p>Total: 133,335 Students, 5,184 Group Hours, 15 Precepted Hours, 15 Ancillary Hours, 133,335 Total Hours.</p>	Entity	Students	Group Hours	Precepted Hours	Ancillary Hours	Total Hours	Sharp Chula Vista Medical Center Nursing	842				842	Sharp Grossmont Hospital Nursing	732	62,492	16,643	238	54,200	Sharp Mary Birch Hospital for Women & Newborns Nursing	207	5,184	15	4,486	222	Sharp Memorial Hospital Nursing	404	29,451	18,902	310	874	Total	133,335	5,184	15	4,486	133,335
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Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	714 Students 122,351 Hours Sharp Mesa Vista Hospital Nursing 318 Students 22,642 Group Hours 3,524 Precepted Hours Ancillary 38 Students 23,106 Hours Total 356 Students 49,272 Hours Sharp HospiceCare Nursing 74 Students 674 Precepted Hours Total 74 Students 674 Hours Sharp HealthCare Nursing 387 Students 60,843 Precepted Hours Ancillary 223 Students 52,947 Hours Total 610 Students 113,790 Hours Total Nursing 3,554 Students 282,961 Group Hours 129,192 Precepted Hours Ancillary 1,073 Students 267,491 Hours Total 4,627 Students 679,644 Hours

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Health Sciences High and Middle College Sharp is an industry partner with charter school 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. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHVN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRS sites. Students begin in their experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control and Mental Health Matters at Mesa College. Level II of the HSHMC program is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotation, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, as well as take additional health-related coursework at Mesa College, including Anatomy, Physiology, Medical Terminology, Health 101, Psychology and Abnormal Psychology. Nearly 500 HSHMC students - including 143 Level I students and 347 Level II students - were supervised for approximately 55,000 hours on Sharp campuses in FY 2015. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, imaging, rehabilitation, laboratory services, pharmacy, pathology, radiology, endoscopy, engineering, pulmonary services, cardiac services, and operations. 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. In May 2015, the HSHMC program graduated its fifth full class. Each year, Sharp HealthCare reviews and evaluates the collaboration with HSHMC, including outcomes of students and graduates, to promote long-term sustainability. Although many HSHMC students face 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 2015, 93 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 85 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 100 percent graduation rate, which is higher than California's 80.8 percent state average as well as an Academic Performance Index score of 828, which exceeds the state's goal of 800. The California Department of Education recognizes HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high and low-performing students. HSHMC is also a 2014 U.S. News & World Report Best High Schools bronze award winner, and National School Safety Advocacy Council award winner. Lectures and Continuing Education Sharp contributes to the academic environment of colleges and universities throughout San Diego. In FY 2015, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses. This included guest lectures on pharmacy practice at UCSD and USD, health information technology, nutrition and professional development at SDSU, the legalities of nursing and community nutrition and eating disorders at PLNU, advance care planning at Azusa Pacific University (APU), and a variety of health administration lectures to public health graduate students at SDSU. Sharp's Continuing Medical Education (CME) Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2015, Sharp's CME team invested more than 1,800 hours to numerous CME activities for San Diego health care providers. This included confer</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ences on primary care, heart failure, lung cancer, colorectal cancer, and advances in OB/GYN, as well as presentations on stroke, Ebola, infection prevention, clinical documentation improvement and HROs. In addition, the CME team organized a live video conference for orthopedic surgeons, radiologists, residents and fellows in which expert orthopedic surgeons from Sharp HealthCare, Germany, Austria and Switzerland presented on the European and North American Perspectives on Hip Preservation Research. Sharp HealthCare Center for Research Innovation is critical to the future of health care. The Sharp HealthCare Center for Research supports innovation through its commitment to safe, high quality research initiatives that provide valuable knowledge to the San Diego health care community, and positively impact patients and community members. Currently, more than 350 active protocols are being conducted at Sharp. The Center for Research is also seeking accreditation by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) for accreditation of Sharp's HRPP. Accreditation by AAHRPP indicates that an organization follows rigorous standards for ethics, quality, and protections for human research, and acts as a public affirmation of the organization's commitment to protecting research participants. The Center for Research anticipates accreditation by March 2016.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp Human Research Protection Program and Institutional Review Board The Sharp Center for Research's Human Research Protection Program (HRPP) is responsible for the ethical and regulatory compliant oversight of research being conducted at Sharp. There are three components to the Center for Research's HRPP: the organization, the researchers and the Institutional Review Board (IRB). The IRB is the largest component of the HRPP and 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 Sharp's IRB in order to protect participant safety and maintain responsible research conduct. In FY 2015, 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. This includes clinical trials that add to scientific knowledge and enable health care providers to learn whether a new treatment is safe and effective. Sharp conducts clinical trials in behavioral health, neonatal, cardiovascular, mechanical circulatory support, renal transplant, orthopedics, stroke and oncology, the latter of which comprises the majority of Sharp's clinical trials. The Center for Research's HRPP also provides education and support both for researchers across Sharp and the broader San Diego health and research communities on requirements regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics to the research community, including physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have included Investigator Quality Improvement Activities, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, and Risks to Subjects - It's Not Just Physical.</p> <p>Sharp Outcomes Research Institute The Sharp Outcomes Research Institute (ORI) began in 2010 as a pilot initiative funded by the Sharp HealthCare Foundation. The ORI facilitates interdisciplinary research on health care practices in order to identify and promote quality patient care across the health care community. The ORI collaborates with Sharp team members by facilitating the design of patient-centered outcomes research projects, assisting with database development as well as data collection and analysis, exploring funding mechanisms for research projects, and facilitating IRB application submissions. A priority for the ORI is to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research in order to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University (NU). The ORI has also developed educational presentations for the greater health care research community that foster awareness of the importance of research for improving health outcomes. This includes presentations of peer-reviewed abstracts of research study results and training on research designs.</p> <p>Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (inter-professional 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 for 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, UCSD Health System, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD. The Naval Medical Center San Diego (NMCSD) is expected to join in FY 2016. 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 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 2015, the</p>

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	Form 990, Part III, line 4b (continued)	e 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. Thirty-four fellows graduated from the EBPI program in FY 2015 and completed projects that addressed the following issues in clinical practice and patient care: health literacy for patients, structured debriefing for critical incidents in the intensive care setting, nurse-driven protocol for urinary catheter removal, charge nurse rounding in the ED, cue-based feedings in the neonatal intensive care unit (NICU), and noise reduction in the progressive care setting.

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Volunteer Service Sharp Lends a Hand In FY 2015, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). In October, Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely on Sharp for volunteer labor only, support existing nonprofit initiatives, community activities or other programs that serve SDC, and be completed by September 30, 2015. Eleven projects were selected: San Diego Blood Bank, Holiday Mail for Heroes, San Diego Food Bank (SDFB), San Diego Half Marathon, Ruffin Canyon Clean-Up, the American Diabetes Association (ADA) Tour de Cure, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, and the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration. More than 1,700 Sharp employees, family members and friends volunteered over 5,850 hours in support of these projects. In November 2014, 14 SLAH volunteers joined the San Diego Chargers football team for their 36th annual Blood Drive in Mission Valley. The event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood. SLAH volunteers consisted of registered nurses (RNs), licensed vocational nurses, certified phlebotomists and limited phlebotomists who provided assistance with blood typing (determining what type of blood an individual has). During the 2014 holiday season, 11 SLAH volunteers joined the American Red Cross' Holiday Mail for Heroes program to support service members and veterans separated from their families during the holiday season due to deployments and hospital stays. Volunteers wrote cards of appreciation to the members of the United States Armed Forces and their families, expressing thanks for the sacrifices they make to protect our freedoms. The San Diego Food Bank (SDFB) feeds people in need throughout SDC, advocates for the hungry, and educates the public about hunger-related issues. On 16 days between February and September 2015, 960 SLAH volunteers inspected, cleaned and sorted donated food, assembled boxes and cleaned the SDFB warehouse. For two days in March, 100 SLAH volunteers provided registration, gear-check, water stop and finish-line support at the San Diego Half Marathon. This premier race raises money for vulnerable communities including the Skinny Gene Project, a division of the J. Moss Foundation that addresses the environment-based issues that affect a person's ability to prevent diabetes. 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. Also in March, 40 SLAH volunteers joined the Friends of Ruffin Canyon in the Ruffin Canyon Clean-Up. Located in Serra Mesa, the Ruffin Canyon Open-Space Preserve consists of 84 acres of natural open space, including native plant-life and primitive trails. The Friends of Ruffin Canyon fosters community participation in the protection of Ruffin Canyon's unique habitat. Volunteers picked up trash and debris, pulled weeds, installed native plants and helped maintain the trail. To support the nearly one million San Diegans with diabetes or prediabetes, SLAH volunteers participated in the Tour de Cure 2015, a fundraising cycling event benefitting the American Diabetes Association (ADA). For two days in April, more than 60 SLAH volunteers assisted with pre-event packet pick-up, and day-of event registration, T-shirt distribution and medical care. By volunteering their time, SLAH participants helped to ensure that more funds go toward the ADA's mission to prevent, cure and improve the lives of all people affected by diabetes. On nine days in June and July, 360 volunteers participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego to provide community-based social services to veterans without a permanent residence. Volunteers gathered at the Veteran's Village Warehouse in El Cajon and at San Diego High School where they sorted and organized clothing donations and offered companionship to more than 800 of San Diego's homeless veterans. In addition, Sharp medical doctors and nurses offered medical assistance, while Sharp pharmacists and licensed pharmacy technicians provided support, counseling and dispensing of medications. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bicoastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In September, nearly 90 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 Sa</p>

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	Form 990, Part III, line 4b (continued)	<p>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. Approximately 40 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in March and the San Diego River Garden in Mission Valley in May. Activities included trail maintenance, watering, pruning and other light gardening projects. In July, SLAH volunteers joined the foundation once again for the Coastal Habitat Restoration event in Ocean Beach to help save and restore one of the last remaining coastal dune and wetland habitats in San Diego. Twenty volunteers helped remove invasive plants, watered and cared for recent plantings, and provided trail maintenance and litter removal.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp Humanitarian Service Program In FY 2015, the Sharp Humanitarian Service Program funded more than 50 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations in Haiti, Guatemala, Peru, southern Africa and other vulnerable areas. Through the program, a Sharp pharmacist participated in a two-week medical mission trip to the impoverished villages of Ayacucho, Peru, located in the central Andes Mountains. Sponsored by the Peruvian American Medical Society, the mission team consisted of approximately 50 professionals - including physicians, a pharmacist, nurses, translators, case workers and general volunteers - who provided medical examinations and medications for approximately 75 to 100 patients each day. In May, a Sharp nurse traveled to Zimbabwe with Operation of Hope, a nonprofit volunteer surgical team that provides free surgeries to children in developing countries who are born with or suffering from facial deformities. For approximately two weeks, the team member worked along side surgeons, anesthesiologists and other staff who surgically repaired the cleft lips and palates of approximately 75 patients. The team also received assistance from staff at a Zimbabwe hospital and from the local rotary club. In addition, the team educated community members about cleft lip and palates on a local radio station in an effort to reduce the social stigma associated with the malformation. In April, another Sharp nurse served in the operating room (OR) on Africa Mercy. As the world's largest civilian hospital ship, Africa Mercy is operated by Mercy Ships, a global charity that brings lifesaving surgeries, hope and healing to people living in the world's poorest regions. During their two-week mission, the team member assisted with multiple surgical procedures for approximately 60 citizens of Madagascar, including the removal of large tumors on backs and necks as well as hernia repairs. International Medical Relief (IMR) is a nonprofit organization that treats underserved patients by providing medical services, medication, supplies, training and education to communities all over the globe with help from medical volunteers. For 10 days, a Sharp team member joined IMR to help treat those lacking medical services in the remote villages of Uganda. Alongside other foreign staff - such as physicians, nurse practitioners, nurses, respiratory therapists and various other nonmedical professionals - the team member provided health assessments, medications, antibiotics and wellness exams to thousands of people in need. Haitian parents without a job are often at risk of sending their children to an orphanage because they are unable to feed them. The ImME organization empowers and sustains the structure of family to the orphans of the world through care, education, prevention and stewardship. In FY 2015, one Sharp team member participated in a trip to Haiti with ImME, where she provided assistance to an orphanage and a feeding program that serves meals to 150 children and youth twice a week, who would otherwise never have a hot meal. In collaboration with the founder of COMPASSION IT - a nonprofit organization and social movement that inspires compassionate actions in the daily lives of individuals around the world - a Sharp team member traveled to Botswana for a two-week mission trip. Working with the Botswana Ministry of Health, the Ministry of Education and Skills Development, various nongovernment organizations, and Botho (an organization that aims to nurture compassion), they provided compassion training to more than 500 citizens of Botswana. Audience members were from education and social service sectors, including physicians, social workers, nurses, teachers, police officers, orphanage caregivers and students. With the rising prevalence of empathy fatigue and burnout among service providers, the training supports emotional resilience, broadens perspectives and provides practical application during difficult or stressful situations. The training was based on Compassion Cultivation Training (CCT) developed by the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine as well as other mindfulness and self-compassion curricula, and was also supported by a Sharp IRB study. Following the mission, electronic support was provided to participants for eight weeks. In February, a Sharp team member participated in a 10-day trip to San Lucas Toliman in the highlands of southwestern Guatemala to build and renovate homes for Mayan families. This trip was organized by the Global Village volunteer program through Habitat for Humanity, a nonprofit Christian housing organization that believes everyone should have a decent, safe and affordable place to live. Three teams of six volunteers rotated between working on a rural house foundation for a Mayan couple and building smokeless stoves and latrines for</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>eight Mayan families (including water filters and basic sanitation services) InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, nurses , pediatricians, speech therapists, psychosocial workers and other volunteers who devote t heir time and expertise to offer reconstructive surgery to children in Mexico. In October, a Sharp team member joined InterFACE to provide reconstructive surgery to underprivileged children - and some adults - in Mexicali. In two days, the team provided an average of 75 surgical procedures including cleft lip and palate repair, burn reconstruction, and repair to ear, hand and other congenital or acquired deformities. During a week-long medical mission trip, a Sharp team member provided care to hundreds of impoverished residents of Cao Bang, Vietnam. The trip was organized by the Good Samaritan Medical and Dental Ministry, a nonprofit organization that provides medical, dental and optometric care to the people o f Vietnam through annual summer missions. The villagers w ere malnourished, sick and extremely dehydrated. The medical team set up a clinic in a local elementary school w here they d iagnosed and treated ailments, drew labs, prescribed and provided medicine, pulled teeth a nd performed surgeries. With no access to clean or running water, sinks, toilets or air co nditioning, the team w as able to help those in need despite having limited resources. Each year, Experience Camp serves hundreds of youth across the country through one-week camps for those who have experienced the death of a parent, sibling or primary caregiver. The pr ogram helps build confidence, encourages laughter, provides emotional support and allows y outh to navigate their grief through friendship, teamwork, athletics and the common bond o f loss. In FY 2015, a Sharp team member served as a clinician w ith Experience Camp during w hich they developed programs to meet the emotional needs of the camp's youth as well as s upported other volunteer clinicians and cabin counselors.</p>

Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>Community Walks For the past 20 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk. In September 2015, more than 800 walkers represented Sharp at the 2015 San Diego Heart & Stroke Walk held at Balboa Park. Sharp was the No 1 team in San Diego and the No 2 team in the AHA Western Region Affiliates, raising nearly \$180,000. Sharp Volunteers 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 a wide variety of programs across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients as well as to the general public and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals, in the community, and in support of the foundations. On average, more than 1,920 individuals actively volunteered at Sharp each month in FY 2015, contributing a total of more than 270,000 hours of service to Sharp and its initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. These community members dedicated more than 9,600 hours to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. Table 2 Sharp Volunteers and Volunteer Hours FY 2015 Sharp Chula Vista Medical Center 390 Average Active Volunteers per Month 53,136 Volunteer Hours Sharp Coronado Hospital and Healthcare Center 78 Average Active Volunteers per Month 8,226 Volunteer Hours Sharp Grossmont Hospital 729 Average Active Volunteers per Month 111,342 Volunteer Hours Sharp HospiceCare 77 Average Active Volunteers per Month 6,634 Volunteer Hours Sharp Metropolitan Medical Campus 649 Average Active Volunteers per Month 90,934 Volunteer Hours TOTAL 1,923 Average Active Volunteers per Month 270,272 Volunteer Hours In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers dedicated hours of support to various events, such as annual golf tournaments and galas. In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. Program requirements vary, however all require high grade point averages and long-term commitments of at least 100 hours. Junior volunteers serve in a wide range of roles throughout Sharp. They enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. And on the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. In FY 2015, more than 480 high school students contributed a total of 58,100 hours to the Junior Volunteer Program. This included 85 juniors who provided more than 6,500 hours of service at SMH and SMBMVN, 144 juniors who dedicated approximately 16,600 hours of service at SCVMC, and nearly 257 juniors who contributed nearly 35,000 hours of service at SGH. Volunteers on Sharp's various entity boards provide program oversight, administration and decision making regarding financial resources. In FY 2015, nearly 120 volunteers contributed their time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on 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. This section describes the achievements of various Sharp volunteer programs in FY 2015.</p>

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	Form 990, Part III, line 4b (continued)	<p>Sharp HospiceCare Volunteer Programs Sharp HospiceCare provided a variety of volunteer training opportunities in FY 2015. Hospice volunteers are often working towards a career in the medical field, and can gain valuable knowledge and experience through volunteering. Volunteers provide valuable services to the hospice organization and those they serve, including companionship to those near the end-of-life, support for families and caregivers and help with community outreach. Fifty-one new hospice volunteers were trained in FY 2015. Volunteers complete an extensive 32-hour training program to confirm their understanding of a nd commitment to hospice care prior to beginning their patient and administrative support activities. In addition, five teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2015, through which the teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes. The teens may perform grooming and hygiene tasks or provide simple acts of kindness, such as sitting with patients, listening to their stories and holding their hand. Nine nursing students from PLNU also volunteered at Sharp HospiceCare, offering assistance to family caregivers in private homes. Sharp HospiceCare provides the 11th Hour Program to ensure that no patient dies alone. Through the program, a Sharp HospiceCare volunteer accompanies patients who are in their final moments yet do not have a family member present. The volunteer offers a comforting presence by holding the patient's hand, reading softly to them and simply being by their side. Families who are present with their dying loved one may also prefer the comfort of a volunteer as their loved one passes away. Twenty-two volunteers were trained through the 11th Hour Program in FY 2015. Furthering its volunteer efforts in FY 2015, Sharp HospiceCare trained 11 volunteers in Healing Touch - a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain. After volunteers are trained in Healing Touch, they provide the therapy to family caregivers once a week while their loved one is receiving hospice care as well as a visit following the patient's death. Sharp HospiceCare is a partner in We Honor Veterans (WHV) - a national program developed by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare can achieve up to four levels of commitment in serving veterans. As current Level I partners, Sharp HospiceCare volunteers receive an additional eight hours of training that enables them to work with patients with military experience as well as provide weekly support, companionship and relief for caregivers of veterans. Once trained, the volunteers may also offer a special ceremony to veterans receiving hospice services and their family members, in which they honor them with a WHV pin and a certification of appreciation for their services. In FY 2015, volunteers held 17 pinning ceremonies for veterans receiving care at Sharp HospiceCare. Sharp HospiceCare offers the Memory Bear Program to support community members who have lost a loved one. Through the program, volunteers create 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 2015, volunteers devoted nearly 3,600 hours to handcraft approximately 900 bears for nearly 350 families. Sharp HospiceCare offers a monthly support group to enhance volunteers' education and training. Volunteers are also recognized for their valuable contribution during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBHN, SMV) Volunteer Programs SMH created the Community Care Partner (CCP) program to serve and comfort patients without family or friends to support them during their hospital stay. 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 offered the Health Information Ambassador Program to bring the library's services directly to patients and their families, and empower them to become involved in their own health care. The Health Information Ambassadors are hospital volunteers who receive additional training to assist patients with navigating the library's resources and providing information on various health topics. The program has been well-received by patients and families, and has helped to increase library usage and engagement. The Health Information Ambassadors also participate in other hospital programs and events, such as the annual Health Fair and the monthly Health Information Seminar Series. The program has been well-received by patients and families, and has helped to increase library usage and engagement. The Health Information Ambassadors also participate in other hospital programs and events, such as the annual Health Fair and the monthly Health Information Seminar Series.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>al training through the Community Health Library. Once trained, the volunteers visit patients at SMH, the SMH Rehabilitation Center and the perinatal special care unit at SMBHWN, and ask if they or their family members would like to receive additional resources on their diagnosis. The volunteers bring requests back to the consumer health librarian who then prints consumer-oriented information from quality websites. The volunteers deliver the health information back to the patients as requested. Patients or family members who have already conducted their own research are offered a website bookmark from www.medlineplus.gov in order to guide them towards using trustworthy websites in the future. Patients and families are welcome to keep in touch with the library after discharge to ensure they have access to reliable health information at home. In FY 2015, the Health Information Ambassadors visited more than 3,000 patient rooms and filled approximately 780 information requests. At SMMC, the volunteer-run Arts for Healing Program uses art therapy to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. Arts for Healing brings a variety of activities to patients at their bed side - such as painting, beading, creative writing, card-making, scrapbooking, quilting and music to help improve their emotional and spiritual health, and promote a faster recovery. The program also engages visitors and community members during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers who serve as the primary providers of the program. The Arts for Healing program is offered across the SMMC, including at SMH, SMH OPP, SMBHWN, SMV and SMC. At SMH, Arts for Healing typically serves patients who are 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. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who experience extended hospital stays awaiting childbirth, making them susceptible to stress and loneliness over the separation from their families. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, patients receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In FY 2015, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and systemwide events, including Saturday With Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, Hospital Week in May, Cancer Awareness Week in June, Spiritual Care Week in October, and the Sharp Women's Health Conference in March. Additionally, in collaboration with SMMC's social workers and palliative care nurses, Arts for Healing facilitated the donation of nearly 130 blankets and quilts to patients receiving end-of-life care at SMH. Thirteen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also reduce anxiety and depression for the patients crafting and donating the blankets. In FY 2015, 42 volunteers, including several students from PLNU and MC, facilitated art activities for patients and their loved ones through Arts for Healing. Since the inception of the program in 2007, more than 60,500 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing team.</p>

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	Form 990, Part III, line 4b (continued)	<p>Sharp Employee Volunteer Efforts In FY 2015, 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 served the community. The SGH Engineering Department engaged in a variety of volunteer initiatives in FY 2015. The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting patients and their loved ones. Each week, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to 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 2015, the team delivered six to eight vases of flowers each day to patient rooms, with as many as 20 vases or more during peak flower season and upon additional requests. In addition, the team supports the SGH Senior Resource Center and Meals-on-Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors as well as offers roses for SGH's annual patient remembrance service. In its fifth 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 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 is quickly assembled with balloons, ribbon, a teddy bear or Sodexo football, and an inspirational quote. 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 2014 holiday season. The 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 handmade sandwiches, water bottles, clothing, socks, shoes, hygiene kits, 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. SGH furthered 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 - who has been vetted and referred by local service agencies - and dedicated personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys, and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. The SGH Engineering Department also participated in the SDFB Food 4 Kids Backpack program in FY 2015. 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. Between January and April, 2015, the team filled approximately 50 backpacks with roughly 600 pounds of food per week for chronically hungry elementary school students. Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against 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 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 team members stuff backpacks with nonperishable, 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 team has dedicated</p>

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	Form 990, Part III, line 4b (continued)	<p>ated more than 125 weeks of service to filling 2,800 backpacks for approximately 25 children and their families per school year. More than 475,000 people in San Diego County face the threat of hunger every day. The SDFB distributes emergency food to approximately 400,000 children and families, active duty military and fixed income seniors living in poverty every month. During the 2015 holiday season, Sharp demonstrated its commitment to fighting hunger by hosting a food drive to support the SDFB. Through the food drive, team members donated nearly 1,600 pounds of food, which supplied more than 1,300 meals to those in need.</p> <p>All Ways Green Initiative</p> <p>As San Diego's largest private employer, Sharp is committed to improving the health of the environment and therefore the communities we serve. Sharp recognizes that a healthy environment influences individual well-being, and is dedicated to minimizing any adverse impact on the environment by creating healthy green practices for employees, physicians and patients to transfer from the health care environment to home. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the costs of green practices and facilitate implementation of sustainable initiatives. In 2009, 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, (2) water conservation, (3) waste minimization, (4) commuter solutions, (6) green building design and (7) sustainable food practices. Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Established Green Teams at each Sharp entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources, reuse and recycle.</p>

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	Form 990, Part III, line 4b (continued)	<p>Energy Conservation 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 Administration 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 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 by implementing numerous green initiatives, including retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives, occupancy sensor installation, light-emitting diode (LED) light installations, energy audits, elevator modernization, and energy-efficient motor and pump replacements. In 2013, Sharp was the first health care system in San Diego to implement 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 more than 15,500 computers and has resulted in annual energy savings of approximately 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software to identify opportunities for replacing inefficient energy consuming hardware with energy efficiency hardware in Sharp's centralized data center. In addition, the system can detect underutilized hardware to shut down or put to sleep during periods of inactivity. This "smart software" anticipates daily usage to optimize energy efficiency. It is projected that Sharp could conservatively reduce hardware electrical consumption by more than five percent each year. Sharp remains firmly committed to identifying energy savings initiatives that bring value to the system and the community, as every dollar saved on green practices can be used to support the provision of quality health care and community-based initiatives. Sharp's energy-saving initiatives are driven by the Sharp Energy Conservation Guideline to help manage energy utilization practices throughout the system. Although there have been significant increases in energy fees over the last five years, Sharp has been able to significantly decrease energy utilization by seven percent (on a per square foot basis), resulting in energy costs savings of more than three percent. 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 2014, SDG&E named Sharp San Diego's Healthcare Energy Champion in recognition of its commitment to the innovative programs implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, SHC 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. In addition, SDG&E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects. All Sharp entities participate in the EPA's Energy Star database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Certified ES buildings 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, 2013 and 2015. In addition, Sharp's SRS Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind. Water Conservation 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 650,000 gallons of water. Of this, approximately 25 percent is used for domestic purposes such as sinks, t</p>

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	Form 990, Part III, line 4b (continued)	<p>oilets and showers, while the remaining 75 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while monitoring and measuring water consumption. These changes include installation of motion-sensing faucets and toilets in public rest rooms, low-flow showerheads and toilets in patient rooms and locker rooms, mist eliminators, microfiber mops, water-saving devices and equipment, high-efficiency, low-water-use dishwashers, installation of water-efficient chillers, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, installation of low water sterile processing equipment, and landscape improvements including reduced watering times, drip irrigation systems, xeriscaping, hardscaping and planting succulents and other drought tolerant plants. To comply with the mandatory water restrictions for California issued on April 1, 2015, Sharp modified irrigation schedules, properly sized sprinkler heads, installed water-sensing equipment and reduced watering times and frequency at all sites. Over eight million pounds of textiles, such as sheets, towels, scrubs and patient gowns, are used at Sharp each year. The significant amount of laundry generated by Sharp prompted the selection of Emerald Textiles, an environmentally-friendly laundry and linen provider that demonstrates strong investment in sustainability practices. Emerald Textiles, operates a state-of-the-art plant that has been efficiently designed to reduce utility consumption and preserve natural resources. Sharp saves an estimated 50 million gallons of water per year (50 percent of total usage) through the use of a state-of-the-art water filtration system, more than 71,000 kWh of electricity through the use of energy efficient lighting, and more than 750,000 therms of gas through the use of energy-efficient laundry equipment.</p>

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Form 990, Part III, line 4b (continued)	<p>Waste Minimization According to Practice Greenhealth's Healthier Hospitals Initiative (HHI), hospitals generate an average of 26 pounds of waste per staffed bed each day. To significantly reduce waste at each entity and extend the lifespan of local landfills, Sharp has created a comprehensive waste minimization program, including a systemwide, multidisciplinary Waste Management committee. The committee's purpose is to provide oversight of Sharp's waste management initiatives, including proper waste segregation and enhancing recycling efforts to divert waste and extend the lifespan of local landfills. Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 39 percent of waste through recycling, donating, composting, reprocessing and reusing. In FY 2015, Sharp's waste minimization efforts resulted in more than 8.8 million pounds of waste diverted from the landfill. The following initiatives highlight Sharp's waste minimization efforts in FY 2015:</p> <ul style="list-style-type: none"> * SMH and SMV collected more than 252,000 pounds of food waste for composting through participation in a food waste composting program with the local greenery. * Sharp diverted more than 2.5 million pounds of trash from the landfill by recycling nonconfidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers through Sharp's single-stream waste program. * Sharp collected, reprocessed and sterilized 42,000 pounds of surgical instruments. * Sharp implemented reusable sharps containers throughout the hospitals, which saved approximately 50,000 pounds of plastic and more than 1,800 pounds of cardboard from entering the landfill. This resulted in annual CO2 emission savings of more than 28,000 pounds and is equivalent to saving more than 2,700 gallons of gas each year. * SGH, SMH, SMBMVN and SCVMC recycled surgical blue wrap, while SCVMC recycled disposable privacy curtains, diverting more than 200,000 pounds of recycled materials from the landfill. * Employees and hospital visitors donated more than 200 pairs of eyewear to people in need, both locally and globally, through the Lion's Club Recycle Sight program. <p>Sharp's waste minimization activities are widely recognized as being innovative and making a positive difference for the communities that Sharp serves. In FY 2015, Sharp received the following recognition:</p> <ul style="list-style-type: none"> * The City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in the 2015 Waste Reduction and Recycling Awards Program. * Executive Insight - a leading health care publication - highlighted new horizontal syringe/sharp drop reusable containers, which were developed by Stericycle with significant input from Sharp to reduce the likelihood of needle stick injury from needle disposal. * Sharp participated at the San Diego City Council's Ssubi Proclamation Day as part of their partnership with Ssubi is Hope - a nonprofit charity organization that collects donated expired/unusable medical equipment. Through the partnership, Sharp donated more than 43,000 pounds of equipment and supplies to support a health center in rural Uganda that provides care for more than 660,000 people living in 49 nearby villages. * SCHHC was selected to develop and display a poster at the annual International Planetree Conference titled "Contributing to a Healthy Community in Uganda - Making an Impact Locally and Internationally." <p>Table 3 presents the waste diversion rates at Sharp HealthCare in FY 2015. Table 3 Sharp HealthCare Waste Diversion FY 2015</p> <table border="1"> <thead> <tr> <th>Facility</th> <th>Total Waste Per Year (lbs.)</th> <th>Recycled Waste Per Year (lbs.)</th> <th>Percent Recycled</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center</td> <td>893,844</td> <td>281,3090</td> <td>32%</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>293,519</td> <td>67,903</td> <td>21%</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>2,267,597</td> <td>499,660</td> <td>38%</td> </tr> <tr> <td>Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns</td> <td>1,990,100</td> <td>761,254</td> <td>31%</td> </tr> <tr> <td>Sharp Mesa Vista Hospital</td> <td>698,333</td> <td>157,254</td> <td>60%</td> </tr> <tr> <td>Sharp Rees-Stealy Medical Centers</td> <td>1,217,959</td> <td>484,565</td> <td>43%</td> </tr> <tr> <td>Sharp Corporate Sites</td> <td>1,439,638</td> <td>577,212</td> <td>63%</td> </tr> <tr> <td>Total</td> <td>8,800,990</td> <td>2,843,601</td> <td>39%</td> </tr> </tbody> </table>	Facility	Total Waste Per Year (lbs.)	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	Form 990, Part III, line 4b (continued)	<p>Sustainable Food Practices 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. In 2015, Sharp implemented the Food and Nutrition Best Health Committee - a component of Sharp's larger Best Health employee wellness program - to standardize, facilitate and promote its food sustainability efforts throughout the system. 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. Implemented in collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful Food program includes Meatless Mondays, wellness menus, Community Supported Agriculture (CSA), fresh and organic produce, food composting, increasing recycling activities, the promotion of sugar less beverages, the use of postconsumer recycled packaging solutions, and increasing local, organic and sustainable food purchases. In addition, Sharp participates in HH's Healthier Food program by committing to the purchase of local and sustainable foods. In FY 2015, Sharp purchased more than 285,000 pounds of local produce, representing an increase of 5.1 percent in local purchases from FY 2014. In addition, Sharp increased its purchase of animal protein from local, sustainable sources, a 16.8 percent increase since FY 2014. Sharp expects to further increase the purchase of local, sustainable food as new, safe sources of food items are identified and credentialed. Furthering its sustainable food practices, 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. These organic gardens produce an average of 22 pounds of produce per week. In 2012, Sharp partnered with the City of San Diego to implement a food waste composting program in the kitchen that services SMH and S MBHVN, making Sharp the first San Diego health care organization to join the city's initiative. SMV joined this effort in 2014, and SCHHC, SCVMC and SGH plan to participate in 2016. Through the program, EDCO, a solid waste vendor, transports food waste 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, non-city residents, and to city residents at no charge for 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. In 2015, Sharp received the San Diego Recycling and Composting Award and continues to work with the City to expand food waste composting to other Sharp entities. Additional sustainable food practices at Sharp include the use of green-label kitchen soaps and cleansers, electronic caf 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 addition, beginning in April 2014, Sodexo expanded purchases of paper products made from recycled, compostable and chlorine-free renewable materials in place of the traditional foam, plastic and aluminum packaging commonly used in food service. Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer car pool parking spaces, designated bike racks, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 33 electric vehicle chargers (EVCs) at its corporate office location, SCVMC, 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 FY 2015, Sharp's use of EVCs saved 3,700 gallons of fuel and resulted in a reduction of approximately 20,000 pounds of CO2. In partnership with the SANDAG iCommute program, Sharp offers van pool and car pool match-up opportunities to help employees find convenient ride share partners and promote sustainable commuting. Us!</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ng the iCommute TripTracker, employees can also monitor the cost and carbon savings of their alternate commuting methods. In October, fifty-one organizations in SDC, representing more than 102,000 employees, participated in SANDAG's iCommute Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. 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. Through the challenge, more than 700 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,000 gallons of gasoline and approximately 340,000 pounds of CO2. Sharp's Commuter Solutions Sub-Committee continuously develops innovative and accessible programs and marketing campaigns that encourage employees to participate in ride sharing and other sustainable modes of transportation. The committee has overseen the implementation of bike racks and designated car pool spots as well as adding a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp also supported bicycle transportation through several bike-to-work initiatives in FY 2015. This included the county-wide Bike to Work Day event during which Sharp employees opted to ride their bike to work. During the event, Sharp Best Health provided snacks and beverages at six pit stops throughout SDC. Furthering its commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 300 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription and human resources. Sharp's ongoing efforts to promote alternative commuting choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award winner consistently between 2001 and 2010, and again from 2013 through 2015. Community Education and Outreach Sharp actively communicates and educates the San Diego community about its sustainability programs. In FY 2015, Sharp participated in the following outreach activities:</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>* E-newsletters highlighting Sharp's recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation are shared with employees throughout the year * In April, Sharp held its sixth annual system-wide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how they can decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation. Many of Sharp's key vendor partners participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs * Sharp continued to participate in SDG&E's Major Customer Advisory panel to provide input and education related to energy reliability, fees and cost structure and their impact on the health care environment * Sharp collaborated with the County of San Diego to host a complimentary community workshop on pharmaceutical waste management designed to educate participants (e.g., medical providers, pharmacy personnel, hospital personnel) about proper and safe disposal of pharmaceutical waste. Topics included pharmaceutical waste liability, regulatory compliance and cost-effective disposal strategies * Sharp hosted two community e-waste and confidential paper shredding collection events * Sharp partnered with the U.S. Drug Enforcement Administration on National Drug Take Back Day to provide a safe, convenient and responsible means of drug disposal and to educate the general public about the potential for prescription medication abuse * Sharp continued participation in San Diego's Gathering of Green Teams with other San Diego business leaders to identify and discuss sustainable best practices, which can be emulated across industries * Sharp participates in San Diego County's Hazmat (Hazardous Materials) Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC. Sharp's All Ways Green initiative remains committed to creating sustainable practices for employees, physicians and the community to improve the health of the environment and ultimately the health of the populations that it serves. Table 4 highlights the All Ways Green efforts at Sharp entities. Table 4 All Ways Green Initiatives by Sharp Entity - FY 2015 SCHHC -Energy Efficiency * Energy audits * Air Handler projects * HVAC projects * Lighting retrofits * LED lighting * New energy-efficient appliances in the cafe * New building management system to optimize energy usage for the cooling system -Water Conservation * Water-efficient dishwashing system * 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 napkins and plastic cutlery dispensers * Reusable sharps containers * Single-stream recycling * Surgical instrument reprocessing -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Organic gardens * Recycling education * Ride share promotion SCVMC -Energy Efficiency * Energy audits * Energy-efficient chillers/motors * ES award * HVAC projects * Lighting retrofits * Energy-efficient dishwasher * Elevator upgrades -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic and low-flow faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Replacement of 3.5gpf toilets with 1.28 gpf toilets * Cooling tower replacement (40% less water used) -Waste Minimization * Blue-wrap recycling * Compactor renovation * Electronic cafe menus * Single-stream recycling * Surgical instrument reprocessing * Reusable sharps containers * Clean Business designation by City of Chula Vista * Replacement of bottle water with spa water -Education and Outreach * America Recycles Day * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share promotion SGH -Energy Efficiency * Energy audits * ES participation * HVAC projects * Lighting retrofits * Retro-commissioning * Elevator modernization * High efficiency LED fixtures -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 * Valve and spray head replacement * Water fountains off * Water-efficient cleaning chemical dispensing machines * Plumbing projects to address water leaks * GMP Weekly Fire Pump Chum Test -Waste Minimization * Blue-wrap recycling * Electronic cafe menus * Single-serve paper napkins and plastic cutlery dispensers * Single-stream recycling</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	recycling * Surgical instrument reprocessing * Recycle bins distribution * Reusable sharps containers -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share promotion Sharp System Services -Energy Efficiency * EVCs * Energy audits * Energy efficient chillers/motors * ES participation * HVAC projects * LED Lighting * Lighting retrofits * Occupancy sensors * Thermostat control software -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimization * Electronic patient bills and paperless payroll * Electronic and pharmaceutical waste recycling events * Green Grocer's market * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion

Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>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 * Water dispensers to replace bottled water -Waste Minimization * Recycle bin distribution * Recycled paper * 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 * LED lighting * Lighting retrofits * Occupancy sensors * Pipe insulations * Piping cross bridges * Steam trap repairs -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 * Water-efficient sterile department processing cart washer -Waste Minimization * Blue wrap recycling * Composting * Electronic cafe menus * Food waste composting * Peroxide based cleaning products * 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 * Air handler replacement * 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 * Composting * 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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Emergency and Disaster Preparedness Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. Throughout FY 2015, Sharp provided education to staff, community members, and community health professionals on emergency and disaster preparedness. Sharp's disaster preparedness team offered several disaster education courses to first responders, health care providers and community members across SDC. The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff for a decontamination event. Course topics included decontamination principles and best practices, basic hazards, utilization of appropriate Personal Protective Equipment, response concepts, containment, decontamination, and recovery. A standardized, on-site federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System was also offered by Sharp's disaster preparedness team, as well as a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time. In FY 2015, Sharp's disaster leadership donated their time to state and local organizations and committees including Southern California Earthquake Alliance, County of San Diego Emergency Medical Care Committee (EMCC), the Joint Advisory Committee on Public Health Emergency Preparedness, California Hospital Association Emergency Management Advisory Committee, and the County of San Diego Healthcare Disaster Council, a group of representatives from SDC hospitals, other health care delivery agencies, county officials, fire agencies, law enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness. In addition, Sharp's disaster leadership served on the Statewide Medical Health Exercise work group which is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through the work group, Sharp helped design training materials, including an exercise guidebook and other resources, for the 2015 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station Miramar Fire Department, and Fresno Medical Centers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In September, Sharp hosted a Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage, or other emergency. Approximately 300 community members attended the expo, which included a variety of local disaster vendors and emergency personnel as well as valuable disaster education and emergency demonstrations. The expo also included a Drug Take Back Program and electronic waste recycling event. In early FY 2015, global endemic events potentially impacted public health in the local San Diego community. Sharp partnered with community agencies, SDC Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allowed for the continued delivery of uninterrupted care to the community in the face of public health threats. Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the organization and the community. Sharp's Employee Wellness program is designed to promote a healthy work environment and support the physical and mental well-being of employees. The program includes various initiatives such as healthy eating, physical activity, stress management, and mental health support. Sharp also offers a range of benefits to its employees, including health insurance, retirement plans, and professional development opportunities. Sharp's commitment to employee wellness is reflected in its mission statement, which emphasizes the importance of a healthy and safe work environment for all employees. Sharp's Employee Wellness program is an integral part of the organization's overall mission and values, and is designed to support the physical and mental well-being of employees, as well as the health of the community.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>The health of the broader community In 2010, the Sharp Best Health Employee Wellness Program was established 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 offers team members tools, information and resources to help them stay fit and healthy. Through the Sharp Best Health Web Portal, the program's comprehensive and interactive website, employees can access a variety of digital tools to support their health improvement efforts, including a personal health assessment, meal and exercise planners, food and physical activity logs, healthy recipes and tips, nutrition for sports athletes, wellness or diet-specific dietary eating plans, a progress tracker and a health library. The web portal also provides information on available wellness workshops, health coaching, training plans, 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. The web portal also provides information on the Best Health HealthyNow mobile app, an on-the-go complement to the web portal that is a convenient collection of mobile tools, allowing for easy access and engagement from a mobile device. Sharp Best Health hosts a variety of employee wellness activities throughout the year. Team members are encouraged to participate in on-site fitness classes, meditation workshops, micro-stretch breaks, relaxation and stress management workshops, mindfulness classes, walking and running clubs, and events such as bike-to-work days, wellness days and take-the-stairs days. Sharp Best Health hosted activities, such as Fit for the Holidays and "Caught in the Act" of being healthy at work (i.e., taking the stairs, walking outside, etc.) to encourage healthy habits. In May, Sharp Best Health collaborated with SANDAG to recognize National Bike to Work Day and promote a healthier alternative for commuting to work. During the event, Sharp Best Health provided six pit stops for new and experienced riders to enjoy a fun rest break, snacks and encouragement. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, National Nutrition Month, the ADA Tour de Cure bike ride and National Walking Day. Each Sharp hospital as well as SRS has a dedicated Best Health committee that works to promote wellness at their individual work sites. For instance, in February, approximately 460 employees and their spouses and kids participated in 5K the Sharp Way and Kid's Run at Tidelands Park in Coronado, hosted by the Best Health Committee at SGH. In addition, committees at each Sharp hospital and most SRS locations hosted Employee Wellness Fairs throughout the summer months, reaching more than 1,000 Sharp team members. The fairs provided education and resources on a variety of topics, such as employee safety, cancer awareness, physical therapy, weight management and health coaching, as well as offered bone density screenings and a nutrition booth with healthy food samples.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>Sharp Best Health included healthy vending machine options on all hospital campuses as well as healthy food items in each cafeteria and retail area. In FY 2015, Sharp Best Health implemented a new initiative called "Go, Make the Healthier Choice." This initiative color-codes the food options sold in vending machines and food service areas to help employees, visitors, and guests easily discern the nutritional value of each item. According to the color-code, green-labeled items are the healthiest options and can be consumed often, yellow-labeled items are moderately healthy and should be eaten occasionally, and red-labeled items are the least healthy options and should be eaten rarely. In partnership with Sodexo in FY 2015, Sharp Best Health launched a systemwide Mindful healthy food initiative. Through the Mindful Program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff. In addition, Sharp Best Health collaborated with Sodexo and Specialty Produce to offer the Green Grocers - Delivered to You program at more than 10 Sharp work sites. Through the program, employees can order seasonally available, locally-grown and organic produce online and have it delivered to their workplace twice a month at low cost. Green Grocers - Delivered to You provides a convenient method for employees and their families to incorporate more fruits and vegetables into their diet, while the purchase of locally-grown produce helps support local farmers and is a CSA service. CSA consists of a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm. Since January 2015, Sharp team members have ordered approximately 3,000 pounds of produce through the program. Sharp Best Health continued to offer its free nutrition education series to help employees and their family members develop healthier eating habits. The program includes workshops with cooking demonstrations from registered dietitians and complementary online resources. Nearly 20 classes were offered to approximately 200 attendees through the series in FY 2015, with topics including eating healthy while not at home, managing sugar cravings and portion control. Activities, such as hiking and walking clubs are also available to Sharp team members, family and friends. In FY 2015, Sharp Best Health organized 11 systemwide hikes with more than 160 attendees. The walking clubs vary by location with either structured meeting points or various small walking groups. In 2015, Sharp Best Health received the AHA Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community. Since 2013, Sharp Best Health has offered annual employee health screenings to raise awareness of important biometric health measures and help team members learn how to reduce their risk of related health issues. In FY 2015, more than 10,100 Sharp employees received screenings for blood pressure, BMI, blood sugar, tobacco use and cholesterol. Sharp Best Health also exceeded its goal of having at least 75 percent of employees participate in the 2015 screening program. Post-screening resources and tools are available for Sharp employees and their family members, including a free health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management, and managing the challenges of living with a chronic condition such as diabetes, high blood pressure, asthma or arthritis. As a fun incentive for completing their health screening, employees received a Fitbit Zip wireless pedometer that tracks steps, distance and calories and syncs these statistics to computers or smartphones. Sharp Best Health encourages 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 AHA recommended goal of 10,000 steps per day. Since January 2015, Sharp's Fitbit Zip users have achieved a daily average of 8,521 steps, exceeding their 8,260 average daily steps in 2014. In addition, 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). Through this community health screening program, Sharp team members host screening events at community sites throughout San Diego where interested community members can receive the same health screenings and follow-up resources provided through the employee health screening initiative. Through the health screening pr</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ograms, Sharp connects with both its employees and community members and encourages them to achieve healthy lifestyles. 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. 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) 2015 (October 1, 2014, through September 30, 2015). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill (SB) 697, for the following entities *</p> <p>* 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 2015 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report</p>

Return Reference	Explanation	
Form 990, Part III, line 4b (continued)		<p>* 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 navigation 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 and support for the community Highlights of Community Benefit Provided by Sharp in FY 2015 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2015 * 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 U.S. Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included 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 and the San Diego Food Bank (SDFB), financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community include health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community. Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge. Also, Sharp executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See Appendix A for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns, and time devoted to generalizable health-related research projects that were made available to the broader health care community. Economic Value of Community Benefit Provided in FY 2015 In FY 2015, Sharp provided a total of \$289,082,293 in community benefit programs and services that were unreimbursed. Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. Table 1 Total Economic Value of Community Benefit Provided Sharp HealthCare Overall FY 2015 SB 697 Category Programs and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$64,584,675 Shortfall in Medicare \$176,953,974 Shortfall in San Diego County Indigent Medical Services \$6,153,541 Shortfall in CHAMPVA/TRICARE \$7,439,083 Shortfall in Workers' Compensation \$196,523 Charity Care and Bad Debt \$25,830,581 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$2,488,270 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 \$2,023,606 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$3,412,040 TOTAL \$289,082,293 Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity and Figure 3 shows the percentage distribution by Sharp entity. Table</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	2 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2015 Sharp HealthCare Entity Estimated FY 2015 Unreimbursed Costs Sharp Chula Vista Medical Center \$56,723,662 Sharp Coronado Hospital and Healthcare Center \$13,260,482 Sharp Grossmont Hospital \$86,691,098 Sharp Mary Birch Hospital for Women & Newborns \$3,923,260 Sharp Memorial Hospital \$115,623,598 Sharp Mesa Vista Hospital and Sharp McDonald Center \$12,749,089 Sharp Health Plan \$111,104 TOTAL FOR ALL ENTITIES \$289,082,293

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Table 3 FY 2015 Detailed Economic Value of SB Bill 697 Categories Sharp HealthCare Entity SB 697</p> <table border="1"> <thead> <tr> <th>CATEGORY</th> <th>Medical Care Services</th> <th>Other Benefits for Vulnerable Populations</th> <th>Other Benefits for the Broader Community</th> <th>Health Research, Education and Training Programs</th> <th>Estimated FY 2015 Unreimbursed Costs</th> <th>Sharp Chula Vista Medical Center</th> </tr> </thead> <tbody> <tr> <td>\$55,421,166</td> <td>\$292,952</td> <td>\$258,397</td> <td>\$751,147</td> <td>\$56,723,662</td> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>\$12,983,515</td> </tr> <tr> <td>\$112,655</td> <td>\$135,493</td> <td>\$13,260,482</td> <td>Sharp Grossmont Hospital</td> <td>\$84,104,983</td> <td>\$789,946</td> <td>\$28,819</td> </tr> <tr> <td>Sharp Mary Birch Hospital for Women & Newborns</td> <td>\$3,493,414</td> <td>\$43,124</td> <td>\$153,700</td> <td>\$233,022</td> <td>\$3,923,260</td> <td>Sharp Memorial Hospital</td> </tr> <tr> <td>\$113,420,436</td> <td>\$776,122</td> <td>\$513,155</td> <td>\$913,885</td> <td>\$115,623,598</td> <td>Sharp Mesa Vista Hospital and Sharp McDonald Center</td> <td>\$11,734,863</td> </tr> <tr> <td>\$538,965</td> <td>\$224,279</td> <td>\$250,982</td> <td>\$12,749,089</td> <td>Sharp Health Plan</td> <td>\$0</td> <td>\$18,342</td> </tr> <tr> <td>\$84,595</td> <td>\$289,082,293</td> <td>\$12,749,089</td> <td>Sharp Health Plan</td> <td>\$0</td> <td>\$8,167</td> <td>\$111,104</td> </tr> <tr> <td>ALL ENTITIES</td> <td>\$281,158,377</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>\$2,488,270</td> <td>\$2,023,606</td> <td>\$3,412,040</td> <td>\$289,082,293</td> <td>Section 3 - Community Benefit Planning Process</td> <td>For the past 19 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 (SDC) 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. 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This section describes the general methodology employed for Sharp HealthCare's 2013 CHNAs.</td> <td></td> </tr> </tbody> </table>	CATEGORY	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	Estimated FY 2015 Unreimbursed Costs	Sharp Chula Vista Medical Center	\$55,421,166	\$292,952	\$258,397	\$751,147	\$56,723,662	Sharp Coronado Hospital and Healthcare Center	\$12,983,515	\$112,655	\$135,493	\$13,260,482	Sharp Grossmont Hospital	\$84,104,983	\$789,946	\$28,819	Sharp Mary Birch Hospital for Women & Newborns	\$3,493,414	\$43,124	\$153,700	\$233,022	\$3,923,260	Sharp Memorial Hospital	\$113,420,436	\$776,122	\$513,155	\$913,885	\$115,623,598	Sharp Mesa Vista Hospital and Sharp McDonald Center	\$11,734,863	\$538,965	\$224,279	\$250,982	\$12,749,089	Sharp Health Plan	\$0	\$18,342	\$84,595	\$289,082,293	\$12,749,089	Sharp Health Plan	\$0	\$8,167	\$111,104	ALL ENTITIES	\$281,158,377						\$2,488,270	\$2,023,606	\$3,412,040	\$289,082,293	Section 3 - Community Benefit Planning Process	For the past 19 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. 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	Form 990, Part III, line 4b (continued)	<p>Data Collection and Analysis As the study area for both the collaborative HASD&IC 2013 CHN A 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 or contact Lindsey Wade, Vice President, Public Policy at HASD&IC 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 * 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 Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the US Census Bureau, the Centers for Disease Control and Prevention and others The variables analyzed are included in Table 1 below, and were analyzed at the ZIP code level wherever possible Table 1 Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs Secondary Data Variables -Inpatient Hospitalizations by Cause -Emergency Department Visits by Cause -Demographic Data (socioeconomic indicators) -Mortality Data -Regional Disease-Specific Health Data (County HHSA) -Self-Reported Health Data (California Health Interview Survey) -Specialized Health Data /Reports (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dignity Health/True North Community Need Index (CNI) to identify communities in SDC with the highest level of health disparities and needs Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/ health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers and members of community-based organizations Following consultation with the CHNA Planning Teams at each Sharp hospital, additional specific feedback from additional key informants and community residents was also collected Community members were asked for open-ended feedback on the health issues of greatest importance to them as well as any significant barriers they face in maintaining health and well-being Findings Through the combined analyses of the results for all of the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order) * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Orthopedics * Senior Health 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</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>vices * 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 addresses 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:</p> <ul style="list-style-type: none"> * 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 or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 2015 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2016 Plan * Reports and categorizes the economic value of community benefit provided in FY 2015, 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

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>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 San Diegans for Healthcare Coverage, the San Diego Food System Alliance, Hunger Advocacy Network, 2-1-1 San Diego and the Community Health Improvement Partners Behavioral Health Work Team Section 4 - Sharp Health Plan Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123 SHP is not required to develop a community benefit plan as part of Senate Bill (SB) 697, nor are they required to participate in a community health needs assessment However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year (FY) 2015, a selection of which are highlighted in this section SHP services include health plans for both large and small employers FY 2015 Community Benefit Program Highlights SHP provided a total of \$111,104 in community benefit in FY 2015 See Table 1 in this section for a summary of unreimbursed costs for SHP based on the categories identified in Senate Bill (SB) 697 Table 1 Economic Value of Community Benefit Provided Sharp Health Plan FY 2015 SB 697 Category Programs and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs Other Benefits for Vulnerable Populations Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank \$18,342 Other Benefits for the Broader Community Health education programs, donations to community organizations, meeting room space, and participation in community organizations \$84,595 Health Research, Education and Training Programs Support of education and training programs for students, interns and health care professionals \$8,167 TOTAL \$111,104 Key highlights * Other Benefits for Vulnerable Populations included donations to community health centers and other agencies to support low-income and underserved populations and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, such as 2-1-1 San Diego, American Diabetes Association (ADA), Community Health Improvement Partners (CHIP), Girl Scouts San Diego, La Maestra Community Health Centers, and Second Chance See Appendix A for a listing of Sharp's community involvement * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Identified Community Need Support of Community Nonprofit Health Organizations Rationale Support of community nonprofit health organizations is an effective means to raise awareness of various health and social issues, such as behavioral health and the disabled, collaborate to maximize community efforts without duplication of resources, and continue to share experiences and leadership capacity with others who have similar goals Further, the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA) process in which Sharp HealthCare and other San Diego hospitals played a key role, identified collaboration with community organizations as a critical factor in addressing community health needs Objective * Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions FY 2015 Report of Activities SHP supports a diverse range of community-sponsored events, assists with event coordination, provides financial support and fundraises for health- and social-related causes, and serves on community boards and committees SHP assisted numerous organizations through financial support in FY 2015, including but not limited to 2-1-1 San Diego, ADA, American Heart Association, Alliance for African Assistance, the Arc of San Diego Foundation, Centers for Community Solutions, Chicano Federation of San Diego County, CHIP, Girl Scouts San Diego, Helen Woodward Animal Center, La Maestra Family Clinic, North County Health Project, San Diego Food Bank, San Diego Rescue Mission (SDRM), SAY San Diego, Second Chance, St Paul's Retirement Home Foundation, and Walk San Diego Among the many community organizations supported by SHP in FY 2015, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community In January 2015, San Diego's Regional Task Force</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>ce on the Homeless counted 4,156 homeless individuals sleeping on the street, in hand-built structures or in automobiles. From this important survey, the results of the WeALLCount Report revealed a distressing increase in the number of unsheltered homeless between 2014 and 2015 of 4.3 percent. For more than 50 years, the SDRM has helped San Diego's homeless and poor population create better lives for themselves through comprehensive programs, including services that address housing, hunger, behavioral health, after care (job referrals, etc.) and other education and awareness programs. SDRM believes in the "inherent worth of every homeless man, woman, and child, and their programs work to support that worth and offer homeless community members the opportunity for positive, lasting change in their lives. SHP's funding supports SDRM's various programs as well as their new Children's Center. In 2015, SHP supported SDRM's signature function, Sleepless San Diego. This annual event brings together hundreds of San Diegans to help the homeless through a special overnight evening of education and entertainment. Recidivism refers to a person's relapse into criminal behavior. Although recidivism rates vary from state to state, California is among the highest in the nation. In 2012, the California Department of Corrections and Rehabilitation clarified that just over 65 percent of those released from California's prison system return within three years. Unfortunately, this number has not improved significantly over the years. Second Chance strives to change these disturbing statistics in San Diego. Second Chance provides various programs for adults and youth in need, including job readiness and life skills training, job placement, behavioral health and prisoner re-entry services, relapse prevention, and Sober Living Programs to help individuals transform their lives. SHP supports Second Chance through program funding and board service. In 2015, Second Chance hosted a unique fundraising event, which featured Piper Kerman - the inspiration for Orange Is the New Black. This inspirational benefit included a keynote address from Piper Kerman, an original one-act play based upon true stories from graduates as well as a special presentation to highlight how Second Chance empowers adults and youth in need. It is critical for health and social service providers to coordinate their services for effective care delivery, and this can be especially challenging when serving the diverse cultural populations in San Diego County (SDC). In particular, the Asian community is one of the fastest growing minority populations in SDC. The Union of Pan Asian Communities (UPAC) strives to improve the general well-being and education of the Asian, Pacific Islander and other ethnic communities in SDC through the establishment of health promotion and disease prevention programs, provision of assistance and counseling for economic development and housing, promotion of communication, opportunities and greater self-sufficiency, and assessment and development of services. For the past 15 years, SHP has supported UPAC and, in 2015, the organization honored Sharp HealthCare as a community leader. SHP recognizes the critical health needs of culturally diverse community members, particularly those who are low-income, uninsured and underserved. SHP's financial support of UPAC seeks to recognize the health and social service needs of San Diego's various ethnic and cultural identities and to improve care delivery for those community members.</p>

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	<p>FY 2016 Plan SHP will do the following</p> <ul style="list-style-type: none"> * Participate in community-sponsored events to provide health information and education as requested by community partners and to address identified health needs for members of the San Diego community * Provide coordination, financial support and fundraising-related activities for local nonprofit organizations, particularly those that support San Diego's vulnerable community members * Continue to serve on various community boards that support the health and well-being of San Diegans <p>Appendix A - Sharp HealthCare Involvement in Community Organizations</p> <p>The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2015. Community organizations are listed alphabetically</p> <ul style="list-style-type: none"> * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Independence Services * Alzheimer's Association * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives (ACHE) * American Diabetes Association * American Foundation for Suicide Prevention * American Health Information Management Association * American Heart Association * American Hospital Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * 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 Coalition for Mental Health * California College, San Diego * California Maternal Quality Care Collaborative * 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 * California Hospital Association * California Library Association * California Perinatal Quality Care Collaborative * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Caring Hearts Medical Clinic * Centers for Community Solutions * Chiesa'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 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 * Combined Health Agencies * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Corona del Mar Chapter of Rotary International * Coronado Fire Department * Council of Women's and Infants' Specialty Hospitals * Cycle EastLake * Downtown San Diego Partnership * East County Senior Service Providers * El Cajon Fire Department * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding America San Diego * Gardner Group * Gary and Mary West Senior Wellness Center * Girl Scouts of San Diego Imperial Council, Inc * Greater San Diego East County Advisory Board * Grossmont College * Grossmont Healthcare District * Grossmont Health Occupations Center * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Health Volunteers Overseas * Heart to Heart International * Helen Woodward Animal Center * Helix Charter High School * Helps International * Home of Guiding Hands * Hospice-Veteran Partnership * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * International Association of Eating Disorders Professionals * International Lactation Consultants Association * International Relief Team * Iomai Medical Ministries * Jewish Family Service of San Diego * Jewish Federation of San Diego County * Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board

Return Reference	Explanation	
	Form 990, Part III, line 4b (continued)	Kaplan College Advisory Board * Kiwanis Club of Chula Vista * Komen Latina Advisory Council * Komen Race for the Cure Committee * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * March of Dimes * Meals-on-Wheels Greater San Diego * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America * Mental Health Coalition * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board

Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>* National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Neonatal Nurses * National Association of Hispanic Nurses, San Diego Chapter * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare Community Clinic * North County Health Project * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network * Public Health Nurse Advisory Board * Recovery Innovations California * Regional Perinatal System * Residential Care Council * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association of Governments Public Health Stakeholder Group * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Coalition of Mental Health * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership * San Diego County Older Adult Behavioral Health System of Care Council * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Suicide Prevention Council * San Diego County Taxpayers Association * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Health Committee * San Diego Emergency Medical Care Committee * San Diego Eye Bank Nurses Advisory Board * San Diego Food Bank * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Hunger Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc * San Diego Mental Health Coalition * San Diego Mesa College * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * San Diego Rescue Mission * San Diego Science Alliance * San Diego State University * San Ysidro High School * Santee Chamber of Commerce * SAY San Diego * Second Chance * Serving Seniors * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South County Action Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern California Earthquake Alliance * Southern Caregiver Resource Center * Special Olympics * St. Paul's Retirement Homes Foundation * St. Vincent de Paul Village * Susan G. Komen Breast Cancer Foundation * Sweetwater Union High School District * The Meeting Place * Third Avenue Charitable Organization * Trauma Center Association of America * United Service Organizations Council of San Diego * University of California, San Diego * University of San Diego * 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 * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event</p>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2014Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**Name of the organization
Sharp Health Plan**Employer identification number**
33-0519730**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

(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	

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		No
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	M	129,940,074	Accrual
(2) Grossmont Hospital Corporation	M	542,657	Accrual
(3) Sharp Chula Vista Medical Center	M	52,422	Accrual
(4) Sharp HealthCare Foundation	C	227,591	Accrual

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(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 VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014

Additional Data

Software ID:
Software Version:

EIN: 33-0519730

Name: Sharp Health Plan

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

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