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DLN: 93493224023756

Form 990

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	lendar year, or tax year beginning	g 10-01-2014 , and ending 09-30-20	L5			
<b>B</b> Ch	eck if a	applicable	C Name of organization SHARP HEALTHCARE FOUNDATION			D Employ	yer iden	tification number
☐ Add	dress c	hange	STORE THE REPORT OF THE PROPERTY OF THE PROPER			95-34	92461	
∏ Na	me cha	ange	Doing business as			1		
┌ Ind	tıal retu	um		<u>_</u>		E Telepho	ne numb	er
⊢ Fin	al um/ter	rmınated	Number and street (or P O box if m 8695 SPECTRUM CENTER BLVD	all is not delivered to street address) Room/s	uite		499-5	
_		return	City or town state or province cour	athy, and 7TD or foreign postal sada		(838)	4 7 7 7 7 7 .	150
_		n pending	City or town, state or province, cour SAN DIEGO, CA 921231489	itry, and ZIP or foreign postal code		<b>G</b> Gross re	eceipts \$	34,067,123
			<b>F</b> Name and address of prir	ncipal officer	<b>H(a)</b> Is t	his a group	return	for
			WILLIAM S LITTLEJOHN 8695 SPECTRUM CENTER	BLVD		ordinates?		┌ Yes 🗸 No
			SAN DIEGO, CA 9212314		<b>H(b)</b> Are	all subordii	nates	┌ Yes ┌ No
					incl	uded?		
<b>I</b> Ta	x-exer	mpt status	✓ 501(c)(3)	Insert no ) 4947(a)(1) or 527	If"I	No," attach	a list (	(see instructions)
J W	ebsit	e:► HT	TPS //GIVE SHARP COM/SHAR	P-FOUNDATION	H(c) Gro	oup exempt	on num	nber ►
<b>K</b> For	m of o	rganızatıon	Corporation Trust Associatio	n	L Year of	formation 19	79 <b>M</b> 9	State of legal domicile CA
Pa	rt I	Sum	nmary		<u> </u>			
			lescribe the organization's missic					
		PROVIE	DE SUPPORT AND ASSISTANC	E TO SHARP HEALTHCARE				
ဥ								
Ē								
Governance	2	Check t	his box দ if the organization di	scontinued its operations or disposed	of more than	25% of its	net ass	sets
	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	33
<b>න්</b> ග්ර				of the governing body (Part VI, line 1t			4	29
Ě			· -	calendar year 2014 (Part V, line 2a)	-		5	20
Activities				ecessary)			6	87
4	7a	Total un	related business revenue from P	art VIII, column (C), line 12			7a	0
	ь	Net unre	elated business taxable income fi	rom Form 990-T, line 34			7b	0
					Pr	ior Year		Current Year
a,	8			ne 1 h)		11,745,9		5,659,986
Rayenue	9	-	, , ,	ne 2g)		3,551,450		3,142,229
Š	10			(A), lines 3, 4, and 7d)	·	2,654,6		3,881,213
	11		, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lii	,,	34,4	193	69,068
	12					17,986,5	83	12,752,496
	13	Grant	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		7,479,1	.88	6,647,858
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)			0	0
rib.	15			ee benefits (Part IX, column (A), lines		2,577,4	84	2,291,252
Expenses	16a	5-10 Profes	•	column (A), line 11e)			0	16,500
₹			undraising expenses (Part IX, column (D		•			10,300
Д	b							
	17			ines 11a-11d, 11f-24e)	•	840,4		777,014
	18 19			st equal Part IX, column (A), line 25)		10,897,1		9,732,624
<u></u>	19	Rever	iue iess expenses Subtract line	18 from line 12	Reginni	7,089,4 ng of Curre	_	3,019,872
Not Assets or Fund Balances					_	Year		End of Year
33.45 34.45	20	Total	assets (Part X, line 16)			91,755,8	319	92,450,693
42	21	Total	liabilities (Part X, line 26)			39,385,6	37	40,627,641
	22	_		line 21 from line 20		52,370,1	.82	51,823,052
	rt II	_	nature Block					
my k	nowle arer h	dge and as any k		amined this return, including accompa	than officer) i			
Her			LIAM S LITTLEJOHN SVP/CEO FOUNDATIO	DN				
			e or print name and title					
		-	Print/Type preparer's name	Preparer's signature		heck if elf-employed	PTIN P006494	485
Paid			Firm's name FRNST & YOUNG US LL			m's EIN 🟲 34		
	pare		Fırm's address ► 4370 LA JOLLA VILLAGE	DR SLITTE 500	וח	none no (858)	1 535-72	00
Use	nO	dv 🗀	3 GGGTC33 F- T3/O LA JOLLA VILLAGE	DIV DOTTE DOO	1 1	יסנים ווח (ססם	, 222-12	~~

SAN DIEGO, CA 92122

┌ Yes ┌ No

art IV	Chec	klist	- of	Regu	ired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	   35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

PG	Statements Regarding Other IRS Filings and Tax Compliance			LZ.
	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   55		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	l _	١.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	3		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds.  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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	_[		_
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		I

Section A. Governing Body and Management

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	Reveni	ue Cod	e.)
			•			
			•		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Yes	·
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	10b	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the ac	on's e	xempt purposes?	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of the form?  Describe in Schedule O the process, if any, used by the organization to review this form.	on's e ts gov • • Form 9	xempt purposes? erning body before filing	10b		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.	on's e ts gov Form 9	xempt purposes? erning body before filing	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FO Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ts gov Form 9	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done.	on's e ts gov Form 9	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?	on's e ts gov Form 9 . the p	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done.	on's e ts gov Form 9 . the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?	Form 9	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 111a b 112a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the aca affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's e ts gov Form 9 Ily inte on the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 111a b 112a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	on's e ts gov Form 9 Ily inte on the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 111a b 112a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the aca affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's e ts gov Form 9 Ily inte on the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov  Form 9  Ily inte  n the p  riew an ne deli  or sim	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov  Form 9  Illy inte  n the p  riew an ne deli  or sim e step	xempt purposes? erning body before filing	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and tak	on's e ts gov  Form 9  Illy inte  n the p  riew an ne deli  or sim e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►STACI DICKERSON

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	oox, an	heck unless officer stee)	į	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	0	2,867,323	237,270

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization •0

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

<b>(B)</b> Description of services	(C) Compensation
	(B) Description of services

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 ►0

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Contributions, Gifts, Grants and Other Similar Amounts	c d e f g h
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<u> </u>	Statement o		oonse or note to any li	ne in this Part VIII			
	CHECK II SCHOOL	are o contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	<b>La</b> 267				
b	Membership du	es	1b				
С	Fundraising eve	ents	<b>1c</b> 525,607				
d	Related organiz	ations	1d 93,868				
e	Government grants	s (contributions)	le 377,617				
f	All other contribution	ons, gifts, grants, and	4,662,627				
g	Noncash contribute	ons included in lines	1,039,459				
h	Total. Add lines	s 1a-1f		5,659,986			
			Business Code				
2a	FUNDRAISING ACT	TVITIES	900099	2,707,163	2,707,163		
ь	HEALTHCARE EDUC	CATION	900099	435,066	435,066		
c							
d							
е							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a – 2f		3,142,229			
3		ome (including divid					
	and other simil	ar amounts)	🟲	1,928,196			1,928,196
4		stment of tax-exempt bo	nd proceeds				
5	Royalties	(1) P 1	(u) Dansanal				
62	Gross rents	(ı) Real	(II) Personal				
b	Less rental						
С	expenses Rental income or (loss)						
d	, ,	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other	22,920,522	7,527				
ь	than inventory Less cost or						
	other basis and sales expenses	20,964,506	10,526				
C	Gain or (loss)	1,956,016	-2,999				
d	Net gain or (los	-		1,953,017			1,953,017
8a	Ψ						
	See Part IV, lin		a 388,268				
ь	Less direct ex	penses	<b>b</b> 336,860				
c		(loss) from fundraısır		51,408			51,408
9a		rom gaming activitie ie 19	s				
.			<b>a</b> 17,095				
		penses (loss) from gamıng a	2,735	14,360			14,360
10a	Gross sales of returns and allo						
ь	Less cost of g	oods sold <b>t</b>					
C	=	(loss) from sales of ı	nventory				
	Miscellaneous	s Revenue	Business Code				
11a	MISCELLANEC	DUS REVENUE	900099	3,300			3,300
b		_					
c	• 11 - 12						
d		ue					
e	Total. Add lines			3,300			
12	Total revenue.	See Instructions .		12,752,496	3,142,229	C	3,950,281

Form	990 (2014)				Page <b>10</b>
	Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX		(c)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,568,024	6,568,024		
2	Grants and other assistance to domestic individuals See Part IV, line 22	79,834	79,834		
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	459,345	22,967	91,869	344,509
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,439,341	71,967	287,868	1,079,506
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	86,075	4,304	17,215	64,556
9	Other employee benefits	190,211	9,511	38,042	142,658
10	Payroll taxes	116,280	5,814	23,256	87,210
11	Fees for services (non-employees)				
а	Management	44,292	2,215	8,858	33,219
b	Legal	448		112	336
c	Accounting	7,265		7,265	
d	Lobbying	125	6	25	94
e	Professional fundraising services See Part IV, line 17	16,500			16,500
f	Investment management fees	115,423		115,423	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,311	2,916	11,662	43,733
12	Advertising and promotion	5,154	258	1,031	3,865
13	Office expenses	159,914	7,996	31,983	119,935
14	Information technology	44,730	2,236	8,946	33,548
15	Royalties				
16	Occupancy				
17	Travel	18,969	948	3,794	14,227
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,786	639	2,557	9,590
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	99,806	4,990	19,961	74,855
23	Insurance				<u> </u>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES, FOOD & OTHER	209,791	10,490	41,959	157,342

b c d

25

26

 ${f e}$  All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

2,225,683

711,826

6,795,115

9,732,624

Part X Balance Sheet

Par	τx	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	1,746,180	2	1,228,699
	3	Pledges and grants receivable, net	7,117,850	3	5,833,777
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, keen employees, and highest compensated employees. Complete Part II of Schedule L	y	5	
Assets	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	
82	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36.535		25,939
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  245,57	,		
	ь	Less accumulated depreciation 10b 76,15	3 173,467	10c	169,420
	11	Investments—publicly traded securities	29,935,951	11	30,899,421
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	52,745,836	15	54,293,437
	16	Total assets. Add lines 1 through 15 (must equal line 34)	91,755,819	16	92,450,693
	17	Accounts payable and accrued expenses	408,627	17	442,989
	18	Grants payable		18	
	19	Deferred revenue	61,032	19	56,937
	20	Tax-exempt bond liabilities		20	
7.6	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		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	00.045.070		10 107 715
		D	38,915,978		40,127,715
	26	Total liabilities. Add lines 17 through 25	39,385,637	26	40,627,641
ľč	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	7,782,344	27	8,484,456
<u>ନ</u>			39,430,059	28	38,033,909
<u> </u>	28	Temporarily restricted net assets	5,157,779		5,304,687
Fund Balance	29	Permanently restricted net assets	5, 157, 779	29	5,504,667
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	52,370,182	33	51,823,052
	34	Total liabilities and net assets/fund balances	91,755,819	34	92,450,693

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,7	752,496
2	Total expenses (must equal Part IX, column (A), line 25)	2		9.7	732,624
3	Revenue less expenses Subtract line 2 from line 1				
4	Not accets or find halances at heginning of year (much equal Dart V. line 22 column (A.))	3		3,0	019,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		52,3	370,182
5	Net unrealized gains (losses) on investments	5		-3.5	597,351
6	Donated services and use of facilities	_			, , , , , , , ,
7	Investment expenses	6			
,	Investment expenses	7			
8	Prior period adjustments	8			78,843
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			-48,494
Par	t XII Financial Statements and Reporting	10		51,8	323,052
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

### Software ID: **Software Version:**

**EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	n of Officers,	Direct	ors,	Tru	ste	es, ŀ	<b>(ey</b>	Employees, High	hest	
(A)  Name and Title	(B) Average hours per week (list any hours for related	Posit more tl perso and a	tion ( han o n is b	ne b oth ctor,	ox, u an of trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-M13C)	related organizations
(1) STEVE AUSTIN	2 00	×						0	0	0
DIRECTOR (1) DAVE BARKER	0 00									
DIRECTOR	0 00	Х						0	0	0
(2) CONNIE CONARD	2 00							0	0	0
DIRECTOR	2 00	Х						0	0	0
(3) BETTY COOPER	2 50	X						0	50,318	8,582
DIRECTOR (4) ROBERT DEROSE	40 00 3 00				-					
DIRECTOR	0 00	Х						0	0	0
(5) STEVE FINDEN	0 50							_	_	_
DIRECTOR	0 00	Х						0	0	0
(6) JUDI FREEMAN	2 00	x						0	0	0
DIRECTOR	0 00									
(7) DAN GENSLER	0 50	X						0	0	0
DIRECTOR (8) ELIZABETH GILDRED	2 00									
SECRETARY	0 00	Х		Х				0	0	0
(9) STEVE KAVY MD	1 00	,,								
DIRECTOR	0 00	Х						0	0	0
(10) JC KYRILLOS	2 00	×						0	0	0
DIRECTOR (11) MIKE LABELLE	0 00									
		х		х				0	0	0
VICE CHAIR (12) ERIC LINEBARGER MD	5 00									
DIRECTOR	0 00	X						0	0	0
(13) WILLIAM LITTLEJOHN	40 00	×		×				0	424,220	32,847
SR VP/CEO FOUNDATION	0 00			<u> </u>				, and the second	121,220	32,017
(14) ROBERT MAXWELL	2 00	x						0	0	0
DIRECTOR (15) KATHRYN MCCOY-O'NEILL	0 00									
DIRECTOR	0 00	Х						0	0	0
(16) BRIDGET MCDONALD	2 00	V							0	
DIRECTOR	0 00	X						0	0	0
(17) LINDA MILLER	1 00	X						0	0	0
DIRECTOR (18) MICHAEL W MURPHY	0 00									
		х		х				0	1,733,581	102,962
PRESIDENT & CEO, SHARP HEALTHCARE  (19) ERIC NORTHBROOK	60 00 5 00									
DIRECTOR	0 00	X						0	0	0
(20) STEVE NORTON	2 00	х						0	0	0
DIRECTOR	0 00	<u> </u>	<u> </u>	_			_			
(21) RALPH PESQUEIRA	10 00	x						0	0	0
DIRECTOR (22) JIM REOPELLE	2 00									
TREASURER	2 00	х		×				0	588	0
(23) VALERIE ROBBINS	2 00	,								
DIRECTOR	0 00	X					<u> </u>	0	0	0
(24) HOWARD ROBIN MD	0 50	X						0	0	0
DIRECTOR	0 00									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount more than one box, unless of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the organization and for related 2/1099-MISC) 2/1099-MISC) Former 쥿 Highest compensated employee Individual trustae or director organizations Institutional Trustee related below organizations employee dotted line) (26) KENNETH ROTH MD 6.00 Х Х 0 12,300 ..... . . . . . . . . . . . . . . . . CHAIR 4 00 (1) TED SCHROEDER 2.00 Χ 0 0 0 ..... DIRECTOR 0 00 (2) REGINA SMITH 6.00 Х 0 0 ..... . . . . . . . . . . . . . DIRECTOR 0 00 (3) TODD STICHLER 2 00 0 0 ...... Х 0 . . . . . . . . . . . . . DIRECTOR 0.00 (4) TROY STORK 4 00 0 Χ 0 ..... . . . . . . . . . . . . DIRECTOR 0 00 (5) TOM TOURTELLOTT 1 00 0 Χ 0 O ..... DIRECTOR 0.00 (6) REBECCA TUGGLE 2 00 Χ 0 0 . . . . . . . . . . . . . DIRECTOR 0 00 (7) JANET VOHARIWATT 2 00 Χ 0 0 . . . . . . . . . . . . . . . . DIRECTOR 0 00 (8) RAY WILLENBERG 2 00 Χ 0 0 . . . . . . . . . . . . DIRECTOR 0 00 (9) MARSHA LUBICK 24 00 21,591 Х 0 142,739 VP PHILANTHROPY 0 00 (10) PAMELA BARNETT 40 00 Х 0 142,346 19,134 MGR DONOR RELATIONS 0 00 (11) SHAWNA FALLON 40 00 Х 0 129,218 15,733 

Х

Х

0

0

122,785

109,228

23,830

12,591

0 00

0 00

0 00

40 00

40 00

DIR DEVELOPMENT

(12) JAMES SARDINA

MGR DEVELOPMENT

DATABASE SPEC

(13) STEVEN GEORGE

.....

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493224023756

**Employer identification number** 

# **Public Charity Status and Public Support**

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION 95-3492461 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 7,317,682 6,705,715 5,245,517 11,745,986 5,659,986 36,674,886 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7,317,682 6,705,715 5,245,517 11,745,986 5,659,986 36,674,886 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,514,036 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 32,160,850 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 7,317,682 6,705,715 5,245,517 11,745,986 5,659,986 36,674,886 Amounts from line 4 Gross income from interest, dividends, payments received on 972,581 1,298,080 1,253,580 securities loans, rents, royalties 1,336,302 1,928,196 6,788,739 and income from similar sources Net income from unrelated business activities, whether or 2,802 65,768 8,358 34,493 111,421 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 3,300 3,300 capital assets (Explain in Part VI) 11 Total support Add lines 7 43,578,346 through 10 Gross receipts from related activities, etc (see instructions) 12 12 17,670,247 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 73 800 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 76 050 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493224023756

OMB No 1545-0047

Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SHARP HEALTHCARE FOUNDATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

		nization is exempt under section 501(c)(3) and has ection under section 501(h)).					
For e	ach "Yes" response to lines 1a through :	lı below, provide in Part IV a detailed description of the lobbying	(a	n) 	(b)	(b)	
activ	ity.		Yes	No	Amou	ınt	
1		zation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,					
	through the use of	inituence public opinion on a legislative matter of referendum,					
а	Volunteers?			No			
Ь	Paid staff or management (include c	ompensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?			No			
d	Mailings to members, legislators, or	the public?		No			
е	Publications, or published or broadc	ast statements?		No			
f	Grants to other organizations for lob	bying purposes?		No			
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, o	onventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		Yes			12	
j	Total Add lines 1c through 1i					12	
2a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?		No			
ь	If "Yes," enter the amount of any tax						
С		cincurred by organization managers under section 4912	1	ŀ			
d	•	ection 4912 tax, did it file Form 4720 for this year?	ı [	ŀ			
Pai		nization is exempt under section 501(c)(4), section	501(c	)(5). o	r secti	on	
	501(c)(6).			,(-,, -			
					Yes	i No	
1	Were substantially all (90% or more	) dues received nondeductible by members?			1		
2	Did the organization make only in-ho	ouse lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry o	ver lobbying and political expenditures from the prior year?			3		
Pai		nization is exempt under section 501(c)(4), section					
	501(c)(6) and if eith line 3, is answered "	er (a) BOTH Part III-A, lines 1 and 2, are answered ' Yes."	'No" O	R (b)	Part II	I-A,	
1	Dues, assessments and similar amo		1				
2	Section 162(e) nondeductible lobby expenses for which the section 527(	ing and political expenditures (do not include amounts of political f) tax was paid).					
а	Current year	, , ,	2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section	on 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount	on line 2c exceeds the amount on line 3, what portion of the excess					
		over to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?		4				
5	Taxable amount of lobbying and poli		5				
P	art IV Supplemental Inform	nation					
		t l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated gro Also, complete this part for any additional information	up list),	Part II-	-A , lines	1 and	
	Return Reference	Explanation					
PAR	FU PH	ARP HEALTHCARE FOUNDATION (SHF) PAYS ANNUAL DUES TO NDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FO ILANTHROPY (AHP) AFP AND AHP HAVE DETERMINED THAT A E USED FOR LOBBYING PURPOSES	OR HEA	LTHCAI	RE		

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493224023756

OMB No 1545-0047

Open to Public **Inspection** 

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

Name of the organization **Employer identification number** SHARP HEALTHCARE FOUNDATION 95-3492461 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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.

- 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
- 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

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

- (ii) Assets included in Form 990, Part X
- 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
- Revenue included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, H	isto	rical T	<u>reasu</u>	res, or O	<u>ther</u>	Similar As	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records,	chec	k any of	the follo	owing that a	re a s	significant use	of its	
а	Public exhibition	C	ı [	Loan	or excl	nange progr	ams			
b	Scholarly research	•	: F	Othe	r					
C	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain h	now th	ey furth	er the o	rganızatıon	's exe	empt purpose ı	n	
5	During the year, did the organization solicit								<b>-</b> .,	<b>–</b>
Dov	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the	•							Yes	□ No
Pal	Part IV, line 9, or reported an an					i aliswelet	ו ופ	יים ווווים	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets n		Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing	table		_				
								Am	ount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					L	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for	escrow	orcusto	odial accour	nt liab	oility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	plana	tion has	been p	rovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
_			<b>(b)</b> Prio		+ ` ′		<del>  ` ´ </del>	hree years back	(e)Four	years back
1a	Beginning of year balance	10,924,047		9,322,83		7,998,340 487,523	<u> </u>	7,221,406		7,525,406
b	Contributions	290,400		981,34	<u> </u>	487,323		93,034		-11,044
С	Net investment earnings, gains, and losses	-129,887		724,82		946,842		927,635		-207,299
d	Grants or scholarships	43,342		103,70	6	102,650		105,600		84,068
e	Other expenditures for facilities and programs	2,250		1,44	6	7,221		138,135		1,589
f	Administrative expenses									
g	End of year balance	11,038,968	1	0,924,04	7	9,322,834		7,998,340		7,221,406
2	Provide the estimated percentage of the curi	ent year end balance (	line 1	g, colur	nn (a)) h	neld as	•	•		
а	Board designated or quasi-endowment <b>F</b>	18 000 %								
b	Permanent endowment ► 82 000 %									
c	Temporarily restricted endowment ► C	) %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organization	n that	t are he	ld and a	dmınıstered	l for t	he		
	organization by							[ n- (	Yes	+
	(i) unrelated organizations (ii) related organizations						•	3a(	-	No No
b	If "Yes" to 3a(II), are the related organization						٠. ٠	3t		1
4	Describe in Part XIII the intended uses of th	•						<u> </u>		<del></del>
Par	t VI Land, Buildings, and Equipme		orga	nızatıc	n answ	vered 'Yes	' to F	orm 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line :  Description of property	10.		(a) Cost pasis (inve		(b)Cost or o		(c) Accumulated depreciation	i (d) i	Book value
1-	Land					460	400			160 400
	Land		$\vdash$			168	,408		+	168,408
	Buildings		$\vdash$				-			
	Equipment		$\vdash$			77	,165	76,1	53	1,012
	 O.th.a.u		$\vdash$			''	,103	70,1		1,012
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	gual Form 990. Part X. c	<u> </u>	(B). line	10(c).)				+	169,420
		,		. ,,	(-)-/	<u> </u>		Schedule D	(Form	

Part VII Investments—Other Securities. Co	mplete 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	(b)Book value	(c) Method of valuation
(including name of security)		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)	<b>F</b>	
Part VIII Investments—Program Related. (	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.	1	T
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•	Dest IV less 111 de Care Farrer 2000 Part Velora 15
Part IX Other Assets. Complete if the organization (a) Description		), Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
(1) DEFERRED PLANNED GIFTS	pcion	18,594,928
(2) PLANNED GIVING RESERVES (ANNUITIES, PIF)		5,495,439
(3) OTHER RECEIVABLES		596,067
(4) LOAN RECEIVABLE-SHC INVESTMENT FUND X		
		29,319,003
(5) OTHER INVESTMENTS LT		288,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
	janization answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	1	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED PLANNED GIFT LIABILITIES	5,340,876	
LINE OF CREDIT (SHC)	3,787,999	
INTERCOMPANY PAYABLE	30,998,840	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>4</b> 0,127,715	
2 Liability for uncertain tax positions. In Part XIII. provi		ho organization's financial statements that reports the

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

	ule D (Form 990) 2014		_			Page 4
Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line		nts With Revenue p	er Re	eturn Complete if
1	Total revenue, gains, and othe	r support per audited financial statements			1	3,863,514
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12	_			
а	Net unrealized gains (losses)	on investments	2a	-3,597,351		
b	Donated services and use of fa	acılıtıes	2b	73,229		
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d	291,101		
e	Add lines <b>2a</b> through <b>2d</b> .				2e	-3,233,021
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	7,096,535
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	114,217		
b	Other (Describe in Part XIII )		4b	5,541,744		
c	Add lines <b>4a</b> and <b>4b</b>				4c	5,655,961
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	e 12 )		5	12,752,496
Part		xpenses per Audited Financial St swered 'Yes' to Form 990, Part IV, lin			per	Return. Complete
1		raudited financial statements			1	3,161,402
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acilities	. 2a	73,229		
b	Prior year adjustments		2b		1	
c	Otherlosses		2c		1	
d	Other (Describe in Part XIII )		2d	339,595	1	
e	Add lines <b>2a</b> through <b>2d</b>		. <del></del>		2e	412,824
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	2,748,578
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	.   4a	114,217		
b	Other (Describe in Part XIII )		4b	6,869,829	1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	6,984,046
5	Total expenses Add lines 3 ai	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18 )		5	9,732,624
Par	XIII Supplemental Inf	ormation			•	•
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d an				le any additional
	Return Reference	Explanation				
PART	V, LINE 4	SHARP HEALTHCARE FOUNDATION HAR ENDOWMENTS RESTRICTED FOR A VA EMERGENCY SERVICES, WOMEN'S RESTABORATORY, HOSPITAL EQUIPMENT	RIETY (	OF PURPOSES, SUCH A , ONCOLOGY, NURSIN	AS REH IG EDU	HABILITATION, JCATION,
PART	X, LINE 2	SHARP RECOGNIZES TAX BENEFITS FI MORE LIKELY THAN NOT THE TAX POS TECHNICAL MERITS, WITH THE TAXIN RELEVANT INFORMATION SHARP REC BENEFITS FROM UNCERTAIN TAX POS FIRST INTERIM PERIOD THAT THE MO RECOGNIZES DEFERRED TAX ASSETS	ROM AN SITION IG AUTH CORDS SITIONS ORE LIK	IY UNCERTAIN TAX POWILL BE SUSTAINED, HORITY HAVING FULL A LIABILITY FOR UNRES AS DISCRETE TAX A	SITIC BASEI KNOW ECOGI DJUST HOLD	ONS ONLY IF IT IS O SOLELY ON ITS //LEDGE OF ALL NIZED TAX MENTS IN THE IS NOT MET SHARP

BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2015 AND 2014, NO SUCH ASSETS OR LIABILITIES WERE RECORDED

TEMPORARILY RESTRICTED REVENUE 5,397,834 PERMANENTLY RESTRICTED REVENUE

TEMPORARILY RESTRICTED EXPENSES 6,872,828 LOSS ON SALE OF ASSETS -2,999

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 339,595

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 339,595

UNCOLLECTIBLE PLEDGES -48,494

146,909 LOSS ON SALE OF ASSETS -2,999

Jenedale 2 (1 01111 330) 2013	r age <b>3</b>	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
-		

Schedule D (Form 990) 2014

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DLN: 93493224023756

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

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

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

**Supplemental Information Regarding** 

Open to Public **Inspection** 

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** SHARP HEALTHCARE FOUNDATION

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e ☐ Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants ▼ Phone solicitations □ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to individual fundraiser have from activity (or retained by) (or retained by) organization or entity (fundraiser) custody or fundraiser listed in control of col (i) contributions? Yes No FUNDRAISING 0 16,500 -16,500 THE GARROW COMPANY SUPPORT 6419 SOUTH GARFIELD AVE WILLOWBROOK, IL 60527 16,500 -16,500 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		e G (Form 990 or 990-EZ) 2014				Page <b>2</b>		
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut					
			(a) Event #1  SMH GOLF	(b) Event #2  CV GOLF	(c) Other events	(d) Total events (add col (a) through col (c))		
Revenue			(event type)	(event type)	(total number)			
	1	Gross receipts	217,424	186,321	510,130	913,875		
že.	2	Less Contributions	133,089	133,689	258,829	525,607		
<u></u>	3	Gross income (line 1 minus line 2)	84,335	5 52,632	251,301	388,268		
	4	Cash prizes						
"	5	Noncash prizes	32,271	12,500	40,221	84,992		
Expenses	6	Rent/facility costs	16,560	16,506	30,160	63,226		
ă	7	Food and beverages .	28,026	13,682	144,964	186,672		
Drea	8	Entertainment	1,295	375	300	1,970		
₫	9	Other direct expenses .						
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)		(336,860)		
	11	Net income summary Subtract li				51,408		
Par	t II	Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	art IV, line 19, or repo			
		\$15,000 on Form 990-EZ, li	ne 6a.		<u> </u>	T		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue			17,095	17,095		
Ses	2	Cash prizes						
sesuedy	3	Non-cash prizes			2,735	2,735		
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteerlabor			✓ Yes 46 000 %			
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	14,360							
9 a b	Is	Enter the state(s) in which the organization conducts gaming activities CA  Is the organization licensed to conduct gaming activities in each of these states?						
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No						

Sche	edule G (Form 990 or 990-EZ) 2014			Page <b>3</b>				
11	Does the organization conduct gamin	g activities with nonmembers?		· · · · · · · · · · · Yes · · No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gamii	ng?		· · · · · Fyes F No				
3	Indicate the percentage of gaming activities conducted in							
а	The organization's facility			. <b>13a</b> 5 000 %				
b	An outside facility			. <b>13b</b> 95 000 %				
4	Enter the name and address of the pe	nter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ► SUE RESSMEYER							
	Address > 8695 SPECTRUM CEN SAN DIEGO,CA 921							
5a	Does the organization have a contrac	t with a third party from whom t	he organization receives gaming					
	revenue?							
b	If "Yes," enter the amount of gaming							
		imount of gaming revenue retained by the third party 🟲 \$						
С	If "Yes," enter name and address of the third party							
	Name <b>▶</b>							
	Address ▶							
6	Gaming manager information	amıng manager ınformatıon						
	Name ► SUE RESSMEYER							
	Gaming manager compensation ► \$374							
	Description of services provided	RECORD KEEPING, REGULATO	ORY REPORTING, OVERSEEING G	AMING EVENT, ETC				
	☐ Director/officer	<b>▼</b> Employee	Independent contractor					
7	Mandatory distributions							
а	Is the organization required under sta	ite law to make charitable distr	ibutions from the gaming proceeds	to				
	retain the state gaming license? .			···				
ь	nter the amount of distributions required under state law distributed to other exempt organizations or spent							
	in the organization's own exempt acti			•				
Pai	t IV Supplemental Informat	ion. Provide the explanatio	ons required by Part I, line 2b, oplicable. Also provide any add					
	Return Reference		Explanation					
	EDULE G, PART I, LINE 2B, UMN (V)	DEVELOP A QUESTIONNAI WITH POTENTIAL DONORS POTENTIAL DONORS AND	RROW COMPANY, ASSISTED SHA RE WHICH WAS USED FOR STAFF THE GARROW COMPANY SENT SUBSEQUENT PHONE CALLS TO	TO CONDUCT APPOINTMENTS OUT NOTIFICATION LETTERS T				

COLUMN (V)	THE FUNDRAISER, THE GARROW COMPANY, ASSISTED SHARP HEALTHCARE FOUNDATION DEVELOP A QUESTIONNAIRE WHICH WAS USED FOR STAFF TO CONDUCT APPOINTMENTS WITH POTENTIAL DONORS THE GARROW COMPANY SENT OUT NOTIFICATION LETTERS TO POTENTIAL DONORS AND SUBSEQUENT PHONE CALLS TO SET UP APPOINTMENTS FOR SHARP HEALTHCARE FOUNDATION STAFF CONDUCTED THE APPOINTMENTS AND USED THE QUESTIONNAIRE THAT HAD BEEN DEVELOPED FOR THESE APPOINTMENTS ANY FOLLOW-UP APPOINTMENTS WERE HANDLED BY SHARP HEALTHCARE FOUNDATION
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Part I General Information on Grants and Assistance

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SHARP HEALTHCARE FOUNDATION

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 <u>www.irs.gov/form990</u>.

**DLN: 93493224023756**OMB No 1545-0047

2014

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Employer identification number

95-3492461

<ol> <li>Does the organization man the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	l to award the grants o	rassistance?		´	,	ssistance, and	F Yes Γ I
Part II Grants and Oth	er Assistance to		ations and Domes	tic Governments.		rganization answered Il space is needed.	"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-3782169	501(C)3	3,856,478	3,680	FMV	EQUIPMENT	PROGRAM SUPPORT
(2) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-6077327	501(C)3	1,676,997	499	FMV	EQUIPMENT	PROGRAM SUPPORT
(3) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-2367304	501(C)3	686,551	4,152	FM∨	EQUIPMENT	PROGRAM SUPPORT
(4) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	33-0519730	501(C)4	227,591				PROGRAM SUPPORT
(5) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	33-0449527	501(C)3	42,459				PROGRAM SUPPORT
(6) SHARP CORONADO HOSPITAL & HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	95-0651579	501(C)3	40,000				PROGRAM SUPPORT
(7) LIFE ROLLS ON FOUNDATION 400 CORPORATE POINTE STE 525 CULVER CITY, CA 90230	74-3032829	501(C)3	6,000				THEY WILL SURF AGAIN SPONSORSHIP

Cat No 50055P

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

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

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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CONE GRANT	2	20,000			
(2) SHARP MEMORIAL DAY TREATMENT SCHOLARSHIPS	5	39,834			
(3) HUBBARD NURSING SCHOLARSHIPS	2	20,000			

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO THE SHARP HEALTHCARE SYSTEM THE FUNDS
	RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED SHARP HEALTHCARE, SHARP
	MEMORIAL HOSPITAL, AND SHARP CHULA VISTA MEDICAL CENTER SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF
	THESE SPECIFICALLY DESIGNATED FUNDS FUNDS MAY ALSO BE DISPERSED TO GROSSMONT HOSPITAL CORPORATION AND SHARP
	CORONADO HOSPITAL AND HEALTHCARE CENTER TO AFFECT A SYSTEM-WIDE INITIATIVE THE ORGANIZATION MAY ALSO UTILIZE
	UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION
	MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND
	ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO
	ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION AFTER AMOUNTS ARE FUNDED THERE IS NO ADDITIONAL
	MONITORING THAT TAKES PLACE SHARP HEALTHCARE FOUNDATION PROVIDES SCHOLARSHIP ASSISTANCE TO INDIVIDUALS SEEKING
	TO ADVANCE THEIR EDUCATION INTERESTED EMPLOYEES SUBMIT AN APPLICATION WITH THE REQUIRED DOCUMENTATION AND A
	SCHOLARSHIP SELECTION COMMITTEE OVERSEES THE AWARD PROCESS FUNDS AVAILABLE FOR ALLOCATION ARE REVIEWED AND
	DECISIONS ARE MADE ABOUT THE NUMBER OF SCHOLARSHIPS TO BE AWARDED BY DEGREE REVIEWERS INDEPENDENTLY USE A RUBRIC

TO SCORE THE APPLICATIONS AND ENTER THE INFORMATION INTO A SPREADSHEET ORGANIZED BY DEGREE REVIEWERS MEET, REVIEW

APPLICATION SUBMISSION MATERIALS AND SCORES AND SELECT THE FINAL APPLICANTS TO RECEIVE A SCHOLARSHIP AWARD

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

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

95-3492461

Pai	t I Questions Regarding Compensation	1			
		_		Yes	No
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	✓ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		ganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reduce tors trustees officers including the CEO/Exec	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	,	Vaa	
	ancetors, trastees, omeers, melaaning the GEO/Exec	Take Director, regarding the feeling effected in line 14	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	· · · · · · · · · · · · · · · · · · ·			
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of				
a	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p	paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebuttable presumption procedure described in Regulations	9		_ <del>_</del>

### 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)(1)-(111) 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  (i) Base compensation	f W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
1 WILLIAM LITTLEJOHN, SR VP/CEO FOUNDATION	(i) (ii)	0 306,957	0 83,623	0	014,468	0 18,379	0 457,067	0
2 MICHAEL W MURPHY, PRESIDENT & CEO, SHARP HEALTHCARE	(i) (ii)	0 1,262,468	0 401,135	0 69,978	0 83,051	0 19,911	0 1,836,543	0
3 MARSHA LUBICK, VP PHILANTHROPY	(i) (ii)	0 112,225	0 26,232	0 4,282	0 10,343	0 11,248	0 164,330	0
4 PAMELA BARNETT, MGR DONOR RELATIONS	(i) (ii)	0 120,829	0 16,459	0 5,058	0 8,237	0 10,897	0 161,480	0

Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS UNIVERSITY CLUB DUES FOR WILLIAM S LITTLEJOHN, SVP/CEO FOUNDATIONS, FOR BUSINESS PURPOSES, AND THEREFORE, THE AMOUNT WAS NOT REPORTED AS TAXABLE COMPENSATION
PART I, LINE 4B	SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY THE PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31 CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR THE PROVISIONS OF THE PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED THE PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PRAFTICIPANT EACH PLAN YEAR SHALL EQUAL TO 18% OF THE PARTICIPANT BASE SALARY FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT OF A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A PLAN YEAR AS ELECTED BY THE PARTICIPANT - A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A PLAN YEAR AS ELECTED BY THE PARTICIPANT OF A FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL THE PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE, ACCUMULATION BENEFITS (LIFE INSURANCE) PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE EITSAL 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 THAT REMAINS AFTER PURCHASIONS THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT SEPARATES FROM SERVICE DURI
PART I, LINE 3	THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

Schedule J (Form 990) 2014

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DLN: 93493224023756

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

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SHARP HEALTHCARE FOUNDATION

Part I Types of Property

Name of the organization **Employer identification number** 95-3492461

		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(i Method of i noncash contri			nts
1	Art—Works of art	Х	10	-	DONOR VALUAT	ION		
2	Art—Historical treasures .			·				
3	Art—Fractional Interests							
4	Books and publications					,		
	Clothing and household goods	Х		30,585	DONOR VALUAT	ION		
6	Cars and other vehicles	Х	8	10,526	SALE PRICE			
7	Boats and planes			·				
	Intellectual property							
9	Securities—Publicly traded .	Х	10	111,402	FM∨			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	X	3	600	DONOR VALUAT	TON		
	Food inventory				501101111120111			
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(	Х	2	863,191	PRESENT VALUE	=		
	ERRED PLANNED GIFTS )							
FF	Other►( ICE EQUIPMENT )	X	4		DONOR VALUAT			
GIF.	Other▶( 「CERTIFICATES)	X	13	4,545	DONOR VALUAT	ION		
	O ther ► ()							
29	Number of Forms 8283 received by th for which the organization completed F				9			3
20-	During the year did the erganization	acous by	contribution any proporty	concerted in Dort I. lines 1	through 20 that		Yes	No
SUa	During the year, did the organization in the must hold for at least three years fr							
	for exempt purposes for the entire hol			, and which is not required	i to be used			
			· · · · · · · ·			30a		No
	If "Yes," describe the arrangement in  Does the organization have a gift according to the control of the contro		licy that requires the revie	ew of any non-standard co	ntributions?	31	Yes	
s∠a	Does the organization hire or use third contributions?	u parties of	related organizations to s	· · · · · · · · ·		32a	Yes	
b 33	If "Yes," describe in Part II If the organization did not report an addescribe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			_ <b>_</b>
	·					لـــــــا	L l	

	32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
Return Reference Explanation			
	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES		
DART LINE 32B	VEHICLES (EXCEPT THOSE DONATED FOR OPGANIZATIONAL USE) ARE SOLD AT AUCTION		

Schedule M (Form 990) (2014)

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DLN: 93493224023756

**Employer identification number** 

OMB No 1545-0047

2014

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## SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

SHARP HEALTHCARE FOUNDATION

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.

	95-3492461
Return Reference	Explanation
FORM 990, PART III, LINE 1	TO ENGAGE IN THE SOLICITATION, RECEIPT AND ADMINISTRATION OF PROPERTY, AND FROM TIME TO TIME TO DISBURSE SUCH PROPERTY AND THE INCOME THEREFROM TO, OR FOR THE BENEFIT OF, THE SAN DIEGO HOSPITAL ASSOCIATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION WHICH IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ITS NONPROFIT SUBSIDIARIES WHICH ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. DISTRIBUTIONS FOR SHARP REES-STEALY CORPORATION SHALL BE LIMITED TO FUNDS DESIGNATED BY THE DONOR FOR THAT PURPOSE. SUCH DISBURSEMENTS SHALL BE USED BY THE FOREGOING ENTITIES FOR THE FOLLOWING PURPOSES. (1) MAJOR CAPITAL EXPENDITURES, (2) MAJOR RENOVATION OF BUILDINGS, (3) MAJOR EQUIPMENT PURCHASES, (4) MEDICAL AND OTHER PROFESSIONAL HEALTH CARE EDUCATION, (5) COMMUNITY HEALTH EDUCATION, AND (6) MEDICAL RESEARCH. THE CORPORATION MAY ALSO SOLICIT, RECEIVE AND ADMINISTER FUNDS IN THE FORM OF DONOR-ADVISED FUNDS, SUBJECT TO THE FOLLOWING CONDITIONS. (1) THE BOARD OF DIRECTORS OF THE CORPORATION MAY CONSIDER THE RECOMMENDATIONS OF DONORS FOR DISTRIBUTIONS FROM SAID FUNDS BUT SHALL AT ALL TIMES HAVE AND RETAIN SOLE AUTHORITY OVER SUCH DISTRIBUTIONS, AND (2) DISTRIBUTIONS FROM ANY SUCH FUND MAY, IN THE SOLE DISCRETION OF THE CORPORATION'S BOARD OF DIRECTORS, BE MADE TO OR FOR THE BENEFIT OF ONE OR MORE ORGANIZATIONS OTHER THAN SAN DIEGO HOSPITAL ASSOCIATION OR A NONPROFIT TAX-EXEMPT SUBSIDIARY OF SAN DIEGO HOSPITAL ASSOCIATION, PROVIDED THAT ANY SUCH ORGANIZATION IS AN ORGANIZATION DESCRIBED IN SECTIONS 170(B)(1)(A), 170(C), 2055(A), AND 2522(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SHARP HEALTHCARE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE FOUNDATION GOVERNING BOARD SHARP HEALTHCARE FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES/SENIOR VICE PRESIDENTS AND ANY DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARPS LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD, AND TO THE MEMBERS OF THE COMMITTEE WITH THE BOARD DESIGNATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT UPON DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER(S) SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITIOR'S BOARD OF DIRECTORS OR HAS A COLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLIC

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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 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 PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2014	Return Reference	Explanation
	PART VI, SECTION B,	REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT 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

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

Return Reference	Explanation	
FORM 990, PART XI, LINE 9	PLEDGE WRITE OFF -48,494	

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

Return	Explanation	
Return	FORM 990,	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 CA RE DELIVERY SYSTEM BASED IN SAN DIEGO, CALIF THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HO SPITALS, THREE SPECIALTY HOSPITALS, TWO AFFILIATED MEDICAL GROUPS, 22 MEDICAL CENTERS, FIV E URGENT CARE CENTERS, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABILITATION CENT FER, HOME HEALTH, HOSPICE, AND HOME INFUSION PROGRAMS, NUMEROUS OUTPATIENT REHABILITATION CENT FER, 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 BENEFICENCY 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, SHAPP HEALTH HAN (SHP). SERVING A POPULATION OF A PROCXIMATELY 23 MILLION IN SAN DI EGO COUNTY (SICO), AS OF SEPTEMBER 30, 2015, SHARP ALSO HAS A KNOX-KEENE-LICENSED CARE SERVICED FLAN, SHAPP HEALTH HAN (SHP). SERVING A POPULATION OF A PROCXIMATELY 23 MILLION IN SAN DI EGO COUNTY (SICO), AS OF SEPTEMBER 30, 2015, SHARP BLICENSED TO OPERATE 2,088 BEDS AND HAS A PROCXIMATELY 2,600 SHAPR-AFFILATED PHY SICOLANS AND MORE THAN 17, 000 EMPLOYER 32 MILLION IN SAN DI EGO COUNTY (SICO), AS OF SEPTEMBER 30, 2015, SHARP IS LICENSED TO OPERATE 2,088 BEDS AND HAS A PROCXIMATELY 2,600 SHAPR-AFFILATED PHY SICOLANS AND MORE THAN 17, 000 EMPLOYEE PER POPULA WIST A MEDICAL CENTER (SERVICE) FOR DEPARTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD AND SHAP REGIONS MOST COMPREHENSIVE HEART PROGRAM, SERVICES FOR ORTHOPEDIC CARE CANCER TREE ATMENT, WOMEN AND INFANTS, AND THE COUTT BAY SE BUSIEST EMPRICANCY DEPARTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD CALLED AND LO
		COUNTY'S ONLY LICENSED CHEMI CAL DEPENDENCY RECOVERY HOSPITAL COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPORTED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SMH AND ARE REFERRED TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPERATIONS OF SHARP REES-ST EALY 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 MISSION STATEMENT IT IS SHARPS 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 MA NNER VISION SHARPS 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 CAR ING, QUALITY, SAFETY, SERVICE, INNOVATION AND EXCELLENCE
		SHARP WILL BE RECOGNIZED BY EMPL OYEES, PHYSICIANS, PATIENTS, VOLUNTEERS AND THE COMMUNITY AS THE BEST PLACE TO WORK, THE B EST 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 VALUES * INTEGRITY - TRUSTWORTHY, RESPECTFUL, SINCERE, AUTHENTIC, COMMITTED TO ORGANIZATIONAL MISSION AND VALUES * CARING - COMPASSIONATE, COMMUNICATIVE, SERVICE ORIENTED, DEDICATED TO TEAMWORK AND COLLABORATION, SERVES OTHERS ABOVE SEL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	F, CELEBRATES WINS, EMBRACES DIVERSITY * SAFETY - RELIABLE, COMPETENT, INQUIRING, UNWAVERING, RESILENT, TRANSPARENT, SOUND DECISION MAKING * INNOVATION - CREATIVE, DRIVES FOR CONT INJOUS IMPROVEMENT, INITIATES BREAKTHROUGHS, DEVIGE SCHOPS SELF, WILLING TO ACCEPT NEW IDEAS AND CHANGE * EXCELLENCE - QUALITY FOCUSED, COMPELLED BY OPERATIONAL AND SERVICE EXCELLENCE. COST EFFECTIVE, ACCOUNTABLE CULTURE, THE SHARP EXPERIENCE FOR MORE THAN 15 YEARS, SHARP HA S BEEN ON A JOURNIEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHYSICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE-AND-EXPERIENCE IN PROVEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAMHAS RECOMMITTED TO PURPOSEFUL, WORTHWHILE WORK AND CREATING THE KIND OF HEALTH CARE PEOPLE WANT AND DESBRYE THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATIONS TOP RANKED HEALTH CARE SYSTEMS. SHARP IS SAN DISCO'S HEALTH CARE EQUATION THE PROVED THE MAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION THE PROVED. THIS STRIVING TO BE. * THE BEST FLACE TO WORK ATTRACTING AND RETAINING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE POCUSED ON PROVIDING QUALITY HEALTH CARE EXPERIENCE IN SAN DISCO BY STRIVING TO SERVING PATIENTS AND SUPPORTING, ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH TO WORK ATTRACTING AND RETAINING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE POCUSED ON PROVIDING QUALITY HEALTH CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND PROFESSION ALAND PROSPERIOR. IT HAS COMMITTED THE PROVIDING PATIENTS AND SUPPORTING ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH ON WHICH PHY SICIANS BUJOY POSITIVE, COLLABORATIVE RELATIONSHIP S WITH HUNSES AND OTHER CARESIONERS. HAVE CACESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING EDGE TECHNOLOGY, AND ENJOY THE CAMPADA TO PROVIDING A NEW STANDART ON SERVICE ORIENTED INDIVIDUALS WHO SEE IT AS THE R PRIVILEGE. TO RECEIVE CARE PROVIDING A NEW STANDARD OF SERVICE

Return Explanation Reference	
FORM 990, PART III, LINE 4A (CONTINUED)	APRLYING HIGH-RELIABILITY CONCEPTS IN AN ORGANIZATION BEGINS WI-BLEADERS AT ALL LEVELS ST ART THINKING ABOUT HOW THE CARE THEY PROVIDE COULD BECOME BETTER IT BEGINS WITH A CULTURE OF SAFETY WITH THIS LEARNING, SHARPY IS A SEVEN-PILLAR ORGANIZATION QUALITY, SAFETY, SER VICE, PEORLE FINANCE, GROWTH AND COMMUNITY THE FOUNDATIONAL BLEMENTS OF SHARPS STRATEGIC PLAN HAVE BEEN SHARPDED TO BEMHAS JESS SHARPS SERIED TO HAVE AND COMMUNITY THE FOUNDATIONAL BLEMENTS OF SHARPS STRATEGIC AND CONTINUES SHARPS TRANSFORMATION OF THE HEALTH CARE EXPERIENCE, FOCUSING ON SAFE, HIGH-QUALITY AND EFFICIENT CARE PROVIDED IN A CARBING, CONNENIUM, COST-EFFECTIVE AND ACCESSBILE MAN NERT THE SEVEN PILLARS LISTED BELOW AREA A VISIBLE TESTAMENT TO SHARPS COMMITMENT TO BECOME THE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE IN THESE AREAS "QUALITY DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE TO SET INDUSTRY STANDARDES AND EXCEPT CULTY STOMEN PARTAGE AND EXCEPT CULTY STANDARDES AND EXCEPT CULTY STANDARD SAFE AND FREE FROM HARM "SERVICE - CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR CUSTOMERS, PHYSIC IANS AND PARTINERS BY DEMONSTRATING SERVICE EXCELLENCE "FEORLE". CREATE A VALUES-CRIVEN CULTURE THAT A TITRACTS, RETAINS AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARPS MISSION AND VISION "FINANCE". A CHEEVE FROM ENGLISHED STANDARD SHARP AND SHORP OF THE AND SHARP AND SHAPP CHARLES SHARP AS BILLITY TO PROVIDE QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY AND INVESTMENT IN THE CREANIZ. AND SHORP THAT A TITRACTS, RETAINS AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARPS MISSION AND VISION "FINANCE". A CHEEVE FROM ENGLISHED SHAPP HAS RECOMMITTED TO SHARPS BY SOME SHAPP HAS RECOMMITTED TO SHAPPS AND SHAPP HAS RECOMMITTED TO SHAPPS SHAPP HAS RECOMMITTED BY THE ENDING HEALTH COMMINITY. THE PROVIDE GROWN HAS RECOMMINITY SHAPP HAS RECOMMINITY SHAPP HAS RECOMMINITY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	40 PERCENT LESS ENERGY THAN OTHER BULDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE IN TO THE ATMOSPHERE SCHHIC FIRST EARNED THE ES CERTIFICATION IN 2007 AND THEN AGAIN EACH YEAR R FROM 2010 THROUGH 2013, WHILE SCYMC RECEIVED ES CERTIFICATION IN 2009, 2010, 2011, 2013 AND 2015 SAN DIEGO GAS & ELECTRIC (SDG&E) RECORNIZED SHARP FOR OUTSTANDING RESULTS IN ENERGY EFFICIENCY AND CONSERVATION SHARP WAS NAMED SAN DIEGO'S "HEALTHCARE 2014 ENERGY CHAMP ION" FOR ITS SUCCESSES IN ENERGY CONSERVATION IN 2013, SHARP WAS NAMED AS NAMED A "STEADLY CITION ON THE CITY OF SAN DIEGO'S ANNUAL WASTE REDUCTION AND RECYCLING AWARDS FOR A SUCCES SFUL AND EXTENSIVE RECYCLING PROGRAM SMH AND SMBHWN WERE HONORED FOR THEIR COMPREHENSIVE WASTE REDUCTION PROGRAMS SHARP WAS NAMED THE CRY STAL WINNER OF THE 2011 WORKFLACE EXCELLE NCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT THIS DESIGNATION RECORNIZES SHARPS HUMAN RESOURCE FROM 2014 TO 2015, THE RESS GANEY ORGANIZATION RECOGNIZES MILITIPLE SH C ENTITIES WITH GUARDIAN OF EXCELLENCE AWARDS BASED ON ONE YEAR OF DATA, THIS DESIGNATION RECOGNIZES WELL COMPANY PERFORMANCE FROM 2015 TO 2015, THE RESS GANEY ORGANIZATION RECOGNIZED MILITIPLE SH C ENTITIES WITH GUARDIAN OF EXCELLENCE AWARDS BASED ON ONE YEAR OF DATA, THIS DESIGNATION RECOGNIZES RECOPIENTS FOR HAVING REACHED THE 95TH PERCENTILE FOR PATIENT SATISFACTION, EMPLOYEE ENCAGEMENT, PHYSICIAN ENGAGEMENT SURVEYS OR CLINICAL QUALITY AWARDS FOR SHE BRITTIES INCLUDED SCVMC, SCHHC, SCH, SMBHWN, SMH, SMH OUTPATIENT PAYILION (OPP), SMM, SHC, SHARP HOME HEALTH FOR BMFLOYEE ENGAGEMENT, SMBHWN AND THE SHAR P SENIOR FEALTH CENTERS AT SMH FOR PATIENT SATISFACTION, AND SCHHC, SMBHWN AND THE SHAR P SENIOR FEALTH CENTERS AT SMH FOR PATIENT SATISFACTION, AND SCHHC, SMBHWN AND THE SHAR P SENIOR FEALTH CENTERS AT SMH FOR PATIENT FOR PATIENT SATISFACTION BEOGNEED MILITIPLE SHO DITTIES FOR A CHIEVEMENT OF THE BEACON OF EXCELLENCE IN PATIENT SATISFACTION (BASED ON A THREE-YE AR PERCOD). EMPLOYEE PROBAGEMENT IN SATISFACTION AND SCHHC OF THE B

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PAR 4A	RM 990, RT III, LINE NTINUED)	IN 2015, SIGH AND SMISHWA RECENSED A 2015 WOMENS CHOICE WAR RECONCED AS ONE OF AMERICA'S BEST HOSPITALS FOR CANCER CARE AND SMISHANI WAS RECONCED AS ONE OF AMERICA'S BEST HOSPITALS FOR CANCER CARE AND SMISHANI WAS RECONCED AS ONE OF AMERICA'S BEST HOSPITALS FOR CASTERICS FOR THE THRO YEAR NA POW, AND THE FOURTH THE IN FIVE YEAR SMISHANI WAS RECONCEDED AS ONE OF AMERICA'S BEST HOSPITALS FOR OSSITIATION THE TOP STOTE THE THRO YEAR NA POW, AND THE FOURTH THE IN FIVE YEAR SMISHANI WAS RECONCEDED AS ONE OF AMERICA'S BEST HOSPITAL SHE WON'T HE TOP STOTE AND THE REPARCH AND

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4A (CONTINUED)	CHARTIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE TO HELP GET THEM OF THE STREET. THE SER REFERRALS MAY INCLUDE CHRONICALLY HOMELESS PATENTS OR PATIENTS WHO HAVE EXHAUSTED OTH RY COMMUNITY HOUSING RESOURCES. COMMUNITY HEALTH SCREENINGS SHARP'S DEDICATION TO IMPROVING COMMUNITY HEALTH EXTENDS BEYOND THE WALLS OF ITS HEALTH CARE FACILITIES, AND SHARP CONTI NUES TO DEMONSTRATE THIS COMMUNITY HEALTH SCREENINGS SHARP'S DEDICATION TO IMPROVING ROORAM. C OMPLIMENTARY HEALTH SCREENINGS ARE PROVIDED ACROSS SICK TO INFORM COMMUNITY MEMBERS ABOUT THER CURRENT HEALTH STATUS AND HELP DETERMINE THER RISK FOR COMMON DISEASES INCLUDING DIA BETES, HEARTI DISEASE AND OTHER HEALTH CONDITIONS. SCREENINGS INCLUDE BODY MASS INDEX (BM), BLOOD SUGAR, CHOLESTEROL, BLOOD PRESSURE AND AN ATTESTATION OF TOBACCO USE, FROM COTOBER 12, 2014 TO SEPTEMBER 30, 2015. A CROSS-DISCIPLINARY TEAM OF SHARP HEALTHCARE PROFESSIONAL IS ORGANIZED. PROMOTED AND HOSTED INEARLY 75. COMMUNITY HEALTH SCREENING EVENTS THROUGHOUT THE COUNTY - SOREENING MORE THAN 5, 200 SAN DIEGANS PARTICIPANTS WERE NOT ASKED TO PROVIDE P ERSONAL INFORMATION NOR WERE THEY REQUIRED TO SHOW PROOF OF INSURANCE OR HAVE ANY RELATIO NISHP WITH SHARP TO BE ELIGIBLE FOR THE SCREENING ALL PARTICIPANTS RECEIVED THEIR RESULTS AND AN INFORMATION ADAIL PROCHEE THAT OUTLINED STRATEGIES TO IMPROVE HEALTH AND WELL-BEING PARTICIPANTS WERE THEN ENCOURAGED TO SHARP THE RESULTS WITH THEIR PRIMARY CARE PHY SICIAN TO DETERMINE AN APPROPRIATE, CUSTOMIZED FOLLOW-UP PLAN LUNISURED COMMUNITY MEMBERS AND THO SE IN NEED OF ADDITIONAL SERVICES RECEIVED INFORMATION ABOUT AVAILABLE RESOURCES THROUGH 2-1-1 SAN DIEGO SINCE ITS INCEPTION, THE COMMUNITY SCREENING FEFORT HAS CONDUCTED EVENTS A IT MORE THAN 40 LOCATIONS ACROSS SAN DIEGO, INCLIDING COMMUNITY MEMBERS AND THO SE IN NEED OF ADDITIONAL SERVICES RESOURCES IN ADDITION, IN APRIL AND MAY, SHARP DEFERED SCREENINGS AT THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHINC) BEFORT THA SCONDUCTED EVENTS A IT MORE THAN 40 LOCATIONS AGO SAN DIEGO, INCLIDING COMM

Return Reference	Explanation	
Reference	FORM 990, PART III, LINE 4A (CONTINUED)	TABLE 1 SHARP HEALTHCARE INTERNISHES - FY 2015 SHARP CHULA VISTA MEDICAL CENTER NURSING 8 42 STUDENTS 60.662 GROUP HOURS 20,396 PRECEPTED HOURS ANCILLARY 172 STUDENTS 37,627 HOURS TOTAL 1,014 STUDENTS 116,667 HOURS SHARP CORONADO HOSPITIAL AND HEALTHCARE CENTER NURSING 59 STUDENTS 12,510 GROUP HOURS 3,024 PRECEPTED HOURS ANCILLARY 77 STUDENTS 21,27 HOURS TO TAL 667 STUDENTS 116,661 HOURS SHARP GROSSMONT HOSPITIAL NURSING 732 STUDENTS 22,492 GROUP HOURS 16,649 PRECEPTED HOURS ANCILLARY 77 STUDENTS 22,492 GROUP HOURS 16,649 PRECEPTED HOURS ANCILLARY 78 STUDENTS 34,201 HOURS 513,335 HOURS SHARP MARY BRICH HOSPITAL FOR WOMEN IN REWISCORNS NURSING 207 STUDENTS 12,240 GROUP HOURS 51,800 PRECEPTED HOURS ANCILLARY 15 STUDENTS 4,281 HOURS 51,200 HOURS 51,200 PRECEPTED HOURS ANCILLARY 15 STUDENTS 4,281 HOURS 51,200 PRECEPTED HOURS ANCILLARY 15 STUDENTS 4,281 HOURS 51,200 PRECEPTED HOURS ANCILLARY 10 STUDENTS 4,291 HOURS 51,200 HOURS 51,200 PRECEPTED HOURS ANCILLARY 10 STUDENTS 22,242 HOURS 51,200 PRECEPTED HOURS ANCILLARY 38 STUDENTS 22,21 HOURS SHARP MEAN VISTA HOSP TIAL NURSING 319 STUDENTS 22,242 HOURS SHARP HOSP TOTAL 35 STUDENTS 22,243 HOURS SHARP SHARP HOSP TOTAL 35 STUDENTS 22,243 HOURS STOLENTS SHARP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	A GOLD RIBBON SCHOOL FOR ITS OUTSTANDING EDUCATION PROGRAMS AND PRACTICES, AND A TITLE IA CADEMIC ACHEVING SCHOOL FOR DEMONSTRATING SUCCESS IN SIGNIFICANTLY REDUCING THE GAP BETIVE BY HIGH AND LOW-PERPORMING STUDENTS HSHMIC IS ALSO A 2014 US NEWS & WORLD REPORT BEST HIGH SOLD AND LOW-PERPORMING STUDENTS HSHMIC IS ALSO A 2014 US NEWS & WORLD REPORT BEST HIGH SCHOOL SAFETY ADVOCACY COUNCL AWARD WINNER LECTURES AND CONTINUING EDUCATION SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF COLLEGE S AND UNIVERSITIES THROUGHOUT SAN DIEGO IN PY 2015, SHARP STAFF PROVIDED HUNDREDS OF ACAD EMIC HOURS IN LECTURES, COURSES AND PRESENTATIONS ON NUMBROUS COLLEGE AND LINIVERSHIP CAMPUS SES THIS INCLUDED GUEST LECTURES ON PHARMACY PRACTICE AT USD AND USD, HEALTH INFORMATION TECHNOLOGY, NUTRITION AND PROFESSIONAL DEVELOPMENT AT SDSU. THE LEGALITIES OF NURSING AND COMMUNITY NUTRITION AND PROFESSIONAL DEVELOPMENT AT SDSU. THE LEGALITIES OF NURSING AND COMMUNITY NUTRITION AND PROFESSIONAL DEVELOPMENT AT SDSU. THE LEGALITIES OF NURSING AND COMMUNITY WITHIN AND EATING DISCRESS AT PLINI, ADVANCE CARE TO PUBLIC HEALTH GRADUAT E STUDENTS AT SDSU SHARPS CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT PROVIDES EVOLDENCE AS AND CHINCALLY RELEVANT PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO HELP PRACTICING PHYSICIANS AND PHARMACISTS IMPROVE PATENT SAFETY AND ENHANCE CLINICAL OUTCOMES. IN YOU 2015, SHARPS CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT PROVIDES EVOLDENCE AND ADVANCES ON PRIMARY CARE, HEART FAILURE, LUNG CA NEER COLORECTAL CANCER, AND ADVANCES IN OBJGYN, AS WELL AS PRESENTATIONS ON STROKE BEDIAL, INFECTION PREVENTION, CLINICAL DOCUMENTATION IMPROVED BY A CONTINUE OF THE ADVANCE CONTINUENCE OF THE TOTHOPEDIC SURGEONS, RADIOLOGISTS, RESIDENTS AND FEDERATE OF HEALTH CARE FOR DIFFERENCE FOR ORTHOPEDIC SURGEONS, RADIOLOGISTS, RESIDENTS AND FEDERATE MORE THAN 1,800 HOURS TO PROPERT SOLD SURGEONS FROM SHARP BEGILLAND FROM THE ELUCYBROAD AND NORTH A MERCENTRAL PROPERTY SINDOVATION THROUGH HIS COMMITTED ORTHOPEDIC SURGEONS ON STROKE BEDIAL, I

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RT III, LÍNE	THE CENTER FOR RESEARCH'S HRPP ALSO PROVIDES EDUCATION AND SUPPORT BOTH FOR RESEARCHERS AC ROSS SH-4RP AND THE BROADER SAN DIEGO HEALTH AND RESEARCH COMMUNITIES ON REQUIREMENTS REGARD NOR THE PROTECTION OF HUMAN RESEARCH PART OF ITS MEATOR FITS REQUIREMENTS REGARD THE PROTECTION OF HUMAN RESEARCH HORSTS QUARTERLY MEETINGS ON RELEVANT EDUCATIONAL, TOPICS TO THE RESEARCH COMMUNITY, NCLUDING HYSICIANS, SYCIANS, PSYCHOLOGISTS, RESEARCH LUCED INVESTIGATOR QUALITY METINGS ON RELEVANT EDUCATIONAL, TOPICS TO THE RESEARCH COMMUNITY, NCLUDING HYSICIANS, SYCIANS, PSYCHOLOGISTS, RESEARCH NCLUDED INVESTIGATOR QUALITY METINGS ON RESEARCH AND RESEARCH NOR COMMUNITY TO CITYLIFES. UNDERSTANDING RESEARCH NORCOMPLIANCE SHOULD ROMOMPLANCE AND CONTINUING NONCOMPLIANCE AND CONTINUING THE THE SHARP OUTCOMES RESEARCH INSTITUTE (ORI) BESAND NO 2010 AS A RILOT NITIATIVE PUNDED BY THE SHARP DEALTHCARE FOUNDATION THE ORI FACILITATES INTERDISCIPLINARY RESEARCH ON HEAT THE CARE PRACTICES IN ORDER TO DENTIFY AND PROMOTE QUALITY PATIBIT CARE ACROSS THE HEALTH CARE PRACTICES IN ORDER TO DENTIFY AND PROMOTE QUALITY PATIBIT CARE ACROSS THE HEALTH CARE COMMUNITY THE ORI COLL BOOK THE WIND AND ANALYSIS. SEVENORING PUNDING MICHARISMS FOR RESEARCH PROJECTS, AND FACILITATING IREA PPLICATION SUBMISSIONS A PRORTITY FOR THE ORIGINAL PROMOTE AND AND ANALYSIS. SEVENORING PUNDING MICHARISMS FOR RESEARCH PROJECTS, AND FACILITATING IREA PPLICATION SUBMISSIONS A PRORTITY FOR THE ORIGINAL PROMOTE AND AND ANALYSIS. SEVENORING PUNDING MICHARISMS FOR RESEARCH PROJECTS, AND FACILITATING IREA PPLICATION SUBMISSIONS A PRORTITY FOR THE ORIGINAL PROVIDENCE AND AND ANALYSIS. SEVENORING PUNDING PUNDI
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	FORM 990, PART III, LINE 4A (CONTINUED)	TRESTORATION MORE THAN 1,700 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVE R 5,850 HOURS IN SUPPORT OF THESE PROJECTS IN NOVEMBER 2014, 14 SLAH VOLUNTEERS JOINED THE S AND DIEGO CHARGERS FOOTBALL TEAM FOR THEIR 36TH ANNUAL BLOOD DRIVE IN MISSION VALLEY THE EVAN DIEGO CHARGERS FOOTBALL TEAM FOR THEIR 36TH ANNUAL BLOOD DRIVE IN MISSION VALLEY THE EVAN DIEGO CHARGERS FOOTBALL TEAM FOR THEIR 36TH ANNUAL BLOOD DRIVE IN MISSION VALLEY THE EVAN THE EVAN THE EVAN THE SAN DIEGO BLOOD BANK DURING THE VITAL HOLIDAY SEASON WHEN PEOPLE THEN DO DONATE LESS BLOOD SLAH VOLUNTEERS CONSISTED OF REGISTERED NURSES (RNS), LICENSED VOC ATIONAL NURSES, CERTIFIED PH LEBOTOMISTS AND LIMITED PH LEBOTOMISTS WHO PROVIDED ASSISTANCE WITH BLOOD TYPING (DETERMINING WHAT TYPE OF BLOOD AN INDIVIDUAL HAS) DURING THE 2014 HOLID DAY SEASON, 11 SLAH VOLUNTEERS JOINED THE AMERICAN RED CROSS HOLIDAY MAIL FOR HEROES RROG RAM TO SUPPORT SERVICE MEMBERS AND VETERANS SEPARATED FROM THEIR FAMILES DURING THE HOLID AY SEASON DUE TO DEPLOY MENTS AND HOSPITAL STAYS VOLUNTEERS WROTE CARSO OF AFFRECATION TO THE MEMBERS OF THE UNITED STATES ARMED FORCES AND THEIR FAMILES EXPRESSING THANKS FOR THE SAN DIEGO FOOD BANK (SDFB) FEEDS PEOPLE IN NEED THROUGHOUT SDC, ADVOCATES FOR THE HUNGRY, AND EDUCATES THE PIBLIC ABOUT HUNGER, RELATED ISSUES ON 16 DAYS BETWEEN FEBRUARY AND SEPTEMBER 2015, 960 SLAH VOLUNTEERS INSPECT ED, CLEANED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE SOPE WARRHOLDE FOR TWO DAYS IN MARCH, 100 SLAH VOLUNTEERS PROVIDED REGISTRATION, GEAR-CHECK, WATER STOWN DAYS IN MARCH, 100 SLAH VOLUNTEERS PROVIDED REGISTRATION, GEAR-CHECK, WATER STOWN DAYS IN MARCH, 100 SLAH VOLUNTEERS PROVIDED REGISTRATION THE PREMIER RACE RAISES MONEY FOR VULN ERABLE COMMUNITIES IN SAN DIEGO, THE RACE RAISES MONEY FOR VULN ERABLE COMMUNITIES IN SAN DIEGO, THE RACE RAISES MONEY FOR VULN ERABLE COMMUNITIES IN SAN DIEGO, THE RACE RAISES MONEY FOR VULN ERABLE COMMUNITIES IN SAN DIEGO, THE RACE INSPIRES VOLUNTEERS SAN AS A WAY TO HELP STRUGGLING COMMUNITIE

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PA 4A	ORM 990, ART III, LINE A CONTINUED)	THE LIFE ROLLS ON FOUNDATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR YOUNG PEOPL. E AFFECTED BY SIMML CORD INJURY THROUGH ACTION SPORTS WITH SUPPORT FROM ADAPTIVE EQUIPME IN TAND YOULD TEBERS. THE AWARD-WINNING SERIES OF BIGOODSTAL EVENTS EMPOWERS PARAPLEGGES AS SETED LEF ROLLS ON. THEY WILL SUPP. AGAIN WITH EVENTS EMPOWERS PARAPLEGGES AS SETED LEF ROLLS ON. THEY WILL SUPP. AGAIN WITH EVENT SET-LY AND BEREAKDOWN, REGISTRATION DUMPNIT DISTRIBUTION, LUNCH SERVICE AND HEIP RIG SURFERS ON LAND AND IN SHALLOW WATER F OUNDED IN 2001, THE SAN DIEGO RIVER PARK FOUNDATION IS A GRASSROOTS NONPROFIT ORGANIZATION FINATION OF THE SAN DIEGO RIVER PARK FOUNDATION IS A GRASSROOTS NONPROFIT ORGANIZATION DEGO RIVER AFROM THE GREENBELT FROM THE MOUNTAINS TO THE COCAN ALLOWS THE 52-MILE SAN DIEGO RIVER AFROM THE PLANTS AND TREBS AT THE POINT LOMA MATTER PLANT ARROBED IN MRS. DIEGO RIVER AFROM THE PLANTS AND TREBS AT THE POINT LOMA MATTER PLANT ARROBED IN MRS. AND THE SAN DIEGO RIVER GARDEN IN MRSSION VALLEY IN MAY ACTIVITIES INCLUDED THAL INAI INFLANCE WATERING, REMING AND OTHER COASTAL HASITAT RESTORATION EVENT IN OCEAN BEACH TO OHE P SAN EAD RESTORE ONE OF THE COASTAL HASITAT RESTORATION EVENT IN OCEAN BEACH TO OHE P SAN EAD RESTORE ONE OF THE LIGHT GARDENING PROJECTS INJULY, SLAH VOLUNTEERS J ONED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HASITAT RESTORATION EVENT IN OCEAN BEACH TO OHE P SAN EAD RESTORE ONE OF THE LIGHT GARDENING PROJECTS INJULY, SLAH VOLUNTEERS J ONED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HASITAT RESTORATION EVENT IN OCEAN BEACH TO OHE P SAN EAD RESTORE ONE OF THE LIGHT GARDENING PROJECTS INJULY, SLAH VOLUNTEERS J ONED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HASITAT RESTORATION EVENT IN OCEAN BEACH TO OHE P SAN EAD RESTORE ONE OF THE LIGHT GARDENING PROJECTS INJULY. SLAH VOLUNTEERS J ONED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HASITAT RESTORATION OF THE THE MAD THE COASTAL HASITATION ON TH
		ONED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HABITAT RESTORATION EVENT IN OCEAN BE O HELP SAVE AND RESTORE ONE OF THE LAST REMAINING COASTAL DUNE AND WETLAND HABITATS SAN DIEGO TWENTY VOLUNTEERS HELPED REMOVE INVASIVE PLANTS, WATERED AND CARED FOR REAN TINGS, AND PROVIDED TRAIL MAINTENANCE AND LITTER REMOVAL SHARP HUMANITARIAN SER PROGR AM IN FY 2015, THE SHARP HUMANITARIAN SERVICE PROGRAM FUNDED MORE THAN 30 SHARP PROGRAM IN FY 2015, THE SHARP HUMANITARIAN SERVICE PROGRAM FUNDED MORE THAN 30 SHARP PROGRAM IN SHARP HUMANITARIAN SERVICE STORES IN SERVICE PROGRAMS THAT PROVIDE HEALTH CARE OR OTHER SUPPORTIVE SERVICES UNDERSERVED OR ADVERSELY AFFECTED POPULATIONS IN HAITI, GUATEMALA, PERU, SOUTHERN AF AND OTHER VULN BRABLE AREAS THROUGH THE PROGRAM, A SHARP PHARMACIST PARTICIPATED TO THE IMPOVERSHED VILLAGES OF A YACICHO, PERU, LOCATE CENTRAL ANDES MOUNTAINS SPONSORED BY THE PERUVIAN AMERICAN MEDICAL SOCIETY, THE MIS TEAM CONSISTED OF A PREPOXIMATELY 50 PROFESSIONALS - INCLUDING PHYSICIANS, A PHARMACIST TURSES, TRANSLATORS, CASE WORKERS AND GENERAL VOLUNTIEERS - WHO PROVIDED MEDICAL EXAMINATIONS AND MEDICATIONS FOR A PPROXIMATELY 75 TO 100 PATIENTS EACH DAY IN MAY, A SINCEST TRAVELED TO ZIMBABWE WITH OPERATION OF HOPE, A NONPROFIT VOLUNTEER SURGICALLY REPARED THE THAT PROVIDES FREE SURGICAL TO CHILDREN IN DEVLOPING COUNTRIES WHO ARE BORN WITH OR SUFFERING FROM FACIAL DEFORMITIES FOR A PPROXIMATELY TWO WEEKS, THE TEAM MEMBER WORL ALLONGSIDE SURGEONS, ANESTHESIOLOGISTS AND OTHER STAFF WHO SURGICALLY REPARED THE CITES AND PALATES OF A PPROXIMATELY TO WORK SURGICALLY REPARED THE STAFF WHO SURGIC

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	FORM 990, PART III, LINE 4A (CONTINUED)	PASSION), THEY PROVIDED COMPASSION TRAINING TO MORE THAN 500 CITIZENS OF BOTSWANA AUDIENC E MEMBERS WERE FROM EDUCATION AND SOCIAL SERVICE SECTORS, INCLUDING PHYSICIANS, SOCIAL WORKERS, NURSES, TEACHERS, POLICE OFFICERS, ORPHANAGE CAREGIVERS AND STUDENTS WITH THE RISIN G REVALENCE OF EMPATHY FATICUE AND BURNOUT AMONG SERVICE PROVIDERS, THE TRAINING SUPPORTS EMOTIONAL RESILENCE, BROADENS PERSPECTIVES AND PROVIDES PRACTICAL APPLICATION DURING DIFFICULT OR STRESSFUL SITUATIONS. THE TRAINING WAS BASED ON COMPASSION CLUTIVATION TRAINING (CCT) DEVELOPED BY THE CENTER FOR COMPASSION AND ALTRUISM RESEARCH AND EDUCATION (CCARE) A THE STANFORD UNIVERSITY SCHOOL OF MEDICINE AS WELL AS OTHER MINDPULNESS AND SELF. COMPASSION OLD THAN THE HERSON, ELECTRO NIC SUPPORT WAS PROVIDED TO PARTICIPANTS FOR EIGHT WEEKS IN FEBRUARY, A SHARP TEAM MEMBER PARTICIPATED IN A 10-DAY TRIPTO SAN LUCAS TOLIMAN IN THE HIGHLANDS OF SOUTHWESTERN GUATE MALA TO BUILD AND RENOVATE HOMES FOR MAYAN FAMILLES THE TRY WAS GRANZED BY THE GLOBAL VILLAGE VOLUNTEER PROGRAM THROUGH HABITAT FOR HUMANITY, A NONPROFIT CHRISTIAN HOUSING ORG ANIZATION THAT BELIEVES EVERYONE SHOULD HAVE A DECENT, SAFE AND AFFORDABLE PLACET OLIVE THREE TEAMS OF SKY VOLUNTEERS ROTATED BETWEEN WORKING ON A RURFOL HOUSE FOUNDATION FOR A MA YAN COUPLE AND BUILDING SMOKELESS STOVES AND LATRINES FOR BEITH MAYAN FAMILLES, INCLUDING WATER FILTERS AND BASIC SANITATION SERVICES). INTERFACE IS A VOLUNTEER ROCE OF A STANFARD FOR STANFARD FOR EIGHT MAYAN FAMILLES, (INCLUDING WATER FILTERS AND BASIC SANITATION SERVICES). INTERFACE IS A VOLUNTEER FROE FILTERS AND BASIC SANITATION SERVICES). INTERFACE IS A VOLUNTEER FROE FILE FILE FILE FILE FILE FILE OF A STANFARD STANFARD FILE FILE OF A STANFARD STANFARD FILE FILE OF A STANFARD STAN

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	FORM 990, PART III, LINE 4A (CONTINUED)	COMMUNITY WALKS FOR THE PAST 20 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSO CATION (AHA) ANNUAL SAN DIEGO HEART & STROKE WALK. IN SEPTEMBER 2015, MORE THAN 800 WALKE RIS REPRESINTED SHARP AT THE 2015 SAN DIEGO HEART & STROKE WALK. IN SEPTEMBER 2015, MORE THAN 800 WALKE RIS REPRESINTED SHAPP AT THE 2015 SAN DIEGO HEART & STROKE WALK. HE JOA THAN 100 AND AFFILIATES, RASIAN DARRY S180,000 SHAPP VOLUNTEERS VOLUNTEERS ARE A CRITCAL COMPONINT OF SHAPP PROPERED AND ASSETTION. THE AND SHAPP PROPERED SHAPP PROVIDES MANY VOLUNTEER GROWN TO SHAPP PROPERED SHAPP PROVIDES MANY VOLUNTEERS OF PROPERED SHAPP CONTINUES FOR NOW JULIALS TO SERVE THE COMMUNITY, MEDITARY PROVIDES MANY VOLUNTEERS OF ALL AGES AND SKILL LEVEL DEVOTE THEIR TIME AND COMPAS SIGN TO PATENTS AS WELL AS TO THE GENERAL PLEUC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHAPPS PROGRAMS, EVENTS AND INITIATIVES SHAPP VOLUNTEERS SPEND THER TIME AND COMPAS SIGN TO PATENTS AS WELL AS TO THE GENERAL PLEUC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHAPPS PROGRAMS, EVENTS AND INITIATIVES SHAPP VOLUNTEERS SPEND THER TIME AND COMPAS SIGN TO PATENTS AS WELL AS TO THE GENERAL PLEUC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHAPPS PROGRAMS, EVENTS AND INITIATIVES ANAPPY VOLUNTEERS SPEND THER TIME AND COMPAS SIGN TO PATENTS AS WELL AS THE PROPERED AND THOUGHOUT THE YEAR THE SIGN THAN 120,000 HOURS TO A CONTRIBUTION OF THE THAN 1300 AND FROM THAN 1300 AND FRANKE THAN 130

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	FORM 990, PART III, LINE 4A (CONTINUED)	ADDITION, FIVE TEENAGERS PARTICIPATED IN SHARP HOSPICECARES TEEN VOLUNTEER PROGRAM IN FY 2015, THROUGH WHICH THE TEENS ARE ASSIGNED SPECIAL PROJECTS IN THE OFFICE OR PATIENT ASSIGNMENTS AT SHARP HOSPICECARES LAKEVIEW, AND PARKYVEW HOMES THE TEENS MAY PATIENT ASSIGNMENTS AT SHARP HOSPICECARE, CLAKEVIEW, AND PARKYVEW HOMES THE TEENS MAY PERFORM GROMING AND HY GENE TASKS OR PROVIDE SIMPLE ACTS OF KINDNESS, SUCH AS SITTING WITH PATIENTS, LIST ENING TO THEIR STORIES AND HOLDING THEIR HAND IN INCRUSING STUDENTS FROM PLINI ALSO VOLUNTE EXED AT SHARP HOSPICECARE, OFFERING ASSISTANCE TO FAMILY CAREGIVERS IN PRIVATE HOMES SHA RP HOSPICECARE PROVIDES THE 111TH HOUR PROGRAM TO BISURE THAT NO PATIENT DIES ALONE THROUGH HTHE 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 COMPORTING PRESENCE BY HOLDING THE PATIENTS HAND, READING SOFTLY TO THEM AND SIMPLY BEING BY THER SIDE FAMILLES WHO ARE PRESENT WITH THEIR DY YIGO VED ONE MAY A LSO PREFER THE COMPORT 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 FEFORTS IN FY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN HEALING TOUCH. A GENTLE ENERGY THERAPY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN HEALING TOUCH. A GENTLE ENERGY THERAPY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN HEALING TOUCH. A GENTLE ENERGY THERAPY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN HEALING TOUCH. A GENTLE ENERGY THERAPY 2015, SHARP HOSPICE ARE TO HELP MAN AGE PHYSICAL, EMOTIONAL OR SPIRITUAL PAIN AFTER VOLUNTEERS WHILE THEIR LOVED ONE IS RECEIVING HOSPICE CARE AS WELL AS A VISIT FOLLOWING THE PATIENTS DEATH SHARP HOSPICECARE FOR THE WIND HOSPICE FOR FOR FOR THE THE PATIENT OF AMILY OF THE PATIENTS DEATH SHARP HOSPICECARE TO THE WIND HOSPICE FOR FOR SHARP HOSPICE FOR FOR THE WIND HOSPICE FOR FOR SHARP HOSPICE FOR FOR THE WIND HOSPICE FOR FOR SHARP HOSPICE FOR FOR THE WIND HOSPICE FOR F

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F F 4	FORM 990, PART III, LINE 4A (CONTINUED)	SINCE FEBRUARY 2010, THE CUSHMAN WELLINESS CENTER COMMUNITY HEALTH LIBRARY AND THE SMH VOLUNTEER DEPARTMENT HAVE OFFERED THE HEALTH INFORMATION AMBASSADOR PROGRAM TO BRING THE LIBRAR FYS SERVICES DIRECTLY TO PARTENTS AND THER FAMILES AND EMPOWER THEM TO BECOME INVOLVED IN THER OWN HEALTH CARE. THE HEALTH INFORMATION AMBASSADORS ARE HOSPITAL VOLUNTEERS WHO RECEIVE ADDITIONAL TRAINING THEN COMMUNITY HEALTH LIBRARY ONCE TRAINED, THE VOLUNTEERS WHO RECEIVE ADDITIONAL RESONAL TRAINING THE SIMPROMATION AMBASSADORS ARE HOSPITAL VOLUNTEERS VISIT PATENTS AT SIMP THE SIMPROMATION CENTER AND THE PERNATAL SPECIAL CARE UNTIL AT SIMPHWIN, AND ASK IF THEY ON THEIR FAMILY MEMBERS WOULD LIKE TO RECEIVE ADDITIONAL RESONAL CRESS IN THE PICKINGS THE VOLUNTEERS BIND REQUESTS BACK TO THE CONSUMER HEALTH LIBR ARIAN WHO THEN TRINTS CONSUMER. ORBIT TO PERPATENTS AS REQUESTED DAYS THE HEALTH HIP OF A RIVER AND AND THEM TRAINS CONSUMER. ORBIT THE VOLUNTEERS AS REQUESTED PATENTS OR FAMILY MEMBERS WHO HAVE ALREADY CONDUCTED THER OWN RESEARCH ARE OFFERED A WESSITE DOCKMARK FROM WWY MEDICALED. IS GOVERNOON THE THEM TOWN AROUS USING TRUSTWORTHY WIRESETTED IN THE FATENTS AND FAMILES ARE WELLOWET ON KEEP IN TOUCH WITH THE LIBRARY AND THE AND TH

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	FORM 990, PART III, LINE 4A (CONTINUED)	MROSES IN A SMALL BUD VASE TO PASSERS-BY IN FY 2015, THE TEAM DELIVERED SIX TO BIGHT VAS ES OF FLOWERS EACH DAY TO PATIENT ROOMS, WITH AS MANY AS 20 VASES OR MORE DURING FEAK FLOW ER SEASON AND UPON ADDITIONAL REQUESTS IN ADDITION, THE TEAM SUPPORTS THE SGH SENIOR RESO URCE CENTER AND MEALS-ON-WHELS PARTIMERSHIP BY PROVIDING FLORAL CENTERPIECES FOR THEIR FUN DRAISING EVENTS TO BENEFIT EAST COUNTY SENIORS AS WELL AS OFFERS ROSES FOR SGH'S ANNUAL PART OF THE MEMBRANCE SERVICE. IN ITS FIFTH YEAR, THIS BUD'S FOR YOU HAS BECOME A NATURAL PART OF THE LANDSCAPE TEAMS DAY - AN ACT THAT IS SIMPLY PART OF WHAT THEY DO TO ENHANCE THEE EXPERIENCE OF VISITORS TO THE HOSPITAL. THE ENGINEERING DEPARTMENT FURTHER EXTENDS THE SPIR IT 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 SODEX O - 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 QUTTE THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL. THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL. THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL. THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMPORT AND JOY WHILE AT THE HOSPITAL THE GIFT TO BRING THE SHIFT OFF OUR BACKS PROGRAM TO SAN DIEGO'S NEEDY POPULATION DURING THE 2014 HOLIDAY SEASON THE PATIENT. LANDSCAPE TEAM, SGH AUXILLARY AND LOCAL BUSINESSES COLLABORATED TO BRING THE SHIFT OFF OUR BACKS PROGRAM COLLECTS, PREPARES AND DONATES A VARIETY OF THE SHIFT OFF OUR BACKS PROGRAM TO

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	FORM 990, PART III, LINE 4A (CONTINUED)	I SMILARLY, THE LABOR AND DELVERY DEPARTMENT AT SMEHMIN IS COMMITTED TO THE RIGHT AGAINST HUNGER THROUGH PARTICIPATION IN THE INTERNATIONAL RELEF TEAMS (RT) FEEDING SAN DIEGOS K 105 PROJECT BASED IN SAN DEGO, RT IS A RELEF ORGANIZATION PROVIDIOS WORLDWIDE SUPPORT THAT COMBINES BOTH SHORT THRM RELEF EFFORTS AND LONG-TERM PROGRAMS TO SAVE AND CHANGELIVE STHROUGH FEEDING SAN DEGOS K 105. NUTRITIOUS FOOD IS PROVIDED TO CHLOREN IN THE LINDA VISTA ELEMENTARY SCHOOL NUTRITION CLUB. A GROUP SPECIFICALLY FOR CHLOREN WHO HAVE BEEN I DENTIFIED AS HOMELESS BY THE SCHOOL NUTRISE EVERY WEEK LABOR AND DELVERY THE MEMBERS STUFF BACKPACKS WITH NONPERSHABLE, NUTRITIOUS FOOD THAT CAN FEED A FAMILY OF FOUR FOR THE WEEK HEAD THE BACKPACKS AND FAMILES TO LEARN AND PARTICIPATE IN THER OWN NUTRITION AS WELL AS WITHOUT A CAN FEED A FAMILY OF FOUR FOR THE WEEK HEAD THE BACKPACKS ARE ALSO STUFFED WITH WEEK LABOR AND PARTICIPATE IN THER OWN NUTRITION AS WELL AS WITHOUT AND THE REPORT AND THE REST OF THE PROGRAM IN MAY 2013, THE TEAM HAS DEDIC ATED MORE THAN 125 WEEKS OF SERVICE TO FILLING 2,800 BACKPACKS FOR AFFROXIMATELY 25 CHILDREN HAN THE FAMILES FOR SERVICE TO FILLING 2,800 BACKPACKS FOR AFFROXIMATELY 25 CHILDREN HAND THE FAMILES PER SCHOOL YEAR MORE THAN 175,000 PEOCHE IN SAN DIESEO COUNTY FACE THE THE FAMILES FOR SERVICE TO FILLING 2,800 BACKPACKS FOR AFFROXIMATELY 400,000 CHILDREN AND THE STREAM FRANCES FOR SERVICE TO FILLING 2,800 BACKPACKS FOR AFFROXIMATELY 400,000 CHILDREN AND FAMILES, ACTIVE DUTY MILITARY AND FIXED INCOME SHOOLES SHORS KINKING IN THE STREAM FRANCES FOR SHAP THE STREAM FRANCES FOR SHAP PERSON SHORS THROUGH THE FAMILES AND THE STREAM FRANCES FOR SHAP PERSON SHORS THROUGH THE FAMILES AND THE STREAM FRANCES FOR SHAP PERSON SHAP PERS

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	FORM 990, PART III, LINE 4A (CONTINUED)	DATA CENTER IN ADDITION, THE SYSTEM CAN DETECT UNDERFUTILIZED HARDWARE TO SHUT DOWN OR RUT TO SLEEP DURING PERIODS OF INACITYITY. THIS "SMART SOFTMARE" ANTICPATES DAILY USAGE TO O PIMIZE ENERGY EFFICIENCY. IT IS PROJECTED THAT SHARP COLLD CONSERVATIVELY REDUCE HARDWARE ELECTRICAL CONSUMPTION BY MORE THAN HIVE PERCENT EACH YEAR. SHARP REMAINS FIRMLY COMMITTE DTO DENTIFYING SHERGY 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 GUALL TY. ASE VERY DOLLAR SAVED ON GREEN PRACTICES CAN BE USED TO SUPPORT THE PROVISION OF GUALL TY. ASE VERY DOLLAR SAVED ON GREEN PRACTICES CAN BE USED TO SUPPORT THE PROVISION OF GUAL TY. ASE VERY DOLLAR SAVED ON GREEN PRACTICES CAN BE USED TO SUPPORT THE PROVISION OF GUAL TY. ASE VERY DOLLAR SAVED ON GREEN PRACTICES. SHARPS ENERGY-SAVING INTRATIVES ARE DRIVED BY THE SHARP SHERGY CONSERVATION GUIDELINE TO HELP MANAGE ENERGY UTILIZATION PRACTICES BY THE CHART OF THE SYSTEM ALTHOUGH THERE HAVE BEEN SIGNIFICANT INCREASES IN ENERGY FEES OVER THE LAST FINE YEARS, SHARP HAS BEEN ABLE TO SIGNIFICANTLY DECREASE ENERGY UTILIZATION BY SEVEN PRECENT (ON A PRE SQUARE FOOT BASIS), RESULTING IN DETECT OF CONTINUENT ON ENERGY HERE OF CONTINUENT OF THE SYSTEM'S CARBON FOOTE THE SYSTEM'S CARBON FOOTE PRINT EQUAL TO THE REMOVAL OF ALMOST 17,000 METRIC TONS OF COZ EACH YEAR IN MAY 2014, SDS& E NAMED SHARP SAN DECOS HEALTHCARE ENERGY CHAMPION IN RECOGNITION OF ITS COMMITMENT TO THE INNOVATIVE PROGRAMS IMPLEMENTED TO REDUCE ITS CARBON FOOTERINT. FURTHERINS ITS DEDICATION TO THE INNOVATIVE PROGRAMS IMPLEMENTED TO REDUCE ITS CARBON FOOTERINT. FURTHERINS ITS DEDICATION TO SENGE YEAR SAND A SOCIATED REPAIRS IN SAGES MAJOR CUSTOMER ADVISORY PANIL. A GROUP OF SDS&ES LARGEST CUSTOMERS WHO MEET QUARTERLY TO RECEIVE ENERGY UPDATES FROM SDG&E AND FOOTER PROGRAMS. SHE WERE SHOULD BE STORD THE SYSTEM SOME SHE SHE SHE SAD AS AND AND SOCIATED REPAIRS AND INCENTIVES TO REDUCE THE OVERALL COSTS OF ENERGY SAVINGS INTO ENER

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	FORM 990, PART III, LINE 4A (CONTINUED)	OVER EIGHT MILLION POUNDS OF TEXTILES, SUCH AS SHEETS, TOWILS, SCRUBS AND PATIENT GOWNS, A RE USED AT SHARP BACH YEAR THE SIGNIFICANT AMOUNT OF LAUNDRY GENERATED BY SHARP PROMPTED THE SELECTION OF EMPEAL DI EXTLES, AN EN-WOOMBENTLLY, FRIENDLY, LAUNDRY AND LINEN PROVIDER THAT DEMONSTRATES STRONG INVESTMENT IN SUSTAINABILITY PRACTICES EMPEALD TEXTILES OPERATE S A STATE-OF-THE-ART PLAINT THAT HAS BEEN PROMPTED THE STATE OF THE ART PLAINT THAT HAS BEEN PROMPTED THE STATE OF THE ART WATER PLITTATION S AND PRESERVE HARTHAR LA RESIOURCES SHARP SAVES AN ESTIMATED SO MILLION GALLONS OF WATER PER YEAR (50 PERCENT OF TOTAL USAGE) THROUGH THE USE OF A STATE-OF-THE-ART WATER PLITTATION S YETEM MORE THAN 71,000 WHO FELECTICITY THROUGH THE USE OF A STATE-OF-THE-ART WATER PLITTATION S YETEM MORE THAN 71,000 THERMS OF GAS THROUGH THE USE OF BERRY-EFFICIAN LAUNDRY EQUIPMENT WASTE MINIMAZITON ACCORDING TO PRACTICE GREENHEALTH'S HEALTHER POSTITALS INTRITUTE (HH), HOSPITALS GENERATE AN AVERAGE OF 26 POLINDS OF WASTE PER STAFFED BED EACH DAY TO SIGNIF LOANITY REDUCE WASTE AT EACH PUTTO Y AND EXTEND IT BLIFESPAN OF LOCAL LANDRILS, SHARP HIS CREATED A COMPRE-PLSIVE WASTE MINIMAZITON PROCRAM, INCLUDING A SYSTEMMORE MILLIOSCHUM. ANY WASTE MANAGEMENT KONTATIVE THE COMMITTEE THE COMMITTEE BY PROSE B TO PROVIDE OVERSIGHT OF SHARPS WASTE MANAGEMENT WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS, SHARP HAS CREATED A COMPRE-PLSIVE WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS, SHARP WAS AN BARLY ADO PITER IN TIS COMMITTEET TO WASTE DOWNERSON, AND WOOM THE WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS SHARP WAS AN BARLY ADO PITER IN TIS COMMITTEET TO WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS SHARP WAS AN BARLY ADO PITER IN TIS COMMITTEET TO WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS SHARP WAS AN BARLY ADO PITER IN TIS COMMITTEET TO WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDRILLS SHARP WAS AN BARLY BEFORD THE YOUNG THE COMMITTEE THE COMMITTEES PLAY BOY ON THE WASTE OF WASTE DIVERTED FROM THE LANDFILL THE FOLLOWING INTIATIV

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	FORM 990, PART III, LINE 4A (CONTINUED)	254 TOTAL WASTE PER YEAR (LBS.) 60% PERCENT RECYCLED SHARP REES-STEALY MEDICAL CENTERS 1, 217,959 RECY CLED WASTE PER YEAR (LBS.) 2,814,565 TOTAL WASTE PER YEAR (LBS.) 4,39% PERCENT RECYCLED SHARP CORPORATE SITES 1,439,638 RECYCLED WASTE PER YEAR (LBS.) 2,271,212 TOTAL WAS TE PER YEAR (LBS.) 63% PERCENT RECYCLED TOTAL SHARP HEALTHCARE 8,800,990 RECYCLED WASTE PER YEAR (LBS.) 328,43,601 TOTAL WASTE PER YEAR (LBS.) 39% PERCENT RECYCLED 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 CO-FRIENDLY FOOD CHOICES TO MININIZE ITS ENVIRONMENTAL FOOTFRINT IN 2015, SHARP IMPLE MONTH OF FOOD AND NUTRITION BEST HEALTH COMMITTEE. A COMPONENT OF SHARPS LARGER BEST HEALTH COMPONENT OF SHARPS LARGER BEST HEALT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	LLECTION EVENTS * SHARP PARTNERED WITH THE U.S. DRUG ENFORCEMENT ADMINISTRATION ON NATION AL 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 DIE GO BUSINESS LEADERS TO IDENTIFY AND DISCUSS SUSTAINABLE BEST FRACTICES, WHICH CASH BE MULLA TED ACROSS INDUSTRIES * SHARP PARTICIPATES IN SAN DIEGO COUNTY'S HAZMAT (HAZARDOUS MATERIALS) STAKEHOLDER MEETINGS TO DISCUSS BEST RRACTICES FOR MEDICAL WASTE MANAGEMENT WITH OTHER HOSPITAL LEADERS IN SDC SHARPS ALL WAYS GREEN INITIATIVE REMAINS COMMITTED TO CREATING SUSTAINABLE PRACTICES FOR BUPLOYEES, HY SICANS AND THE COMMUNITY TO IMPROVE THE HEALTH OF THE ENVIRONMENT AND ULTIMATELY THE HEALTH OF THE POPULATIONS THAT IT SERVES TABLE 4 HIGH LICHTS THE ALL WAYS GREEN REFORTS AT SHARP ENTITIES THA BLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY. YOUTH OF THE POPULATIONS THAT IT SERVES IN THE CAFE * NEW BUILDING MANAGEMENT SYSTEM TO OPTIMIZE ENERGY USAGE FOR THE COOLING SYSTEM * NEW BENERY; PEFFICIENT APPLIANCES IN THE CAFE * NEW BUILDING MANAGEMENT SYSTEM TO OPTIMIZE ENERGY USAGE FOR THE COOLING SYSTEM * WATER CONSERVATION * WATER - EFFICIENT DISHMASHING SYSTEM * DRAP RRICGATION * PROLECTS * HAZDE AND BARK-COVERED GROUND * LECTRONIC FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYSTEMS MIST ELIMINATORS * WASTE INIMIAL ZATION * SINGLE-STREVE PAPER MAPKIN AND PLASTIC CUTLERY DISPRISESTS * LELIAMINATORS * WASTE MISMINIZATION * SINGLE-STREVE PAPER MAPKIN AND PLASTIC CUTLERY DISPRISESTS * LELIAMINATORS * WASTE MISMINIZATION * SINGLE-STREVE PAPER MAPKIN AND PLASTIC CUTLERY DISPRISESTS * LIGHTING TORS * LIGHTING RETROCESSING * LOCATION * SINGLE-STREVE PAPER MAPKIN AND PLASTIC CUTLERY DISPRISESTS * LIGHTING TORS * LIGHTING * SURGICAL INSTITUTION FOR CONTRACT * SURGICAL INSTITUTION FOR CONTRACT * SURGICAL MISMINITATION OF WATER

FORM 990, PART III, LINE  4A  SHARP SYSTEM SERVICES - ENIERGY EFICIENCY * EVCS * ENERGY AUDITS * ENERGY EFICIENT CHILLER  5MOTORS * ES PARTICIPATION * HAAC PROJECTS * LED LIGHTING * LIGHTING * ETROFITS * OCCUPANCY Y  SENSORS * THERIMOSTAT CONTINCE SOFTWARE - WATER CONSERVATION * PRIP RRIGATION * DROUGHT-TO LEPANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FALCETS * EVALUATION OF WATER UTILIZATION  ON PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYSTEMS * MIST ELIMINATORS - WASTE M  NIMIZATION * ELECTRONIC PATENT BILLS AND PAPERLESS PAY POLL* ELECTRONIC AND HARMACEUTIC AL  WASTERECY CLING EVENTS * GREEN GROCER'S MARKET * SINGLE-SERVE PAPER NARKIN AND PLASTIC  CUTLERY DISPENSERS * SINGLE-STREAM RECY CLING -EDUCATION * RIDE SHARE  PROMOTION SHP. ENERGY EFFICIENCY * BHERRY AUDITS * HAAC PROJECTS * LIGHTING RETROFITS *  OCCUPANCY SENSORS - WATER * REDUCTION SYSTEMS * MIST ELIMINATORS * WATER DISPENSERS TO REPL  ACE BOTTLED WATER * HASTE MINIMATATION * PROFINERISHION * PROJECTS * LIGHTING RETROFITS *  OCCUPANCY SENSORS - WATER * REDUCTION SYSTEMS * MIST ELIMINATORS * WATER DISPENSERS TO REPL  ACE BOTTLED WATER * HASTE MINIMATATION * PROFINERISHION * RECYCLING * SPRING CLEA  NING EVENTS - EDUCATION AND OUTREACH * FARTH WIESK ACTIVITIES * BAY RONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * RECYCLING * SUBRESY * SINGLE STREAM RECYCLING * SPRING CLEA  NING EVENTS - EDUCATION AND OUTREACH * FARTH WIESK ACTIVITIES * BAY RONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * RECYCLING * BUCATON * RIDE SHARE * REPONOTION SHAW SIMPLAMN * DISPING *  EFFICIENCY * EVCS * BUERGY AUDITS * BUERGY - EFFICIENT CHILLERS/MOTORS * ES PARTICIPATION * HACE  FROMETY * ENGRAPS * SINGLE STREAM RECYCLING * SENSORS * PIPE INSULATION * PROJECTS * LICHTING * RETROFITS * OCCUPANCY SENSORS * PIPE INSULATION * PIPE OF INSULATION * PI	Return Reference	Explanation	
* ENERGY AUDITS* ES PARTICIPATION* LIGHTING RETROFITS -WATER CONSERVATION* DRIP IRRIGATION* DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND* ELECTRONIC FAUCETS* EVALUATION OF WATER UTILIZATION PRA CTICES* HARDSCAPING* LANDSCAPE WATER REDUCTION SYSTEMS* LOW-FLOW SYSTEMS* MIST ELIMINA TORS -WASTE MINIMIZATION* SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS* RECY CLING OF EXAM PAPER* SINGLE-STREAM RECY CLING* STY ROFOAM ELIMINATION -EDUCATION AND OUTRE ACH* CONTRACTOR EDUCATION* EARTH WEEK ACTIVITIES* ENVIRONMENTAL POLICY* GREEN TEAM* NO SMOKING POLICY* RECY CLING EDUCATION* RIDE SHARE PROMOTION EMERGENCY AND DISASTER PREPA REDNESS SHARP CONTRIBUTES TO THE HEALTH AND SAFETY OF THE SAN DIEGO COMMUNITY THROUGH ESSE NTIAL EMERGENCY AND DISASTER PLANNING ACTIVITIES AND SERVICES THROUGHOUT FY 2015, SHARP PROVIDED EDUCATION TO STAFF, COMMUNITY MEMBERS, AND COMMUNITY HEALTH PROFESSIONALS ON EMERGE BNCY AND DISASTER PREPAREDNESS SHARPS DISASTER PREPAREDNESS TEAM OFFERED SEVERAL DISASTE REDUCATION COURSES TO FIRST RESPONDERS, HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS ACROSS SDC THE HOSPITAL-BASED FIRST RECEIVER AWARENESS COURSE AND FIRST RECEIVER OPERATIONS 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 DECONTA MINATION EVENT COURSE TOPICS INCLUDED DECONTAMINATION PRINCIPLES AND BEST PRACTICES, BASI C HAZARDS, UTILIZATION OF APPROPRIATE PREPSONAL PROTECTIVE EQUIPMENT, RESPONSE CONCEPTS, CO NTAINMENT, DECONTAMINATION, AND RECOVERY A STANDARDIZED, ON-SCENE FEDERAL EMERGENCY MANAGE EMENT TRAINING FOR HOSPITAL MANAGEMENT TITLED NATIONAL INCIDENT MANAGEMENT SYSTEMINCIDENT COMMAND SYSTEM'NO STEM'NO	Reference	PART III, LINE 4A	SMOTORS* ES PARTICIPATION* 1-MAC PROJECTS* LED LIGHTING* LIGHTING RETROPITS* OCCUPANCY SENSORS* THERMOSTAT CONTROL SOFTWARE WATER CONSERVATION* DRIP PRICATION* PROJECTS* DESIGNATION* DESIGNATION* PROJECTS* DESIGNATION* DESIGN

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	FORM 990, PART III, LINE 4A (CONTINUED)	AS ALSO OFFERED BY SHARP'S DISASTER PREPAREDNESS TEAM, AS WELL AS A START (SIMPLE TRIAGE A ND RAPID TREATMENT) TRIAGE JUMP START TRIAGE CLASS TO TRAIN EMERGENCY RESPONDERS AT ALL LE VEVELS TO TRIAGE A LARGE VOLUME OF TRAUMA WITCHIS WITHIN A SHORT FERIOD OF TIME IN PY 2015, SHARP'S DISASTER LEADERSHIP DONATED THER TIME TO STATE AND LOCAL ORGANIZATIONS AND COMM ITTEES INCLUDING SOUTHERN CALFORNIA EARTHQUIAKE ALLIANCE COUNTY OF SAN DEGO EMERGENCY ME DICAL CARE COMMITTEE (EMCC), THE JOINT ADVISORY COMMITTEE ON PUBLIC HEALTH HEMRGENCY REDEAL ACRE COMMITTEE (EMCC), THE JOINT ADVISORY COMMITTEE ON PUBLIC HEALTH HEMRGENCY PREPA REDNESS, CALFORNIA HOSPITAL ASSOCIATION EMERGENCY MANAGEMENT ADVISORY COMMITTEE, AND THE COUNTY OF SAN DIEGO HEALTH-CARE DELIVERY AGENCIES, COUNTY OFFICIALS, FIRE AGENCIES, LAW BIFORCEMENT, AMERICAN RED CROSS AND OTHERS WHO MEET MONTHLY TO SHARE BEST FRACTICES FOR EMERGENCY YR EPHAREDISS IN ADDITION SHARPS DISASTER LEADERSHIP SERVED ON THE STATEWIDE MEDICAL HEALTH HEXERCISE WORK GROUP WHICH IS DESIGNED TO GLIDE LOCAL EMERGENCY PLANNERS IN DEVELOPING, PLANNING AND CONDUCTING AN EXERCISE GUIDBBOOK AND OTHER RESOURCES, FOR THE 2015 CALIFORNIA STATEWIDE MEDICAL HEALTH HEXALITY PROBLEMAN OF THE WORK GROUP, SHARP BLIPED DESIGN TR ANING MATERIALS, INCLUDING AN EXERCISE GUIDBBOOK AND OTHER RESOURCES, FOR THE 2015 CALIFORNIA STATEWIDE MEDICAL HEALTH TRAINING AND EXERCISE GUIDBOOK AND OTHER RESOURCES, FOR THE 2015 CALIFORNIA STATEWIDE MEDICAL HEALTH TRAINING AND EXERCISE FROGRAM THROUGH THE CALIFORNIA DEPARTM BUT OF PUBLIC HEALTH LORS THE DECONTAMINATION TO PUBLIC HEALTH CONTROL AND THE EXPENT THE SUPPLY HEALTH CONTROL AND THE RESOURCES, FOR THE 2015 CALIFORNIA STATEWARD AND STARGE EOF A COUNTY DECONTAMINATION TRAILER AT SCH TO BE SUED IN RESPONSE TO A MASS DECONTAMINATION FOR YEAR THE PUBLIC SHARE AND THE CITY OF SAN DIEGO THROUGH MANTENANCE AND STORAGE EOF A COUNTY DECONTAMINATION TRAILER AT SCH TO BE SUED IN SESPONSE TO A MEST SORRY WITH BACKLUPWAT TO REPART THE STATE AND THE STATE AND THE EVENT THE SU

FORM 990, PART III, LINE 4A (CONTINUED)  EMPLOYEE WELLNESS SHARP BEST HEALTH SHARP RECOGNIZES THAT IMPROVING THE HEALTH OF ITS TEA M MEMBERS BENEFITS THE HEALTH OF THE BROADER COMMUNITY IN 2010, THE SHARP BEST HEALTH EMP LOYEE WELLNESS PROGRAM WAS ESTABLISHED TO IMPROVE THE OVERALL HEALTH, HAPPINESS AND PRODUC TIVITY OF SHARPS WORKFORCE. SHARP BEST HEALTH ENCOURAGES TEAM MEMBERS TO INCORPORATE HEAL THY HABITS INTO THEIR LIFESTYLES AND SUPPORTS THEM ON THEIR JOURNEY TO ATTAIN THEIR PERSON AL 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 C OMPREHENSIVE AND INTERACTIVE WEBSTIF, EMPLOYEES CAN ACCESS A VARIETY OF DIGITAL TOOLS TO S UPPORT THEIR HEALTH IMPROVEMENT EFFORTS, INCLUDING A PERSONAL HEALTH ASSESSMENT, MEAL AND EXERCISE PLANNERS, FOOD AND PHYSICAL ACTIVITY LOGS, HEALTHY RECIPES AND TIPS, NUTRITION FO R 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 PRODU CTS 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 HEALTH YNOW MOBILE APP, AN ON-THE-GO COMPLEMENT TO THE WEB PORTAL THAT IS A CONVENIENT COLLECTION OF MOBILE TOOLS, ALLOWING FOR EASY ACCESS AND ENGAGEM ENT FROM A	Return Reference	Explanation	
MOBILE DEVICE. SHARP BEST HEALTH HOSTS A VARIETY OF EMPLOYEE WELLINESS ACTIVITIES THROUGHOUT THE YEAR TEAM MEMBERS ARE ENCOURAGED TO PARTICIPATE IN ON-SITE FITNESS CLASS ES, MEDITATION WORKSHOPS, MIROC STRETCH BREAKS, RELAXATION AND STRESS MANAGEMBAT WORKSHOPS, MINDFULNESS CLASSES, WALKING AND RUNNINS CLUBS, AND EVENTS SUCH AS BIKE-TO- WORK DAYS, WELLINESS DAYS AND TAKE-THE-STAIRS DAYS SHARP BEST HEALTH HOSTED ACTIVITIES, SUCH AS RIF FOR THE HOLDAYS AND "CAUGHT IN THE ACT" OF BEING HEALTHY AT WORK (I.E., TAKING THE STAIRS, WALKING OUTSIDE, ETC), TO SHOOLORAGE HEALTHY HABITS MAY, SHARP BEST HEALTH OCIL ABORATED WITH SANDAG TO RECOGNIZE NATIONAL BIKE TO WORK DAY AND PROMOTE A HEALTHIER ALTERNATIVE FOR COMMUTING TO WORK DURNS THE EVENT, SHARP BEST HEALTH PROVIDED SIX PIT STORS FOR NEW AND EXPERIENCED RICERS TO BNUOY A FUN REST BREAK, SNACKS AND ENCOURAGEMENT SHARP BEST HEALTH ALSO PARTICIPATED IN COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR, INCLUDINS THE AMERICAN CANCER SOCIETY (ACS) GREAT AMERICAN SMOKE OUT, NATIONAL NUTRITION MONTH, THE ADA TOUR DE CURE BIKE RICE AND NATIONAL WALKING DAY EACH SHARP HOSPITAL AS WELL AS SRS HAS A DEDICATED BEST HEALTH COMMITTEE THAT WORKS TO PROMOTE WELLINESS AT THER INDIVIDUAL WORK SITES FOR INSTANCE, IN FEBRUARY, APPROXIMATELY 460 EMPLOYEES AND THER SPOUSES AND KIDS PARTICIPATED IN SK THE SHARP WAY AND KIDS RUN AT TIDELANDS PARK IN CORONADO, HOSTED BY THE BEST HEALTH COMMITTEE THAT WORKS TO PROMOTE WELLINESS AT TACH SHARP HOSPITAL AND MOST SRS LOCATIONS HOSTED EMPLOYEE WELLINESS FAIRS THROUGHOUT THE SUMMER MOINTHS, REACHING MORE THAN 1,000 SHARP TEATH MEMBERS THE FARRS PROVIDED EDUCATION AND RESOURCES ON A VARRETY OF TOPICS, SUCH A S EMPLOYEE WELLINESS FAIRS THROUGHOUT THE SUMMER MOINTHS, REACHING MORE THAN 1,000 SHARP TEATH MEMBERS THE FARRS PROVIDED BUCATION AND RESOURCES ON A VARRETY OF TOPICS. SUCH A S EMPLOYEE SHETY, CANDER SHARP BROTHED BUCATION AND RESOURCES ON A VARRETY OF TOPICS.  HERE THE BEST HEALTH HORD AND THE BEST HEALTH HOLD SHARP BEST HEALTH NCLUDED HEALTHY VENDI	Reference	PART III, LINE 4A	IMMEMBERS ENJERTIS THE HEALTH OF THE BROADER COMMUNITY IN 2010, THE SHARP BEST HEALTH EMP LOYEE WELLESS PROGRAW WAS STRAIGH SHEET ON MEMORY THE OVERALL HEALTH HAPPINESS AND PRODUC TRYITY OF SHARPS WORK-PORCE SHARP BEST HEALTH BOOL RAGES TEAM MEMBERS TO INCORPORATE HEAL THY HABITS INTO THEIR LIFESTYLES AND SUPPORTS THEM ON THEIR JOURNEY TO ATTAIN THEIR PERSON AL HEALTH GOALS SHARP BEST HEALTH OFFERS TEAM MEMBERS TOOLS, INCORMATION AND RESOURCES TO HELP THEM STAY FIT AND HEALTHY THROUGH THE SHARP BEST HEALTH HAP PORTAL, THE PROGRAMS COMPREHENSIVE AND INTERACTIVE WEBSTIE BHEN OVERSES CAN ACCESS A VARIETY OF DIGITAL TOOLS TO SUPPORT THEIR HEALTH IMPROVEMENT EFFORTS, INCLUDING A PERSONAL HEALTH ASSESSIMENT, MEAL AND EXERCISE PLANNERS, FOOD AND PHYSICAL ACTIVITY LOSS, HEALTH RECIPES AND TIPS, INJTIRTION FO R SPORTS ATHLETES, WELLNESS OR DET-SPECIFIC DIETARY EATING PLANS, A PROCRESS TRACKER AND A HEALTH LIBERRY THE WEB PORTAL ALSO, PROVIDES INFORMATION ON AVAILABLE WELLNESS WORKSHOPS, HEALTH COACHING, TRAINING PLANS, AND DISCOUNTS ON THOUSANDS OF HEALTH AND WELLNESS PRODUL'OTS INCLIDING DINNER DELIVERY, GYM MEMBERSHER, WELLNESS CONTESS, TRANING CLUBS, POOTWEAR, WEIGHT MANGEMENT, GOLF PACKAGES, YOOS, MASSAGE AND MORE THE WEB PORTAL ALSO, PROVIDES INFORMATION ON THE BEST HEALTH HAPOL MOBILE APP, AN ONTH-EGO COMPLEWENT TO THE WEB PORTAL ALSO, ON THE BEST HEALTH HAPOL WORD LEAPP, AND THE GOOD CONTESS. THE WEB PORTAL ALSO PROVIDES INFORMATION ON THE BEST HEALTH HAPOL WORD LEAPP, AND THE GOOD CONTESS. AND DROADED HIT FROM A MOBILE DEVICE SHAPP BEST HEALTH HOSTS A VARIETY OF BENNOT HEALTH HAPOL WORD THE BEST HEALTH HAPOL WORD LEAPP, AND THE GOOD CONTESS AND DROADED HIT FROM A MOBILE DEVICE SHAPP BEST HEALTH HOSTS A VARIETY OF BENNOT HERE POOTWARD THE FIRMS SILLAS SIKE-TO- WORK DAYS, WILLNESS CLASSES, WALKING AND RUNNING CLUBS, AND EVENTS SUCH AS SIKE-TO- WORKSHOPS, MINDPULINESS CLASSES, WALKING AND RUNNING CLUBS, AND EVENTS SUCH AS SIKE-TO- WORKSHOPS, MINDPULINESS CLASSES, WALKING AND RUNNING CLUBS, AND EVENTS BLACH HINDRICH

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	FORM 990, PART III, LINE 4A (CONTINUED)	A CSA SERVICE CSA CONSISTS OF A COMMUNITY OF INDIVIDUALS WHO PLEDGE SUPPORT TO A FARM OPE RATION IN ORDER FOR IT TO BECOME, ETHER LEGALLY OR SPIRITUALLY, THE COMMUNITY'S FARM SIN CE JANUARY 2015, SHARP TEAM MEMBERS HAVE ORDERED APPROXIMATELY 3,000 POUNDS OF PRODUCE THE OUGH THE PROGRAM SHARP BEST HEALTH CONTINUED TO OPFER TIS FREE NUTRITION EDUCATION SERIES TO HELP EMPLOYEES AND THEIR FAMILY MEMBERS DEVELOP HEALTHER FATING HABITS THE PROGRAM IN CLUDES WORKSHOPS WITH COOKING DEMONSTRATIONS FROM REGISTERED DIETITIANS AND COMPLEMENTARY ONLINE RESOURCES NEARLY 20 CLASSES WERE OFFERED TO APPROXIMATELY 200 CATTENDEES THROUGH THE SERIES IN FY 2015, WITH TOPICS INCLUDING EATING HEALTHY WHILE NOT AT HOME, MANGING SUG AR CRAYNINGS 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 SHAND SHARD SHAND SHA

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	FORM 990, PART III, LINE 4A (CONTINUED)	SECTION 2 - EXECUTIVE SUMMARY THIS EXECUTIVE SUMMARY PROVIDES AN OVERVIEW OF COMMUNITY BENETIR PLANNING AT SHARP HEALTHCARE (SHARP), A LISTING OF COMMUNITY NEDES ADDRESSED IN THIS COMMUNITY SERVICES PROVIDED BY SHARP IN FISCAL YEAR (FY) 2015 (OCTOGER 1, 2014, THROUGH SEPTEMBER 30, 2015), IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COMMUNITY BENETIR PROVIDED BY SHARP ARDOLD THE SUMMARY REPORTS THE ECONOMIC VALUE OF COMMUNITY BENETIT PROVIDED BY SHARP, ACCOR DING TO THE FRAMEWORK SPECIFICALLY IDENTIFED IN SENATE BILL (SIS) 837, FOR THE FOLLOWING ENTITIES: SHARP CHILLA VISTA BEDICAL CENTER'S SHARP CHONOMOD CHOSTITAL AND HEALTHCARE CENTER'S HARP CROSSMONIN HOSPITAL. SHARP MARY BRICH HOSPITAL FOR WOMEN'S INSTITUTE OF WOMEN'S INS

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	FORM 990, PART III, LINE 4A (CONTINUED)	REIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECI FICALLY IDENTIFIED IN SB 697 TABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED SHARP HEALTH-CARE OVERALL - FY 2015 SB 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SB 697 CATEGORY ESTIMATED FY 2015 UNREIMBURSED COSTS MEDICAL CARE SERVICES SHORTFALL IN MEDICAL SERVICES SHORTFALL IN MEDICARE 5176,953,974 SHORTFALL IN SAN DIEGO COUNTY INDIGENT ME DICAL SERVICES \$6,153,541 SHORTFALL IN CHAMPY A/TRICARE \$7,439,083 SHORTFALL IN WORKERS' CO MPENSATION \$196,523 CHARITY CARE AND BAD DEBT \$25,830,581 OTHER BENEFITS FOR VULNERABLE PO PULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE BENEFITS FOR VULNERABLE PO PULATIONS 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 FUNDRAISI NG FOR COMMUNITY EVENTS \$2,023,606 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH-CARE POTTIFIES FOR VULDED BY EACH SHARP BOTTITY ADDITION TO THE STANDARD FROM THE SUBJECT PROVIDED BY SHARP HEALTH-CARE ENTITY TABLE 2 TOTAL E CONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP HEALTH-CARE ENTITY TABLE 2 TOTAL E CONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP HEALTH-CARE ENTITY TABLE 2 TOTAL E CONOMIC VALUE OF SHARP HEALTH-CARE ENTITY SHARP EDUTTY TO THE BENEFITS FOR VULNERBURSED COSTS SHARP CHULA VIS

Return Explanation Reference	
FORM 990, PARTI ILLINE BASED ITS COMMUNITY BENEFIT RUANNING ON FINDINGS FROM A TRIBUNAL COMMUNITY HE AA  (CONTINUED) SESSIMENT (CHAY) PROCESS AS WELL AS FROM THE COMBINATION OF DEPETISE IN PROCESS TO EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITY HE AS SESSIMENT SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITY BENEFIT AS INCHEDOLOGY TO CONDUCT THE 2013 SHARP HEALTHCARE COMMUNITY BENEFIT AS INCHEDOLOGY TO CONDUCT THE 2013 SHARP HEALTHCARE COMMUNITY BENEFIT AS INCHEDOLOGY TO CONDUCT THE 2013 SHARP HEALTHCARE COMMUNITY BENEFIT AS INCHEDOLOGY TO COMMUNITY BENEFIT PLANNING AND COMMUNITY CONDUCT A TIR RENNAL CHAP FINDINGS FROM THE CHAN. THE PROGRAM AND SERVICES BY HOSPITALS COMBINE TO PROVIDE A FOUNDATION FOR COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION TO ADDR ESS THE HEAVE REQUIREMENTS HOURS SECTION 501 (R), WITHIN SET THE AFFORDABLE CARE A CT, AND IRS FORM 990, SCHEDULE HOR NOT-FOR-ROCEST IN CROSS TO COMMUNITY SICK HOSPITAL AS INCHEDOLOGY.  IN CROSS TO COMMUNITY SICK HOSPITAL SHEADER SHOWN THE PROGRAM AND SERVICES BY AND PROVIDED AS IN CROSS TO COMMUNITY SICK HOSPITAL SHEADER SHOWN THE PROGRAM AND SERVICES BY AND PROVIDED AS INCREMENTS HOR PROVIDED AS INCREMENTS HOR PROGRAM SERVICES IN CROSS TO COMMUNITY SICK HOSPITAL AS INCREMENTS HOR PROGRAM SERVICES.  IN CROSS TO COMMUNITY SICK HAS INCREMENTS HOR PROGRAM SERVICES AND SERVICES. THE PROGRAM SERVICES HAVE AND SERVICES AND SERVICES AND SERVICES AND SERVICES. THE CHAPT SEQUENCY AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SECREDAR SERVICES. THE CHAPT SEQUENCY AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES. THE CHAPT SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES. THE CHAPT SERVICES AND SERVICES. SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES. SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES AND SERVICES. SERVICES AND SERVICE	ALTH NEEDS OGRAMS AND UNITIES SERVED MUNITIES SERVED MUNITY HEALTH ORATION THAT TY AGENCIES TO EPERTISE OF ED BY THOSE PROGRAM ECTION 9007 OF ETALS, SAN THIS PROCESS AND RESIDENTS ETHE COUNTY, EALTION OF SAN IN DIEGO STATE FAL, SAN DIEGO, TER AND UC SAN HASD&IC 2013 ETHIS HOSPITAL AND OLLECTION AND BY EACH SHARP MORIAL BY SHARP HARE A LICENSE, F STATEWIDE ES THE D13 CHNAS FOR MIS AND HE GENERAL IND ANALYSIS EN THE COUNTY SCHARPS CHNA VA REPORTS CWEBSITE AT AT HASD&IC AT DROUS TIVE ANALYSIS IN SDC THESE ANT PREVALENCE SDC * STS ITALS AND H D&IC 2013 CHNA DISCHARGE HAND HUMAN OL AND

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	FORM 990, PART III, LINE 4A (CONTINUED)	A /REPORTS (VARIOUS) RECOGNIZING THAT HEALTH NEEDS DIFFER ACROSS THE REGION AND THAT SOCIO ECONOMIC FACTORS IMPACT HEALTH OUTCOMES, BOTH HASD&IC'S 2013 CHNA AND SHARPS 2013 CHNA PR OCESSES UTILIZED THE DIGNITY HEALTH/TRUVEN COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNIT IES IN SDC WITH THE HIGHEST LEVEL OF HEALTH DISPARTIES AND NEEDS RESIDENTS IN FIVE OF THE SEHICH 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 MEM BERS OF THE HEALTH CARE COMMUNITY, INCLUDING HEALTH CARE AND SOCIAL SERVICE PROVIDERS, ACA DEMICS, 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 CON DUCTED FIVE KEY INFORMANT INTERVIEWS WITH INDIVIDUALS CHOSEN BY VIRTUE OF THEIR PROFESSION AL DISCIPLINE AND KNOWLEDGE OF HEALTH SISUES IN SDC KEY INFORMANTS INCLUDED COUNTY PUBLIC HEALTH OFFICERS, HEALTH CARE AND SOCIAL SERVICE PROVIDERS AND MEMBERS OF COMMUNITY. PASSED ORGANIZATIONS FOLLOWING CONSULTATION WITH THE CHNA PLANNING TEAMS AT EACH SHARP HOSPITAL, ADDITIONAL SPECIFIC FEEDBACK FROM ADDITIONAL KEY INFORMANTS INCLUDED COUNTY PUBLIC HEALTH OFFICERS, HEALTH CARE AND SOCIAL SERVICE PROVIDERS AND MEMBERS OF

FORM 990, PART III, LINE 4A PS 2013 CHNAS WILL HELP TO INFORM THE ACTIVITIES AND SERVICES PROVIDED BY SHARP TO IMPROVE THE HEALTH OF THE COMMUNITY MEMBERS IT SERVES THE PEO13 CHNA PROCESS ALSO GENERATED A LIST (CONTINUED)	PART II, LINE PAS 2013 CHNAS WILL HELP TO INFORM THE ACTIVITIES AND SERVICES PROVIDED BY SHARP TO IMPROV E THE HEALTH OF THE COMMUNITY MEMBERS IT SERVES THE 2013 CHNA PROCESS ALSO GENERATED A LIST OF CURRENITLY EXISTING RESOURCES IN SDC, AN ASSET MAP, THAT ADDRESS THE HEALTH INEEDS IDE NTIFIED THROUGH THE CHNA PROCESS WHILE NOT AN EXHAUSTIVE LIST OF THE AVAILABLE RESOURCES IN SAN DESO, THIS MAP PWILL SERVE AS A RESOURCE FOR SHARP TO HELP CONTINUE, REFINE AND CRE ATE PROGRAMS THAT MEET THE NEEDS OF THEIR MOST VULNERABLE COMMUNITY MEMBERS WITH THE CHAL LENGING AND UNCERTAIN FUTURE OF HEALTH CARE, THERE ARE MANY FACTORS TO CONSIDER IN THE DEV LOPMENT OF PROGRAMS TO BEST SERVE MEMBERS OF THE SAN DEGO COMMUNITY THE HEALTH CONDITIONS AND HEALTH ISSUES DENTIFIED IN THIS CHNA, INCLUDING, BUT NOT LIMITED TO, HEALTH CARE A ND INSURANCE ACCESS AND EDUCATION AND INFORMATION FOR ALL COMMUNITY MEMBERS WILL NOT BE RE SOLVED WITH A QUICK FIX ON THE CONTRARY, THESE RESOLUTIONS WILL BE A JOURNEY THAT THE ENTIRE SHARP SYSTE M IS COMMITTED TO MAKING, AND SHARP REMAINS STEADEASTLY DEDICATED TO THE CARE AND IMPROVEM BIT OF HEALTH AND WELL-BEING FOR ALL SAN DIEGANS THE 2013 CHNAS FOR EACH SHARP HOSPITAL A RE AVAILABLE CONLINE AT HITTP/WWW SHARP COMMADITY COMMUNITY VICEOMALINITY HEALTH-NEEDS. ASSESSMENTS OR BY CONTACTING SHARP HEALTH-CARE COMMUNITY SENEPTI AT COMMUNITY BENEFITIS QISHARP COM DETERMINATION OF PRIORITY COMMUNITY NEEDS SHARP HEALTH-CARE SHARP BITTIES REVIEWED THER 2 013 CHNAS AND USED THESE ASSESSMENTS TO HELP DETERMINE PRIORITY NEEDS FOR THE COMMUNITIES SERVED BY THER HOSPITALS IN IDENTIFYING THESE PRIORITIES, SHARP BITTIES RUS OCCONSIDERED 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 SHARPS SERVICE AREA AND REPORTS ON ADDITION OF THE PROGRAMS AND SERVICES IN ADDITION TO THE NEEDS OF THE UNIQUE EVER-CHANGING DEMOGRAPHICS AND HEALTH TOPICS THAT COMPRISE SHARPS SERVICES PROVIDED TO THE COMMUNITY ** VERPIES THE NOT TH
DIEGANS FOR HEALTHCARE COVERAGE, THE S AN DIEGO FOOD SYSTEM ALLIANCE, HUNGER ADVOCACY NETWORK, 2-1-1 SAN DIEGO AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERS BEHAVIORAL HEALTH WORK TEAM APPENDIX A - SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST BELOW SHOWS THE INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2015 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY * 2-1-1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALING) * ADULT PROTECTIVE SERVICES * AGING AND IND EPENDENCE 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	DIEGANS FOR HEALTHCARE COVERAGE, THE S AN DIEGO FOOD SYSTEM ALLIANCE, HUNGER ADVOCACY NETWORK, 2-1-1 SAN DIEGO AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERS BEHAVIORAL HEALTH WORK TEAM APPENDIX A - SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST BELOW SHOWS THE INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2015 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY *2-1-1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALING) * ADULT PROTECTIVE SERVICES * AGING AND IND EPENDENCE SERVICES * ALZHEIMER'S ASSOCIATION * AMERICAN ASSOCIATION OF COLLEGES OF NURSING * AMERICAN ASSOCIATION OF CRITICAL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ZATION * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS* CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS * CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS * CALIFORNIA ASSOCIATION OF HYSICIAN GROUPS * CALIFORNIA ACRO OF BEHAVIORAL HEALTH SCIENCES * CALIFORNIA COLITION FOR MENTAL HEALTH NEORMATION ASSOCIATION * CALIFORNIA HEALTH CARE FOUNDATION * CALIFORNIA HEALTH NEORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE AS SOCIATION * CALIFORNIA HEALTH * CALIFORNIA HOSPITAL ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE AS SOCIATION * CALIFORNIA HEALTH * CALIFORNIA HOSPITAL ASSOCIATION * CALIFORNIA HEALTH * CALIFORNIA HOSPITAL ASSOCIATION * CALIFORNIA HERAPINATAL QUALITY * CARE COLL ABDRATIVE * CALIFORNIA STATE UNIVERSITY SAN MARCOS * CALIFORNIA TERNATOGEN INFORMATION SERV (SE* CARESIVER COALITION OF SAN DIEGO * CARIFORNIA HEART * CALIFORNIA TERNATOGEN INFORMATION SERV (SE* CARESIVER COALITION OF SAN DIEGO * CARIFORNIA HEART * CALIFORNIA TERNATOGEN INFORMATION SERV (SE* CARESIVER COALITION OF SAN DIEGO * CARIFORNIA HEART * CALIFORNIA TERNATOGEN * CHELSEA'S LIGHT FOUNDATION * CHICANO FEDERATION OF SAN DIEGO * COUNTY * COMMUNITY SOLUTIONS * CHELSEA'S LIGHT FOUNDATION * CHICANO FEDERATION OF SAN DIEGO * COUNTY * COMMUNITY HEALTH IMPROVEMENT PARTIMESS (CHIP) BEHAVIORAL HEALTH WORK TEAM * CHIP DEPENDENT LIVING * AS SOCIATION ADVISORY BOARD AND FEER REVIEW ADVISORY TEAM * CHIP DEPENDENT LIVING * AS SOCIATION ADVISORY BOARD AND FEER REVIEW ADVISORY TEAM * CHIP TEAT * CHIP CHIP TEAT * CHILLA VISTA CHARLES * CHIP CHIP CARE * COMMUNITY * EMERGENCY * RESPONSE TEAM * CONSORTIUM FOR NURSING EXCELLENCE * CANDINATORY * CHIP CHIP CARE * CHIP CHIP CARE * CARDINATORY * CHIP CHIP CARE * CARDINATORY * CHIP CHIP CARE * CARDINATORY * CHIP CHIP CARD * CARDINAT

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FORM 990, PART III, LINE 4A (CONTINUED)	*MENTAL HEALTH COALITION * MENTAL HEALTH FIRST AID PROGRAM - MHA OF SAN DIEGO * MIRACLE BABIES * MRI JOINT VENTURE BOARD * NATIONAL ASCICITED FEDERAL DIRECTORY OF MENTAL LINESS * NATIONAL ASSOCIATION OF NEONAL ASSOCIATION OF NATIONAL LINESPAN AND INCOME.  MENTAL LINESS * NATIONAL HOSPICE AND PAILLIATIVE CARE ORGANIZATION * NATIONAL LINISTRUTE FOR CHILDREN'S HEALTH QUALITY * NATIONAL KIDNEY FOUNDATION AND AND AND AND AND AND AND AND AND AN

## DLN: 93493224023756

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R**

(Form 990)

Department 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.

**Related Organizations and Unrelated Partnerships** 

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

95-3492461

realt I Identification of Distegarded Endides Complete	ii tile organization a	aliswered les of	1 1 UIIII 330, Pa	it iv, illie 55.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity	

or more related tax-exempt organizations during the tax year. (f) Direct controlling **(g)** Section 512(b) (d) (b) (c) (e) Name, address, and EIN of related organization Legal domicile (state Public charity status Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) (13) controlled 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 foleigh country)		(II section 501(c)(3))	entity	enti	
						Yes	No
(1) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A		No
SAN DIEGO, CA 921231489 95-6077327					N/ 6		
(2) SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 95-3782169							
(3) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 33-0449527							
(4) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 95-2367304							
(5) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 95-0651579							
(6) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 33-0519730							
(7) GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD	HOSPITAL FOUNDATION	CA	501(C)(3)	LINE 7	GROSSMONT HOSPITAL CORPORATION	Yes	
SAN DIEGO, CA 921231489 33-0124488							
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 501	35Y		Schedule R (Form	990) 20	014

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	١	(i)	(j)		(k)
	Primary activity		Direct	Predominant	Share of			<i>t</i> rtionate			Lor	
related organization		domicile	controlling	income(related,					amount in box			ownership
islace organization		(state or	_	unrelated,	total income	assets	"""		20 of	partne	- 1	оттистоттьр
		foreign	5.1.1.7	excluded from					Schedule K-1	Parana		
		country)		tax under					(Form 1065)			
		''		sections 512-					,			
				514)								
				<b>_</b>			Yes	No		Yes	No	
				•								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
							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
(2) CHARITABLE REMAINDER TRUST (23)	PROGRAM SUPPORT	CA		Т				No

No

No

No

No No

No

No

No

No

No

No

Yes

Yes Yes

Yes

1k

11

1m

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1р

**1**q

1r

1s

1n Yes

Yes

Yes

Yes

Yes

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

<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a
b	Gift, grant, or capital contribution to related organization(s)	1b
C	Gift, grant, or capital contribution from related organization(s)	1c
d	Loans or loan guarantees to or for related organization(s)	1d
е	Loans or loan guarantees by related organization(s)	1e
f	Dividends from related organization(s)	1f
g	Sale of assets to related organization(s)	1g
h	Purchase of assets from related organization(s)	1h
i	Exchange of assets with related organization(s)	1i

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

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

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

- I 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)
- 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)

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHARP MEMORIAL HOSPITAL	В	4,124,965	ACCRUAL BASIS
(2) SHARP CHULA VISTA MEDICAL CENTER	В	749,977	ACCRUAL BASIS
(3) SHARP HEALTH PLAN	В	227,591	ACCRUAL BASIS

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

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

Name, address, and EIN of entity  Name, address, and ent	[					·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					اتــــــــــــــــــــــــــــــــــــ				163					ļ

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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33-0124488

Software ID:

**Software Version:** 

**EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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