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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

See Schedule O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 901,446,534 including grants of \$ 1,310,749) (Revenue \$ 1,202,868,764)

The hospital provides inpatient and outpatient healthcare services to the community For fiscal year 2015, patient days totaled 200,964 and outpatient visits totaled 464,539 See Community Benefits Report on Schedule O

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 901,446,534

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

Part VII

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

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

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

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

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

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

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

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

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	181,463	10,168,194	690,001

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

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
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		

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,124,965			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		3,680			
	h	Total. Add lines 1a-1f			4,124,965		
Program Service Revenue			Business Code				
	2a	Patient Services	900099	754,308,596	754,308,596		
	b	Medicare/Medical	900099	442,576,732	442,576,732		
	c	Contract Pharmacy	446110	2,779,313	2,779,313		
	d	Medical Office Rent	532000	1,127,616	1,127,616		
	e	Reference Lab	621500	1,037,016		1,037,016	
	f	All other program service revenue		1,039,491	1,039,491		
	g	Total. Add lines 2a-2f			1,202,868,764		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,361,184			16,361,184
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	70,989,609	136,757			
	b	Less cost or other basis and sales expenses	64,536,484	0			
	c	Gain or (loss)	6,453,125	136,757			
	d	Net gain or (loss)		6,589,882			6,589,882
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	Parking	812930	942,093			942,093	
b	SMBHWN New Beginnings Boutique	446199	444,039			444,039	
c	Cash Discounts	900099	113,879			113,879	
d	All other revenue		339,954			339,954	
e	Total. Add lines 11a-11d			1,839,965			
12	Total revenue. See Instructions			1,231,784,760	1,201,831,748	1,037,016	24,791,031

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,310,749	1,310,749		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,951,478	1,364,072	2,587,406	
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.	367,596,097	363,581,434	4,014,663	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,478,427	13,251,080	227,347	
9	Other employee benefits.	51,544,704	50,349,273	1,195,431	
10	Payroll taxes.	27,218,871	26,823,046	395,825	
11	Fees for services (non-employees):				
a	Management.	23,233,645	21,903,166	1,330,479	
b	Legal.	1,431,108	293,274	1,137,834	
c	Accounting.	8,950,021		8,950,021	
d	Lobbying.	76,342		76,342	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	650,832		650,832	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	53,939,314	50,559,797	3,379,517	
12	Advertising and promotion.	8,618,983	899,902	7,719,081	
13	Office expenses.	35,273,973	34,582,618	691,355	
14	Information technology.	38,108,893	33,535,826	4,573,067	
15	Royalties.				
16	Occupancy.	13,011,162	10,508,851	2,502,311	
17	Travel.	707,415	690,352	17,063	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,036,946	241,168	795,778	
20	Interest.	15,689,350	14,719,648	969,702	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	41,415,438	39,151,193	2,264,245	
23	Insurance.	4,211,261	3,766,364	444,897	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies	134,681,756	134,654,698	27,058	
b	Medi-Cal Provider Tax	66,747,796	66,747,796		
c	System Allocation	31,262,191	17,584,723	13,677,468	
d	Repairs and Maintenance	14,053,837	13,151,209	902,628	
e	All other expenses	3,402,520	1,776,295	1,626,225	
25	Total functional expenses. Add lines 1 through 24e.	961,603,109	901,446,534	60,156,575	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,456,150	1	3,505,071
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		134,155,273	4	170,031,446
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		16,435,143	8	18,491,498
	9	Prepaid expenses and deferred charges		3,403,846	9	3,833,063
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	871,354,369		
	b	Less: accumulated depreciation	10b	456,215,350	10c	415,139,019
	11	Investments—publicly traded securities		44,126,724	11	19,998,193
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		1,280,824,193	15	1,510,285,187
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,894,152,372	16	2,141,283,477
Liabilities	17	Accounts payable and accrued expenses		74,688,101	17	90,660,995
	18	Grants payable			18	
	19	Deferred revenue		4,587,340	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		408,399,168	25	410,792,535
	26	Total liabilities. Add lines 17 through 25.		487,674,609	26	501,453,530
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,406,477,763	27	1,639,829,947
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	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	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,406,477,763	33	1,639,829,947
	34	Total liabilities and net assets/fund balances		1,894,152,372	34	2,141,283,477

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,231,784,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	961,603,109
3	Revenue less expenses Subtract line 2 from line 1	3	270,181,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,406,477,763
5	Net unrealized gains (losses) on investments	5	-29,076,665
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,752,802
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,639,829,947

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-3782169

Name: Sharp Memorial Hospital

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) Marilyn Brown Director	2 00 0 00	X						0	0	0	
(1) Gary Cady Chair	1 00 1 00	X		X				0	0	0	
(2) Anna Carrillo MD Director	2 00 0 00	X						79,613	0	0	
(3) Christopher Cate Director	2 00 0 00	X						0	0	0	
(4) Daniel Gross EVP - Hospital Ops-SHC	10 00 50 00	X		X				0	1,166,433	61,912	
(5) Frederick Johnson MD Director	2 00 0 00	X						11,800	0	0	
(6) Keith Jones Director	2 00 0 00	X						0	0	0	
(7) James Lyon MD Director	5 00 0 00	X						90,000	0	0	
(8) Cary Miller Director	2 00 2 00	X						0	0	0	
(9) Lori Moore Treasurer	1 00 1 00	X		X				0	0	0	
(10) Michael W Murphy President/CEO-SHC	6 00 58 00	X		X				0	1,733,581	102,962	
(11) David Slagle Director	0 50 0 00	X						0	0	0	
(12) Cecil Steppe Director	7 00 0 00	X						0	0	0	
(13) Mark Trotter Reverand Secretary	10 00 0 00	X		X				0	0	0	
(14) Timothy Watt MD Director	2 00 0 00	X						50	0	0	
(15) Pam Wells Director	50 00 0 00	X						0	231,048	14,754	
(16) Paul Wozniak MD Director	35 00 0 00	X						0	0	0	
(17) Ann Pumpian SVP/CFO-SHC	2 00 48 00			X				0	879,792	47,462	
(18) Carlisle C Lewis III SVP Legal and HR Services-	4 00 51 00			X				0	732,616	55,555	
(19) Kan Cornicelli CFO - SMH	50 00 0 00			X				0	257,924	30,036	
(20) Janie Kramer COO - SMH	60 00 0 00				X			0	346,297	38,585	
(21) Kathleen Lencioni CEO - SMV/Sharp McDonald C	50 00 0 00				X			0	486,983	10,375	
(22) Tim Smith CEO - SMH	55 00 0 00				X			0	736,468	19,237	
(23) Maria Columbo CNO - SMBHWN	50 00 0 00				X			0	233,244	12,825	
(24) John Johnson Pharmacy Director	45 00 0 00				X			0	235,573	21,938	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Beverly Self	50 00									
VP Clinical Support	0 00				X			0	234,840	17,864
(1) Patricia Khaleghi	50 00									
CEO - SMBHWN	0 00				X			0	449,957	20,444
(2) Cheryl Odell	50 00									
CNO - SMV	0 00				X			0	237,958	30,152
(3) Anthony Guerra	50 00									
VP Campus Pln & Dvlpmnt	0 00					X		0	232,024	27,971
(4) Michael Plopper	40 00									
Chief Medical Officer	0 00					X		0	471,734	30,118
(5) Robert Reese	45 00									
Pharmacist	0 00					X		0	234,007	37,944
(6) Rene Vasquez	45 00									
Pharmacist	0 00					X		0	234,868	39,844
(7) Geoffrey Stiles MD	50 00									
Chief Medical Officer	5 00					X		0	310,135	14,043
(8) Kevin Thompson	0 00									
Former CFO	50 00						X	0	335,108	32,033
(9) Susan Stone	0 00									
Former Key Employee	50 00						X	0	387,604	23,947

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Sharp Memorial Hospital	Employer identification number 95-3782169
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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.**
- 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.**
- 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.**
- d

☐

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.**
- e

☐

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
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
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 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						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
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% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c	
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)? 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 Type I or Type II only. 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 Part VI .	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 Part VI .	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? If "Yes," provide detail in Part VI .	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 Part VI .	9c	
10a 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	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	

Part IV

Supporting Organizations (continued)

Section 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 Part VI 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.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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?		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
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 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 Part VI 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 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
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 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 Type III 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	
a	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	Discount 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	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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) Underdistributions 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 required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
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 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **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 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.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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 Sharp Memorial Hospital	Employer identification number 95-3782169
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	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	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		76,342
j	Total. Add lines 1c through 1i.			76,342
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II B Lobbying Expenses	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Hospital Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provide representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2015, SMH's annual dues calculated to have been used for lobbying purposes was \$76,342.

Part IV

[illegible]

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Sharp Memorial Hospital	Employer identification number 95-3782169
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,495,099	3,243,457	2,951,456	2,507,123	2,684,857
b Contributions	3,024	35,048	26,363	130,827	-86,108
c Net investment earnings, gains, and losses	53,704	229,865	291,500	453,306	-88,224
d Grants or scholarships	19,192	11,825	23,641	4,820	1,589
e Other expenditures for facilities and programs	2,250	1,446	2,221	134,980	1,813
f Administrative expenses					
g End of year balance	3,530,385	3,495,099	3,243,457	2,951,456	2,507,123

- 2

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

a

Board designated or quasi-endowment ▶ 5 000 %

b

Permanent endowment ▶ 95 000 %

c

Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,021,172		9,021,172
b Buildings		574,579,054	228,908,726	345,670,328
c Leasehold improvements		2,752,467	2,175,090	577,377
d Equipment		265,792,206	219,925,618	45,866,588
e Other		19,209,470	5,205,916	14,003,554
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				415,139,019

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements				1	1,201,426,003
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains (losses) on investments	2a	-29,076,665			
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d	1,677,932			
e	Add lines 2a through 2d				2e	-27,398,733
3	Subtract line 2e from line 1				3	1,228,824,736
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	650,832			
b	Other (Describe in Part XIII)	4b	2,309,192			
c	Add lines 4a and 4b				4c	2,960,024
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	1,231,784,760

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements				1	961,055,748
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII)	2d	103,471			
e	Add lines 2a through 2d				2e	103,471
3	Subtract line 2e from line 1				3	960,952,277
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	650,832			
b	Other (Describe in Part XIII)	4b				
c	Add lines 4a and 4b				4c	650,832
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	961,603,109

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	Sharp HealthCare Foundation holds 17 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more.
Part X, Line 2	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2015 and 2014, no such assets or liabilities were recorded.
Part XI, Line 2d - Other Adjustments	Bone Marrow Program reported on Sharp HealthCare's return 1,574,461. Foundation Donations to Other Organizations/Individuals 103,471.
Part XI, Line 4b - Other Adjustments	Donated Capital 2,160,980. Medical Staff/Gift Shop revenue 148,212.
Part XII, Line 2d - Other Adjustments	Foundation Donations to Other Organizations/Individuals 103,471.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 95-3782169

Name: Sharp Memorial Hospital

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	2003 A&B Mark to Market Swap	900,057
	Long term pension liability	28,591,915
	Allocated Tax Exempt Bonds	378,601,091
	Deferred Rent Expense	123,578
	Other Deferred Liabilitites	184,167
	Long Term Workers' Compensation	315,069
	Miscellaneous Liabilities	37,182
	Estimated Settlements from Gvmnt Programs	2,039,476

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 50000 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,596,094		7,596,094	0 790 %
b Medicaid (from Worksheet 3, column a)			220,727,440	213,485,186	7,242,254	0 750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,100,517	2,968,209	6,132,308	0 640 %
d Total Financial Assistance and Means-Tested Government Programs			237,424,051	216,453,395	20,970,656	2 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,244,095		1,244,095	0 130 %
f Health professions education (from Worksheet 5)			720,238		720,238	0 070 %
g Subsidized health services (from Worksheet 6)			26,071,377	17,703,234	8,368,143	0 870 %
h Research (from Worksheet 7)			270,831	253,052	17,779	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,404,225		1,404,225	0 150 %
j Total Other Benefits			29,710,766	17,956,286	11,754,480	1 220 %
k Total . Add lines 7d and 7j			267,134,817	234,409,681	32,725,136	3 400 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			35,550		35,550	0 %
2Economic development						
3Community support			42,507	70,660	-28,153	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			78,057	70,660	7,397	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

7,912,577

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

147,962,487

6Enter Medicare allowable costs of care relating to payments on line 5.

6

165,140,368

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-17,177,881

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

4
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Sharp Memorial Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>See Part V, Section C</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>See Part V, Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Sharp Memorial Hospital

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>500 000000000000%</u>		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Sharp Memorial Hospital

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a ☒ Notified individuals of the financial assistance policy on admission		
b ☒ Notified individuals of the financial assistance policy prior to discharge		
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d ☐ Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Sharp Mary Birch Hospital for Women

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>See Part V, Section C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Sharp Mary Birch Hospital for Women

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>500 000000000000%</u>		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☐ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance discount		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a ☒ The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
e ☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group		Sharp Mary Birch Hospital for Women	
		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☐ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
		24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Sharp Mesa Vista Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	☒ Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	☐ Other website (list url)		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	If "Yes" (list url) <u>See Part V, Section C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Sharp Mesa Vista Hospital

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>500 000000000000%</u>		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Sharp Mesa Vista Hospital

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☐ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Sharp McDonald Center

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

4

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>See Part V, Section C</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>See Part V, Section C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Sharp McDonald Center

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>500 000000000000%</u>		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☐ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance discount		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
e ☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Sharp McDonald Center

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☐ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Part VI

Supplemental Information

Provide the following information

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

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

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

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation

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

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

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

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

Form and Line Reference	Explanation																																																																												
Part VI, Line 2	Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 17 years. Previous collaborations among not-for-profit hospitals and other community partners have resulted in numerous well-regarded CHNA reports. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. In 2013, each of the hospital entities of SMMC conducted a CHNA, examining the health needs of the community members they serve in San Diego County (SDC). In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in 2013. The 2013 CHNAs for SMH, SMV and SMC (SMMC) draw from and are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall. This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator. CHNA Objectives: The objectives of SMMC's 2013 CHNAs are: 1. Identify the top health conditions and health care needs of community members in its patient community. 2. Understand the challenges that community members - particularly those in communities of high-need - face in their attempts to access health care and maintain health and well-being. 3. Identify currently available community resources that support identified health conditions and health challenges. 4. Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. Study Area Defined: SMMC's 2013 CHNAs examined the communities served by SMBHWN, SMH, SMV and SMC. With specialty hospitals SMBHWN, SMC and SMV, combined with SMH, the study area for the 2013 CHNAs covers SDC as a whole, and spans six regions: central, east, north central, north coastal, north inland and south. Table 1 below presents the ZIP codes where the majority of SMH patients reside. Table 1: Primary Communities Served by SMH <table border="1"> <thead> <tr> <th>ZIP Code</th> <th>Community</th> </tr> </thead> <tbody> <tr><td>91910</td><td>Chula Vista</td></tr> <tr><td>91911</td><td>Chula Vista</td></tr> <tr><td>91913</td><td>Chula Vista - Eastlake</td></tr> <tr><td>91915</td><td>Chula Vista - Eastlake</td></tr> <tr><td>91942</td><td>La Mesa</td></tr> <tr><td>91950</td><td>National City</td></tr> <tr><td>91977</td><td>Spring Valley</td></tr> <tr><td>92020</td><td>El Cajon</td></tr> <tr><td>92021</td><td>El Cajon</td></tr> <tr><td>92040</td><td>Lakeside</td></tr> <tr><td>92064</td><td>Poway</td></tr> <tr><td>92071</td><td>Santee</td></tr> <tr><td>92101</td><td>Downtown</td></tr> <tr><td>92102</td><td>East San Diego</td></tr> <tr><td>92103</td><td>Hillcrest</td></tr> <tr><td>92104</td><td>North Park</td></tr> <tr><td>92105</td><td>City Heights</td></tr> <tr><td>92106</td><td>Point Loma</td></tr> <tr><td>92107</td><td>Ocean Beach</td></tr> <tr><td>92109</td><td>Pacific Beach</td></tr> <tr><td>92110</td><td>Old Town</td></tr> <tr><td>92111</td><td>Linda Vista</td></tr> <tr><td>92113</td><td>Southeast San Diego</td></tr> <tr><td>92114</td><td>Encanto</td></tr> <tr><td>92115</td><td>College Area</td></tr> <tr><td>92116</td><td>Normal Heights</td></tr> <tr><td>92117</td><td>Clairemont</td></tr> <tr><td>92123</td><td>Serra Mesa</td></tr> <tr><td>92124</td><td>Tierrasanta</td></tr> <tr><td>92126</td><td>Mira Mesa</td></tr> <tr><td>92127</td><td>Rancho Bernardo</td></tr> <tr><td>92128</td><td>Carmel</td></tr> <tr><td>92129</td><td>Mtn Ranch</td></tr> <tr><td>92130</td><td>Ranch Peasquitos</td></tr> <tr><td>92131</td><td>Carmel Valley</td></tr> <tr><td>92139</td><td>Scripps Ranch</td></tr> <tr><td>92154</td><td>Paradise Hills</td></tr> </tbody> </table> Source: SpeedTrack California Universal Patient Information Discovery, OSHPD CY 2011 Hospital Discharge Data. Data Collection and Analysis: As the study area for both the collaborative HASD&IC 2013 CHNA and the SMMC 2013 CHNAs cover San Diego County, the HASD&IC 2013 CHNA process and findings significantly informed the 2013 CHNA process for each of SMMC's hospital entities, and as such, are described as applicable throughout this report. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org or contact Lindsey Wade at lwade@hasdic.org. For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria: - o Have a significant prevalence in the community - o Contribute significantly to the morbidity and mortality in SDC - o Disproportionately impact vulnerable communities - o Reflect a need that exists throughout SDC - o Can be addressed through evi	ZIP Code	Community	91910	Chula Vista	91911	Chula Vista	91913	Chula Vista - Eastlake	91915	Chula Vista - Eastlake	91942	La Mesa	91950	National City	91977	Spring Valley	92020	El Cajon	92021	El Cajon	92040	Lakeside	92064	Poway	92071	Santee	92101	Downtown	92102	East San Diego	92103	Hillcrest	92104	North Park	92105	City Heights	92106	Point Loma	92107	Ocean Beach	92109	Pacific Beach	92110	Old Town	92111	Linda Vista	92113	Southeast San Diego	92114	Encanto	92115	College Area	92116	Normal Heights	92117	Clairemont	92123	Serra Mesa	92124	Tierrasanta	92126	Mira Mesa	92127	Rancho Bernardo	92128	Carmel	92129	Mtn Ranch	92130	Ranch Peasquitos	92131	Carmel Valley	92139	Scripps Ranch	92154	Paradise Hills
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Form and Line Reference	Explanation
Part VI, Line 2	dence-based practices by hospitals and health care systems Specifically, Sharp Memorial Hospital reviewed the needs assessment priorities, specifically focusing on issues relevant to their region and subregional areas with the goal of matching community benefits programs and services to the unique needs of the region, with special attention to Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and SMH 2013 CHNA included the 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHS), the U S Census Bureau, the Centers for Disease Control, and others The variables analyzed are included in Table 2 below, and were analyzed at the ZIP code level wherever possible Table 2 Variables Analyzed in the HASD&IC and SMH 2013 CHNAs Secondary Data Variables Inpatient Hospitalizations by Cause Emergency Department Visits by Cause Demographic Data (socio-economic indicators) Mortality Data Regional Disease-Specific Health Data (County HHS) Self-Reported Health Data (California Health Interview Survey) Specialized Health Data /Reports (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and SMH's 2013 CHNA processes utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting Table 3 below presents communities (by ZIP code) served by SMH that have especially high need based on their CNI score (score = 5) Table 3 High-Need Communities Served by SMH ZIP Code Community 91950 National City 92102 East San Diego 92104 North Park 92105 City Heights 92113 Southeast San Diego 92115 College Area Source Dignity Health, 2011 CNI Data For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations

Form and Line Reference	Explanation
Part VI, Line 2	Following consultation with the SMH 2013 CHNA Planning Team, additional specific feedback from key informants with insight into the concerns of expectant mothers in the community , as well as the health needs of seniors in San Diego was collected A key informant interv iew with a local neonatologist provided expertise to further address health issues impacti ng new mothers Additionally, four key informant interviews with nurses from the Sharp Sen ior Health Center, an executive from Sharp HospiceCare, and coordinator from Sharp's Senio r Resource Center provided insight into issues of senior health and end-of-life care as we ll as health disparities among older adults To provide further community resident perspec tive, community feedback surveys were collected from members of SMH's Patient Family Advis ory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being Following consultation with the SMV and SMC 2013 CHNA Planning Team, it was agreed to collect additional, specific feedback from key informants into behaviora l health needs - including chemical dependency - in SDC Two additional key informant inte rviews provided expertise to further address this need In order to collect community resi dent feedback specific to behavioral health, community feedback surveys were collected fro m attendees of various behavioral health community support groups held at SMV These suppo rt groups were open to the community and 17 surveys were collected as a result of this eff ort Community members were asked for open-ended feedback on the behavioral health issues of greatest importance to them, as well as any significant barriers they face in maintaini ng behavioral health and well-being Findings Through the combined analysis of the results for all the data and information gathered, the following conditions were identified as pri ority health needs for the primary communities served by the entities (listed in alphabeti cal order) * Behavioral Health (including chemical dependency)* Cardiovascular Disease* Di abetes, Type II* High-Risk Pregnancy (identified for SMH/SMBHWN only)* Obesity* Senior Hea lth (including end-of-life care)In addition the IPH conducted a content analysis of all qu alitative feedback collected through the HASD&IC 2013 CHNA process - key informants, onlin e survey respondents and community members - and found that the input, including recommend ations for hospital opportunities to improve community health, fell into one of the follow ing five categories * Access to Care or Insurance* Care Management* Education* Screening S ervices* CollaborationSMMC's entities are committed to the health and well-being of their community, and the findings of their 2013 CHNAs will help to inform the activities and ser vices provided to improve the health of their community members The 2013 CHNA process als o generated a list of currently existing resources in SDC (an asset map) that address the health needs identified through the CHNA process While not an exhaustive list of the avai lable resources in San Diego, this map will serve as a resource for Sharp hospitals to hel p continue, refine and create programs that meet the needs of their most vulnerable commun ity members The complete 2013 CHNAs for SMH (includes SMBHWN),SMV and SMC are available o nline at http //www.sharp.com/about/community/community-health-needs-assessments cfm or b y contacting Sharp HealthCare Community Benefits at communitybenefits@sharp.com Determina tion of Priority Community Needs The entities of SMMC reviewed their 2013 CHNAs and used t he assessments to help inform priority needs for members of the communities they serve In identifying these priorities, the entities also considered the expertise and mission of t heir programs and services, in addition to the needs of the unique, ever-changing demograp hics and health topics that comprise their service area and region For both SMBHWN and SMH , the community education and support elements of behavioral health care are addresses thr ough the programs and services provided through SMV and SMC, which are the major providers of behavioral health and chemical dependency services in SDC Relatedly, although addition al priority health needs were identified for community members served by SMV and SMC throu gh the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (car diovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital e ntities Further, SMH addresses obesity through general nutrition and exercise education an d resources provided at SMH as well as programs that address a healthy lifestyle as part o f care for heart disease, cancer, diabetes and oth

Form and Line Reference	Explanation
Part VI, Line 2	er health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC provided structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN's community benefit plan also addresses the following priority health needs for community members served by SMBHWN * Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery * Meeting the needs of new mothers and their families * Providing professional education and development Similarly, through analysis of SMH's community programs and consultation with SMH's community relations teams, SMH's community benefit plan includes programs and services that address the following health needs for community members served by SMH * Health education and wellness * Cancer education and patient navigator services * Bone Health - orthopedic/osteoporosis education and screening * Prevention of unintentional injuries * Health prevention education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved and underfunded patients In alignment with the identified need of mental/behavioral health, the community benefit plan for SMV/SMC details programs that specifically address * Mental health and substance abuse identification and support for the community * Improving outcomes for seniors at risk * Mental health and substance abuse education for health care professionals These programs are detailed further in the SMBHWN,SMH and SMV/SMC sections of Sharp HealthCare's FY 2015 Community Benefit Plan and Report, available for public viewing/download at http://www.sharp.com/about/community/benefit-report.cfm In addition, the entities of SMMC * Incorporate community priorities and community relations into its strategic plan and develop service line specific goals (SMBHWN,SMH,SMV/SMC) * Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels (SMBHWN,SMH,SMV/SMC) * Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH) * Host a bimonthly committee to discuss, plan, and implement community activities (SMV/SMC) * Participate in program and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN)

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

Form and Line Reference	Explanation
Part VI, Line 4	The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions: central, east, north central, north coastal, north inland and south. The race/ethnicity breakdown of SDC is: 46.4% White, 33.7% Hispanic, 4.7% Black, 10.9% Asian/Pacific Islander, and 0.4% Native American. In SDC in 2014, 98.2 percent of children ages 0 to 11, 91.5 percent of children ages 12 to 17, and 84.3 percent of adults age 18 and older had health insurance - failing to meet the Healthy People 2020 (HP 2020) national targets for health insurance coverage. Further, 20.9 percent of adults ages 18 to 64 did not have a usual source of care and 14.3 percent of these adults had health insurance. In addition, 14.3 percent reported fair or poor health outcomes, and 43.6 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure.

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

Form and Line Reference	Explanation
Part VI, Line 6	Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 22 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan. Serving a population of approximately 3.2 million in San Diego County, Sharp is licensed to operate 2,088 beds, has approximately 2,600 Sharp-affiliated physicians and more than 17,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp is known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves. With 1,036 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, Sharp Memorial was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.

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

Form and Line Reference	Explanation
Part VI, Line 7	Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD For purposes of the Sharp HealthCare Community Benefits Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals is also provided in the FY 2014 Sharp HealthCare Community Benefits Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2015 is available online at http://www.sharp.com/about/community/community-benefits-health-needs.cfm Additional disclosures No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III 147,962,487 Medicare allowable costs reported on Parts I and III 166,199,872 Shortfall included on Parts I and III (18,237,385) Actual Medicare revenue received 146,813,407 Actual Medicare cost 189,916,382 Actual Medicare shortfall (43,102,975) Additional Medicare shortfall not on Parts I and III (24,865,590) In FY 2015 the organization received revenues under the Medi-Cal Hospital Fee program that related to prior years The inclusion of these prior year revenues in Part I, line 7b dilute the actual FY 2015 community benefit expense of the organization Excluding Medi-Cal Hospital Fee revenues related to prior years, the net community benefit expense would be as follows Total Community Benefit Expense reported on Part I, line 7b 220,727,440 Direct Offsetting Revenue reported on Part I, line 7b 213,485,186 Net Community Benefit Expense reported on Part I, line 7b 7,242,254 Percent of Total Expense reported on Part I, line 7b 75% Direct Offsetting Revenue reported on Part I, line 7b 213,485,186 Less Revenue Related to Prior Years (57,938,633) Actual FY 2015 Direct Offsetting Revenue 155,546,553 Total Community Benefit Expense reported on Part I, line 7b 220,727,440 Actual FY 2015 Direct Offsetting Revenue 155,546,553 Actual FY 2015 Net Community Benefit Expense 65,180,887 Percent of Total Expense 67.8%

Additional Data

Software ID:

Software Version:

EIN: 95-3782169

Name: Sharp Memorial Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 5 For the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA), the Institute for Public Health at San Diego State University (IPH) conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	Part V, Section B, Line 5 For the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA), the Institute for Public Health at San Diego State University (IPH) conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMH 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns of expectant mothers in the community, as well as the health needs of seniors in San Diego was collected A key informant interview with a local neonatologist provided expertise to further address health issues impacting new mothers Additionally, four key informant interviews provided insight into issues of senior health and end-of-life care as well as health disparities among older adults To provide further community resident perspective, community feedback surveys were collected from members of SMH's Patient Family Advisory Council Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	Part V, Section B, Line 5 For the Hospital Association of San Diego & Imperial Counties (HASD&IC) FY2013 Community Health Needs Assessment (CHNA), the Institute for Public Health at San Diego State University (IPH) conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the SMV and SMC FY2013 CHNA Planning Teams, it was agreed to collect additional, specific feedback from key informants with insight into behavioral health needs - including chemical dependency - in SDC Two additional key informant interviews provided expertise to further address this need In order to collect community resident feedback specific to behavioral health, community feedback surveys were collected from attendees of various behavioral health community support groups held at SMV These support groups were open to the community and 17 surveys were collected as a result of this effort Community members were asked for open-ended feedback on the behavioral health issues of greatest importance to them, as well as any significant barriers they face in maintaining behavioral health and well-being

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 6a The SMH 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SMH's 2013 CHNA draws from and is based on the collaborative HASD&IC 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital - San Diego and Palomar Health

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Sharp Memorial Hospital	Part V, Section B, Line 7d Sharp Memorial Hospital's CHNA is available at http://www.sharp.com/about/community/upload/SMH_SMB_CHNA_2013.pdf Sharp Memorial Hospital's implementation plan is available at http://www.sharp.com/about/community/upload/SMH_Implementation_Plan_FY15_FY18.pdf

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Form and Line Reference	Explanation
Sharp Memorial Hospital	Part V, Section B, Line 16i The FAP was widely available at https://www.sharp.com/patient/billing/financial-assistance cfmA plain language summary of the FAP and the FAP application was widely available at https://www.sharp.com/patient/billing/upload/Financial-Assistance-Application.pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women	Part V, Section B, Line 16i The FAP was widely available at https://www.sharp.com/patient/billing/financial-assistance.cfm A plain language summary of the FAP and the FAP application was widely available at https://www.sharp.com/patient/billing/upload/Financial-Assistance-Application.pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital	Part V, Section B, Line 16i The FAP was widely availabe at https //www sharp com/patient/billing/financial-assistance cfmA plain language summary of the FAP and the FAP application was widely available at https //www sharp com/patient/billing/upload/Financial-Assistance-Application pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp McDonald Center	Part V, Section B, Line 16i The FAP was widely available at https://www.sharp.com/patient/billing/financial-assistance.cfm A plain language summary of the FAP and the FAP application was widely available at https://www.sharp.com/patient/billing/upload/Financial-Assistance-Application.pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Memorial Hospital Part V, Section B, line 16a website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Memorial Hospital Part V, Section B, line 16 b website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Memorial Hospital Part V, Section B, line 16 c website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women Part V, Section B, line 16a website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women Part V, Section B, line 16 b website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mary Birch Hospital for Women Part V, Section B, line 16 c website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital Part V, Section B, line 16a website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital Part V, Section B, line 16 b website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp Mesa Vista Hospital Part V, Section B, line 16c website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp McDonald Center Part V, Section B, line 16a website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp McDonald Center Part V, Section B, line 16 b website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Sharp McDonald Center Part V, Section B, line 16c website	See Part V, Section C

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
95-3782169

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Heart Association PO Box 4002030 Des Moines, IA 50340	15-5613797	501(c)(3)	11,500				Luncheon Sponsorship
(2) California Institute for Nursing & Health Care 633 13th Street Oakland, CA 94612	82-0570413	501(c)(3)	10,000				Partner Level Sponsorship
(3) Fighting Chair Sports 4245 West Overlook Drive San Diego, CA 92115	20-2234519	501(c)(3)	7,000				Rehabilitation Event Sponsorship
(4) San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	12,500				Presenting Sponsor For Crew Classic Event
(5) Remend Inc 3914 Murphy Canyon Road San Diego, CA 92123	80-0946762	501(c)(3)	30,000				Transplant Patient Mentoring
(6) San Diego Family Care 6973 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	65,000				Donation
(7) California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	1,136,549				Medi-Cal program

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other 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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4bYes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$350.
Part I, Line 4b	Exec Benefits Plan Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
Part I, Line 3	The Compensation Committee of Sharp Healthcare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.

Additional Data

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Daniel Gross, EVP - Hospital Ops-SHC	(i)0	0	0	0	0	0	0
	(ii)898,413	211,339	56,681	46,655	15,257	1,228,345	0
Michael W Murphy, President/CEO-SHC	(i)0	0	0	0	0	0	0
	(ii)1,262,468	401,135	69,978	83,051	19,911	1,836,543	0
Pam Wells, Director	(i)0	0	0	0	0	0	0
	(ii)227,817	0	3,231	6,903	7,851	245,802	0
Ann Pumpian, SVP/CFO-SHC	(i)0	0	0	0	0	0	0
	(ii)690,110	163,219	26,463	32,465	14,997	927,254	0
Carlisle C Lewis III, SVP Legal and HR Services-	(i)0	0	0	0	0	0	0
	(ii)566,903	140,691	25,022	36,245	19,310	788,171	0
Kari Cornicelli, CFO - SMH	(i)0	0	0	0	0	0	0
	(ii)219,574	35,862	2,488	16,483	13,553	287,960	0
Janie Kramer, COO - SMH	(i)0	0	0	0	0	0	0
	(ii)254,444	59,848	32,005	25,025	13,560	384,882	0
Kathleen Lencioni, CEO - SMV/Sharp McDonald C	(i)0	0	0	0	0	0	0
	(ii)363,908	98,082	24,993	2,396	7,979	497,358	515
Tim Smith, CEO - SMH	(i)0	0	0	0	0	0	0
	(ii)575,515	135,804	25,149	0	19,237	755,705	435
Mana Columbo, CNO - SMBHWN	(i)0	0	0	0	0	0	0
	(ii)186,028	38,184	9,032	11,973	852	246,069	0
John Johnson, Pharmacy Director	(i)0	0	0	0	0	0	0
	(ii)200,314	34,958	301	14,312	7,626	257,511	0
Beverly Self, VP Clinical Support	(i)0	0	0	0	0	0	0
	(ii)191,267	40,825	2,748	0	17,864	252,704	0
Patricia Khaleghi, CEO - SMBHWN	(i)0	0	0	0	0	0	0
	(ii)345,243	74,952	29,762	7,404	13,040	470,401	1,638
Cheryl Odell, CNO - SMV	(i)0	0	0	0	0	0	0
	(ii)166,347	44,974	26,637	17,000	13,152	268,110	0
Anthony Guerra, VP Campus Pln & Dvlpmnt	(i)0	0	0	0	0	0	0
	(ii)196,621	34,981	422	10,096	17,875	259,995	0
Michael Plopper, Chief Medical Officer	(i)0	0	0	0	0	0	0
	(ii)339,959	83,477	48,298	21,671	8,447	501,852	0
Robert Reese, Pharmacist	(i)0	0	0	0	0	0	0
	(ii)225,630	531	7,846	25,022	12,922	271,951	0
Rene Vasquez, Pharmacist	(i)0	0	0	0	0	0	0
	(ii)226,542	481	7,845	22,268	17,576	274,712	0
Geoffrey Stiles MD, Chief Medical Officer	(i)0	0	0	0	0	0	0
	(ii)245,123	45,737	19,275	12,468	1,575	324,178	0
Kevin Thompson, Former CFO	(i)0	0	0	0	0	0	0
	(ii)249,294	55,214	30,600	19,244	12,789	367,141	0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Susan Stone, Former Key Employee	(i)	0	0	0	0	0	0
	(ii)	328,745	54,147	4,712	5,611	411,551	2,603

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization Sharp Memorial Hospital	Employer identification number 95-3782169
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Return Reference	Explanation
Form 990, Part III, line 1	The corporation shall, at all times, operate a hospital under the name Donald N Sharp Memorial Community Hospital The purpose of the corporation shall be to promote and to oversee the quality of care rendered in the hospital, to act as the governing board authority in matters of medical staff relations, clinical issues, credentialing, physician discipline and Joint Commission on Accreditation of Hospital requirements, and to establish policies to support those purposes

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

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

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

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com).

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	Change in minimum pension liability -9,327,263 Bone Marrow Program reported on Sharp HealthCare's return 1,574,461

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

Return Reference	Explanation	
	Form 990, Part III, line 4a	Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2015 Section 1 - An Overview of Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2015, Sharp is licensed to operate 2,088 beds and has approximately 2,600 Sharp-affiliated physicians and more than 17,000 employees. FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in San Diego County's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the South Bay's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world. SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women and infants, and the only bloodless medicine and surgery center in SDC. Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services. Sharp Grossmont Hospital (528 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation. SMH houses San Diego's largest emergency and trauma center. THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California. Sharp Mesa Vista Hospital (158 licensed beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services. Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital. Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC). The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the not-for-profit public benefit corporation of Sharp, the parent organization. The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation. The operations of Sharp HospiceCare are reported within SGH. Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner. Vision Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves. Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self

Return Reference	Explanation	
Form 990, Part III, line 4a		f, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Making * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience For more than 15 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be: * The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe." * The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: - o Sensitivity to operations - o A reluctance to simplify - o Preoccupation with failure - o Deference to expertise - o Resilience

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)	Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization: Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas: *Quality - Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations. *Safety - Keep patients, employees and physicians safe and free from harm. *Service - Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence. *People - Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission and vision. *Finance - Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization. *Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. *Community - Be an exemplary community citizen by improving the health and well-being of the community and supporting the stewardship of our environment. Awards Sharp has received the following recognition: Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence. Sharp was the first health care system in California and eighth in the nation to receive this recognition. Sharp was recognized as one of the 2013 and 2014 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp is the only health care company in San Diego recognized in both years. Sharp was named the No. 1 "best integrated health care network" in California and No. 12 nationally by Modern Healthcare magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks," a survey conducted by health care data analyst IMS Health. This was the 14th consecutive year that Sharp placed among the top in the state. Sharp was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2015 "Best of San Diego" Readers Poll. In 2015, SMCW was named "Best Hospital," while SGH and SMH were ranked second and third. "Best Hospitals" Sharp Community Medical Group (SCMG) and Sharp Rees-Stealy Medical Group (SRSM) were ranked first and second, respectively, in 2015 as San Diego's "Best Medical Group." SGH and SMH have both received MAGNET Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence. SMH was redesignated in March 2013. Sharp was named one of the nation's "Most Wired" health care systems from 1999 to 2009, and again from 2012 to 2015 by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. In 2014, SCVMC and its on-site Birch Patrick Convalescent Center became the first co-located hospital and skilled nursing facility in the nation to be designated as a Planetree Patient-Centered Organization. SCVMC joined both SMH and SCHC in Planetree distinction. In 2012, SMH was designated as a Planetree Patient-Centered Hospital, and is the largest hospital-only designated facility in the U.S. In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015. SCHC was originally designated in 2007 and is the only hospital in the state to be re-designated twice, occurring in both 2010 and 2013. Additionally, SCHC was named a Planetree Hospital with Distinction for its leadership and innovation in patient-centered care. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2013, both SCHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded use an average of	

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	40 percent less energy than other buildings and release 35 percent less carbon dioxide in to the atmosphere SCHHC first earned the ES certification in 2007 and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015. San Diego Gas & Electric (SDG&E) recognized Sharp for outstanding results in energy efficiency and conservation. Sharp was named San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation. In 2013, Sharp was named a "Recycler of the Year" at the City of San Diego's annual Waste Reduction and Recycling Awards for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste reduction programs. Sharp was named the Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management. This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance. From 2013 to 2015, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence Awards. Based on one year of data, this designation recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awards for SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employee Engagement, SMBHWN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHWN and SMV for Physician Engagement. In 2013, the Press Ganey organization recognized multiple SHC entities for achievement of the Beacon of Excellence Awards. This designation recognizes those who maintain consistent high levels of excellence in patient satisfaction (based on a three-year period), employee engagement, or physician engagement (the latter two based on the two most recent survey periods). Awarded entities included SHC for Employee Engagement, SMH for Patient Satisfaction, and SCHHC and SMV for Physician Engagement. SHP was ranked a top 100 U.S. health plan and a top three California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015, which rated health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. SHP also received the highest level "Excellent" Accreditation status from the NCQA for the third year in a row (2013-2015). The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. SHP was also rated highest in California among reporting California Health Plans for Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance.

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)		In 2015, Sharp was ranked fourth in the large employers category as one of the "Best Places to Work" for Information Technology (IT) professionals by the International Data Group's (IDG) Computerworld survey. The list is compiled by the following criteria: benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. In 2015, SGH and SMBHVN received a 2015 Women's Choice Award - a symbol of excellence in customer experience awarded by the collective of women. SGH was recognized as one of America's Best Hospitals for Cancer Care and SMBHVN was recognized as one of America's Best Hospitals for Obstetrics. For the third year in a row, and the fourth time in five years, Sharp HealthCare won the top spot in the Mega Employer category in the Ride share 2015 Challenge. The month-long challenge encouraged the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by San Diego Association of Governments (SANDAG) and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions. Patient Access to Care Programs: Uninsured patients with no ability to pay and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient received in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow SHC staff to have an informed and supportive discussion about health care coverage with the patient, empowering them with options. From the inception of the program in FY 2010 through September 2015, Sharp helped guide approximately 85,910 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity throughout the process. Beginning in 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility). Sharp was the first hospital system in San Diego County to provide these services, and secured this benefit for 2,198 unfunded patients in the ED during FY 2015. In support of Covered California's annual open enrollment period, 14 members of Sharp's registration staff have become Certified Application Counselors in order to better assist both patients and the general community with navigating the Covered California website (CoveredCA.com) and plan enrollment. In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team. The Patient Assistance Team works hard to help those in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, social work, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of medication access. The team members research all options available, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Sharp also continues to offer ClearBalance - a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly installments, preventing unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients struggling to resolve their hospital bills. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients may receive services such as assistance with transportation and placement, connections to

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	o community resources, and financial support for medical equipment and medications SCHHC, SGH and SMH work in collaboration with the San Diego Rescue Mission (SDRM) to identify patients who may benefit from a referral to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. These referrals may include chronically homeless patients or patients who have exhausted other community housing resources. Community Health Screenings Sharp's dedication to improving community health extends beyond the walls of its health care facilities, and Sharp continues to demonstrate this commitment through its community-wide health screening program. Complimentary health screenings are provided across SDC to inform community members about their current health status and help determine their risk for common diseases including diabetes, heart disease and other health conditions. Screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use. From October 1, 2014 to September 30, 2015, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 75 community health screening events throughout the county - screening more than 5,200 San Diegans. Participants were not asked to provide personal information, nor were they required to show proof of insurance or have any relationship with Sharp to be eligible for the screening. All participants received their results and an informational brochure that outlined strategies to improve health and well-being. Participants were then encouraged to share the results with their primary care physician to determine an appropriate, customized follow-up plan. Uninsured community members and those in need of additional services received information about available resources through 2-1-1 San Diego. Since its inception, the community screening effort has conducted events at more than 40 locations across San Diego, including communities with limited access to health care programs and resources. In addition, in April and May, Sharp offered screenings at the Health Sciences High and Middle College (HSHMC) eighth annual Internship Symposium and during parent/teacher events, serving more than 70 attendees. In FY 2015, Sharp team members devoted nearly 113,000 hours actively screening community members, including time spent on administrative support and logistics. Thirty-two team members provided screenings and 11 team members served as concierge personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish. In response to the community screenings, Sharp received countless emails and letters expressing heartfelt gratitude from community members, many of whom were inspired to take control of their health after their screening. Through these efforts, Sharp's community health screenings brought helpful and, at times, life-changing health information to the people of San Diego - truly exemplifying Sharp's commitment to the health of its community. Health Professions Training Internships

Return Reference	Explanation																																																							
Form 990, Part III, line 4a (Continued)	Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2015, more than 4,600 student interns dedicated nearly 680,000 hours within the Sharp system. Students belonged to a variety of disciplines including nursing, allied health and professional educational programs. Sharp provided education and training programs for nursing students (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health. Students came from local community colleges such as Grossmont College, San Diego City College, San Diego Mesa College (MC) and Southwestern College (SWC), local and national university campuses such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California, San Diego (UCSD), and University of San Diego (USD), and vocational schools such as Kaplan College. Table 1 presents the number of students and student hours at each of the Sharp entities in FY 2015. <table><tr><th colspan="5">Table 1: Sharp HealthCare Internships - FY 2015</th></tr><tr><th>Entity</th><th>Students</th><th>Group Hours</th><th>Precepted Hours</th><th>Ancillary Hours</th></tr><tr><td>Sharp Chula Vista Medical Center Nursing</td><td>842</td><td>60,662</td><td>20,398</td><td>172</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center Nursing</td><td>590</td><td>92,510</td><td>3,024</td><td>77</td></tr><tr><td>Sharp Grossmont Hospital Nursing</td><td>732</td><td>62,492</td><td>16,643</td><td>238</td></tr><tr><td>Sharp Mary Birch Hospital for Women & Newborns Nursing</td><td>207</td><td>15,204</td><td>5,184</td><td>15</td></tr><tr><td>Sharp Memorial Hospital Nursing</td><td>404</td><td>29,451</td><td>18,902</td><td>310</td></tr><tr><td>Sharp Mesa Vista Hospital Nursing</td><td>318</td><td>22,642</td><td>3,524</td><td>38</td></tr><tr><td>Sharp HospiceCareNursing</td><td>74</td><td>674</td><td>74</td><td>74</td></tr><tr><td>Sharp HealthCareNursing</td><td>387</td><td>60,843</td><td>223</td><td>52,947</td></tr><tr><td>Sharp Health Sciences High and Middle College</td><td>679</td><td>644</td><td>129,192</td><td>1,073</td></tr></table> Students also devote time to various SRS sites. Students begin their experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control and Mental Health Matters at Mesa College. Level II of the HSHMC program is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotation, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, as well as take additional health-related coursework at Mesa College, including Anatomy, Physiology, Medical Terminology, Health 101, Psychology and Abnormal Psychology. Nearly 500 HSHMC students - including 143 Level I students and 347 Level II students - were supervised for approximately 55,000 hours on Sharp campuses in FY 2015. Students rotated through instructional pods in specialty areas, including but not limited to:	Table 1: Sharp HealthCare Internships - FY 2015					Entity	Students	Group Hours	Precepted Hours	Ancillary Hours	Sharp Chula Vista Medical Center Nursing	842	60,662	20,398	172	Sharp Coronado Hospital and Healthcare Center Nursing	590	92,510	3,024	77	Sharp Grossmont Hospital Nursing	732	62,492	16,643	238	Sharp Mary Birch Hospital for Women & Newborns Nursing	207	15,204	5,184	15	Sharp Memorial Hospital Nursing	404	29,451	18,902	310	Sharp Mesa Vista Hospital Nursing	318	22,642	3,524	38	Sharp HospiceCareNursing	74	674	74	74	Sharp HealthCareNursing	387	60,843	223	52,947	Sharp Health Sciences High and Middle College	679	644	129,192	1,073
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Sharp Health Sciences High and Middle College	679	644	129,192	1,073																																																				

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	d to nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy , physical therapy, behavioral health, pediatrics, medical/surgical, imaging, rehabilitation, laboratory services, pharmacy, pathology, radiology, endoscopy, engineering, pulmonary services, cardiac services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2015, the HSHMC program graduated its fifth full class. Each year, Sharp HealthCare reviews and evaluates the collaboration with HSHMC, including outcomes of students and graduates, to promote long-term sustainability. Although many HSHMC students face financial hardship - the free and reduced price meal (FRPM) eligibility rate is higher than the averages for SDC and California - the charter school excels in preparing students for high school graduation, college entrance and a future career. In 2015, 93 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 85 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 100 percent graduation rate, which is higher than California's 80.8 percent state average as well as an Academic Performance Index score of 828, which exceeds the state's goal of 800. The California Department of Education recognizes HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high and low-performing students. HSHMC is also a 2014 U.S. News & World Report Best High Schools bronze award winner, and National School Safety Advocacy Council award winner. Lectures and Continuing Education Sharp contributes to the academic environment of colleges and universities throughout San Diego. In FY 2015, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses. This included guest lectures on pharmacy practice at UCSD and USD, health information technology, nutrition and professional development at SDSU, the legalities of nursing and community nutrition and eating disorders at PLNU, advance care planning at Azusa Pacific University (APU), and a variety of health administration lectures to public health graduate students at SDSU. Sharp's Continuing Medical Education (CME) Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2015, Sharp's CME team invested more than 1,800 hours to numerous CME activities for San Diego health care providers. This included conferences on primary care, heart failure, lung cancer, colorectal cancer, and advances in OB/GYN, as well as presentations on stroke, Ebola, infection prevention, clinical documentation improvement and HROs. In addition, the CME team organized a live video conference for orthopedic surgeons, radiologists, residents and fellows in which expert orthopedic surgeons from Sharp HealthCare, Germany, Austria and Switzerland presented on the European and North American Perspectives on Hip Preservation Research. Sharp HealthCare Center for Research.

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	Form 990, Part III, line 4a (Continued)	Innovation is critical to the future of health care. The Sharp HealthCare Center for Research supports innovation through its commitment to safe, high quality research initiatives that provide valuable knowledge to the San Diego health care community, and positively impact patients and community members. Currently, more than 350 active protocols are being conducted at Sharp. The Center for Research is also seeking accreditation by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) for accreditation of Sharp's HRPP. Accreditation by AAHRPP indicates that an organization follows rigorous standards for ethics, quality, and protections for human research, and acts as a public affirmation of the organization's commitment to protecting research participants. The Center for Research anticipates accreditation by March 2016. Sharp Human Research Protection Program and Institutional Review Board. The Sharp Center for Research's Human Research Protection Program (HRPP) is responsible for the ethical and regulatory compliant oversight of research being conducted at Sharp. There are three components to the Center for Research's HRPP: the organization, the researchers and the Institutional Review Board (IRB). The IRB is the largest component of the HRPP and seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants are required to be reviewed by Sharp's IRB in order to protect participant safety and maintain responsible research conduct. In FY 2015, a dedicated IRB committee of 14 - including physicians, psychologists, research nurses and pharmacists - devoted hundreds of hours to the review and analysis of both ongoing and new research studies. Research is conducted on all phases of drug and device development and spans from research with newborns to older adults with Alzheimer's disease. This includes clinical trials that add to scientific knowledge and enable health care providers to learn whether a new treatment is safe and effective. Sharp conducts clinical trials in behavioral health, neonatal, cardiovascular, mechanical circulatory support, renal transplant, orthopedics, stroke and oncology, the latter of which comprises the majority of Sharp's clinical trials. The Center for Research's HRPP also provides education and support both for researchers across Sharp and the broader San Diego health and research communities on requirements regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics to the research community, including physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have included Investigator Quality Improvement Activities, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, and Risks to Subjects - It's Not Just Physical. Sharp Outcomes Research Institute. The Sharp Outcomes Research Institute (ORI) began in 2010 as a pilot initiative funded by the Sharp HealthCare Foundation. The ORI facilitates interdisciplinary research on health care practices in order to identify and promote quality patient care across the health care community. The ORI collaborates with Sharp team members by facilitating the design of patient-centered outcomes research projects, assisting with database development as well as data collection and analysis, exploring funding mechanisms for research projects, and facilitating IRB application submissions. A priority for the ORI is to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research in order to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University (NU). The ORI has also developed educational presentations for the greater health care research community that foster awareness of the importance of research for improving health outcomes. This includes presentations of peer-reviewed abstracts of research study results and training on research designs. Evidence-Based Practice Institute. Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (inter-professional staff) and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UCSD Health System, U.S. Department of Veterans Affairs.

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Form 990, Part III, line 4a (Continued)		ffairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD The Naval Medical Center San Diego (NMCSDD) is expected to join in FY 2016 Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination The San Diego EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program The EBPI fellows partner with their mentors and participate in a variety of learning strategies Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel In FY 2015, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony in November, where the project results of all EBPI fellows were shared Thirty-four fellows graduated from the EBPI program in FY 2015 and completed projects that addressed the following issues in clinical practice and patient care health literacy for patients, structured debriefing for critical incidents in the intensive care setting, nurse-driven protocol for urinary catheter removal, charge nurse rounding in the ED, cue-based feedings in the neonatal intensive care unit (NICU), and noise reduction in the progressive care setting Volunteer Service Sharp Lends a Hand In FY 2015, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH) In October, Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely on Sharp for volunteer labor only, support existing nonprofit initiatives, community activities or other programs that serve SDC, and be completed by September 30, 2015 Eleven projects were selected San Diego Blood Bank, Holiday Mail for Heroes, San Diego Food Bank (SDFB), San Diego Half Marathon, Ruffin Canyon Clean-Up, the American Diabetes Association (ADA) Tour de Cure, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, and the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration More than 1,700 Sharp employees, family members and friends volunteered over 5,850 hours in support of these projects In November 2014, 14 SLAH volunteers joined the San Diego Chargers football team for their 36th annual Blood Drive in Mission Valley The event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood SLAH volunteers consisted of registered nurses (RNs), licensed vocational nurses, certified phlebotomists and limited phlebotomists who provided assistance with blood typing (determining what type of blood an individual has) During the 2014 holiday season, 11 SLAH volunteers joined the American Red Cross' Holiday Mail for Heroes program to support service members and veterans separated from their families during the holiday season due to deployments and hospital stays Volunteers wrote cards of appreciation to the members of the United States Armed Forces and their families, expressing thanks for the sacrifices they make to protect our freedoms

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	Form 990, Part III, line 4a (Continued)	The San Diego Food Bank (SDFB) feeds people in need throughout SDC, advocates for the hungry, and educates the public about hunger-related issues. On 16 days between February and September 2015, 960 SLAH volunteers inspected, cleaned and sorted donated food, assembled boxes and cleaned the SDFB warehouse. For two days in March, 100 SLAH volunteers provided registration, gear-check, water stop and finish-line support at the San Diego Half Marathon. This premier race raises money for vulnerable communities including the Skinny Gene Project, a division of the J. Moss Foundation that addresses the environment-based issues that affect a person's ability to prevent diabetes. With all net proceeds going towards service projects and select charitable causes in San Diego, the race inspires volunteerism as a way to help struggling communities throughout the city. Also in March, 40 SLAH volunteers joined the Friends of Ruffin Canyon in the Ruffin Canyon Clean-Up. Located in Serra Mesa, the Ruffin Canyon Open-Space Preserve consists of 84 acres of natural open space, including native plant-life and primitive trails. The Friends of Ruffin Canyon fosters community participation in the protection of Ruffin Canyon's unique habitat. Volunteers picked up trash and debris, pulled weeds, installed native plants and helped maintain the trail. To support the nearly one million San Diegans with diabetes or prediabetes, SLAH volunteers participated in the Tour de Cure 2015, a fundraising cycling event benefitting the American Diabetes Association (ADA). For two days in April, more than 60 SLAH volunteers assisted with pre-event packet pick-up, and day-of event registration, T-shirt distribution and medical care. By volunteering their time, SLAH participants helped to ensure that more funds go toward the ADA's mission to prevent, cure and improve the lives of all people affected by diabetes. On nine days in June and July, 360 volunteers participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego to provide community-based social services to veterans without a permanent residence. Volunteers gathered at the Veteran's Village Warehouse in El Cajon and at San Diego High School where they sorted and organized clothing donations and offered companionship to more than 800 of San Diego's homeless veterans. In addition, Sharp medical doctors and nurses offered medical assistance, while Sharp pharmacists and licensed pharmacy technicians provided support, counseling and dispensing of medications. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bicoastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In September, nearly 90 volunteers assisted Life Rolls On - They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 40 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in March and the San Diego River Garden in Mission Valley in May. Activities included trail maintenance, watering, pruning and other light gardening projects. In July, SLAH volunteers joined the foundation once again for the Coastal Habitat Restoration event in Ocean Beach to help save and restore one of the last remaining coastal dune and wetland habitats in San Diego. Twenty volunteers helped remove invasive plants, watered and cared for recent plantings, and provided trail maintenance and litter removal. Sharp Humanitarian Service Program In FY 2015, the Sharp Humanitarian Service Program funded more than 50 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations in Haiti, Guatemala, Peru, southern Africa and other vulnerable areas. Through the program, a Sharp pharmacist participated in a two-week medical mission trip to the impoverished villages of Ayacucho, Peru, located in the central Andes Mountains. Sponsored by the Peruvian American Medical Society, the mission team consisted of approximately 50 professionals - including physicians, a pharmacist, nurses, translators, case workers and general volunteers - who provided medical examinations and medications for approximately 75 to 100 patients each day. In May, a Sharp nurse traveled to Zimbabwe with Operation of Hope, a nonprofit volunteer surgical team that provides free surgeries to children in developing countries who are born with or suffering from facial deformities. For approximate

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	Form 990, Part III, line 4a (Continued)	ly two weeks, the team member worked alongside surgeons, anesthesiologists and other staff who surgically repaired the cleft lips and palates of approximately 75 patients. The team also received assistance from staff at a Zimbabwe hospital and from the local rotary club. In addition, the team educated community members about cleft lip and palates on a local radio station in an effort to reduce the social stigma associated with the malformation. In April, another Sharp nurse served in the operating room (OR) on Africa Mercy. As the world's largest civilian hospital ship, Africa Mercy is operated by Mercy Ships, a global charity that brings lifesaving surgeries, hope and healing to people living in the world's poorest regions. During their two-week mission, the team member assisted with multiple surgical procedures for approximately 60 citizens of Madagascar, including the removal of large tumors on backs and necks as well as hernia repairs. International Medical Relief (IMR) is a nonprofit organization that treats underserved patients by providing medical services, medication, supplies, training and education to communities all over the globe with help from medical volunteers. For 10 days, a Sharp team member joined IMR to help treat those lacking medical services in the remote villages of Uganda. Alongside other foreign staff - such as physicians, nurse practitioners, nurses, respiratory therapists and various other nonmedical professionals - the team member provided health assessments, medications, antibiotics and wellness exams to thousands of people in need. Haitian parents without a job are often at risk of sending their children to an orphanage because they are unable to feed them. The ImME organization empowers and sustains the structure of family to the orphans of the world through care, education, prevention and stewardship. In FY 2015, one Sharp team member participated in a trip to Haiti with ImME, where she provided assistance to an orphanage and a feeding program that serves meals to 150 children and youth twice a week, who would otherwise never have a hot meal.

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	Form 990, Part III, line 4a (Continued)	In collaboration with the founder of COMPASSION IT - a nonprofit organization and social movement that inspires compassionate actions in the daily lives of individuals around the world - a Sharp team member traveled to Botswana for a two-week mission trip. Working with the Botswana Ministry of Health, the Ministry of Education and Skills Development, various nongovernment organizations, and Botho (an organization that aims to nurture compassion), they provided compassion training to more than 500 citizens of Botswana. Audience members were from education and social service sectors, including physicians, social workers, nurses, teachers, police officers, orphanage caregivers and students. With the rising prevalence of empathy fatigue and burnout among service providers, the training supports emotional resilience, broadens perspectives and provides practical application during difficult or stressful situations. The training was based on Compassion Cultivation Training (CCT) developed by the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine as well as other mindfulness and self-compassion curricula, and was also supported by a Sharp IRB study. Following the mission, electronic support was provided to participants for eight weeks. In February, a Sharp team member participated in a 10-day trip to San Lucas Toliman in the highlands of southwestern Guatemala to build and renovate homes for Mayan families. This trip was organized by the Global Village volunteer program through Habitat for Humanity, a nonprofit Christian housing organization that believes everyone should have a decent, safe and affordable place to live. Three teams of six volunteers rotated between working on a rural house foundation for a Mayan couple and building smokeless stoves and latrines for eight Mayan families (including water filters and basic sanitation services). InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, nurses, pediatricians, speech therapists, psychosocial workers and other volunteers who devote their time and expertise to offer reconstructive surgery to children in Mexico. In October, a Sharp team member joined InterFACE to provide reconstructive surgery to underprivileged children - and some adults - in Mexicali. In two days, the team provided an average of 75 surgical procedures including cleft lip and palate repair, burn reconstruction, and repair to ear, hand and other congenital or acquired deformities. During a week-long medical mission trip, a Sharp team member provided care to hundreds of impoverished residents of Cao Bang, Vietnam. The trip was organized by the Good Samaritan Medical and Dental Ministry, a nonprofit organization that provides medical, dental and optometric care to the people of Vietnam through annual summer missions. The villagers were malnourished, sick and extremely dehydrated. The medical team set up a clinic in a local elementary school where they diagnosed and treated ailments, drew labs, prescribed and provided medicine, pulled teeth and performed surgeries. With no access to clean or running water, sinks, toilets or air conditioning, the team was able to help those in need despite having limited resources. Each year, Experience Camp serves hundreds of youth across the country through one-week camps for those who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2015, a Sharp team member served as a clinician with Experience Camp during which they developed programs to meet the emotional needs of the camp's youth as well as supported other volunteer clinicians and cabin counselors. Community Walks For the past 20 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk. In September 2015, more than 800 walkers represented Sharp at the 2015 San Diego Heart & Stroke Walk held at Balboa Park. Sharp was the No. 1 team in San Diego and the No. 2 team in the AHA Western Region Affiliates, raising nearly \$180,000. Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides many volunteer opportunities for individuals to serve the community, meet new people and assist in a wide variety of programs across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients as well as to the general public and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals, in the community, and in support of the foundations. On average, more than 1,920 individuals actively volunteered at Sharp each month in FY 2015, contributing a total of more than 270,000 hours of service to S

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	Form 990, Part III, line 4a (Continued)	harp and its initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. These community members dedicated more than 9,600 hours to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. Table 2: Sharp Volunteers and Volunteer Hours - FY 2015 Sharp Chula Vista Medical Center: 390 Average Active Volunteers per Month, 53,136 Volunteer Hours Sharp Coronado Hospital and Healthcare Center: 78 Average Active Volunteers per Month, 8,226 Volunteer Hours Sharp Grossmont Hospital: 729 Average Active Volunteers per Month, 111,342 Volunteer Hours Sharp HospiceCare: 77 Average Active Volunteers per Month, 6,634 Volunteer Hours Sharp Metropolitan Medical Campus: 649 Average Active Volunteers per Month, 90,934 Volunteer Hours TOTAL: 1,923 Average Active Volunteers per Month, 270,272 Volunteer Hours In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers dedicated hours of support to various events, such as annual golf tournaments and galas. In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. Program requirements vary, however all require high grade point averages and long-term commitments of at least 100 hours. Junior volunteers serve in a wide range of roles throughout Sharp. They enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. And on the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. In FY 2015, more than 480 high school students contributed a total of 58,100 hours to the Junior Volunteer Program. This included 85 juniors who provided more than 6,500 hours of service at SMH and SMBHWN, 144 juniors who dedicated approximately 16,600 hours of service at SCVMC, and nearly 257 juniors who contributed nearly 35,000 hours of service at SGH. Volunteers on Sharp's various entity boards provide program oversight, administration and decision making regarding financial resources. In FY 2015, nearly 120 volunteers contributed their time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, and the Grossmont Imaging LLC Board. This section describes the achievements of various Sharp volunteer programs in FY 2015: Sharp HospiceCare Volunteer Programs.

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Form 990, Part III, line 4a (Continued)		Sharp HospiceCare provided a variety of volunteer training opportunities in FY 2015. Hospice volunteers are often working towards a career in the medical field, and can gain valuable knowledge and experience through volunteering. Volunteers provide valuable services to the hospice organization and those they serve, including companionship to those near the end-of-life, support for families and caregivers and help with community outreach. Fifty-one new hospice volunteers were trained in FY 2015. Volunteers complete an extensive 32-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their patient and administrative support activities. In addition, five teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2015, through which the teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes. The teens may perform grooming and hygiene tasks or provide simple acts of kindness, such as sitting with patients, listening to their stories and holding their hand. Nine nursing students from PLNU also volunteered at Sharp HospiceCare, offering assistance to family caregivers in private homes. Sharp HospiceCare provides the 11th Hour Program to ensure that no patient dies alone. Through the program, a Sharp HospiceCare volunteer accompanies patients who are in their final moments yet do not have a family member present. The volunteer offers a comforting presence by holding the patient's hand, reading softly to them and simply being by their side. Families who are present with their dying loved one may also prefer the comfort of a volunteer as their loved one passes away. Twenty-two volunteers were trained through the 11th Hour Program in FY 2015. Furthering its volunteer efforts in FY 2015, Sharp HospiceCare trained 11 volunteers in Healing Touch - a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain. After volunteers are trained in Healing Touch, they provide the therapy to family caregivers once a week while their loved one is receiving hospice care as well as a visit following the patient's death. Sharp HospiceCare is a partner in We Honor Veterans (WHV) - a national program developed by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare can achieve up to four levels of commitment in serving veterans. As current Level I partners, Sharp HospiceCare volunteers receive an additional eight hours of training that enables them to work with patients with military experience as well as provide weekly support, companionship and relief for caregivers of veterans. Once trained, the volunteers may also offer a special ceremony to veterans receiving hospice services and their family members, in which they honor them with a WHV pin and a certification of appreciation for their services. In FY 2015, volunteers held 17 pinning ceremonies for veterans receiving care at Sharp HospiceCare. Sharp HospiceCare offers the Memory Bear Program to support community members who have lost a loved one. Through the program, volunteers create teddy bears out of the garments from those who have passed on. The bears serve as special keepsakes and permanent reminders of the grieving family member's loved one. In FY 2015, volunteers devoted nearly 3,600 hours to handcraft approximately 900 bears for nearly 350 families. Sharp HospiceCare offers a monthly support group to enhance volunteers' education and training. Volunteers are also recognized for their valuable contribution during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBHVN, SMV) Volunteer Programs. SMH created the Community Care Partner (CCP) program to serve and comfort patients without family or friends to support them during their hospital stay. This unique program hand-selects and trains hospital volunteers to become Community Care Partners (CCPs). The CCPs act as companions to provide comfort and help keep patients safe by notifying medical staff as needed - a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. The CCPs provide patients with company and support, share common interests, spend time together in conversation, read to patients, write letters, take walks and play games. Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have offered the Health Information Ambassador Program to bring the library's services directly to patients and their families, and empower them to become involved in their own health care. The Health Information Ambassadors are hospital volunteers who receive additional training through the Community Health

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	Form 990, Part III, line 4a (Continued)	lth Library Once trained, the volunteers visit patients at SMH, the SMH Rehabilitation Ce nter and the perinatal special care unit at SMBHWN, and ask if they or their family member s would like to receive additional resources on their diagnosis The volunteers bring requ ests back to the consumer health librarian w ho then prints consumer-oriented information f rom quality websites The volunteers deliver the health information back to the patients a s requested Patients or family members w ho have already conducted their own research are offered a website bookmark from www medlineplus gov in order to guide them tow ards using t rustw orthy websites in the future Patients and families are welcome to keep in touch with the library after discharge to ensure they have access to reliable health information at home In FY 2015, the Health Information Ambassadors visited more than 3,000 patient rooms and filled approximately 780 information requests At SMMC, the volunteer-run Arts for He aling Program uses art therapy to reduce feelings of fear, stress, pain and isolation amon g patients facing significant medical challenges and their loved ones Arts for Healing br ings a variety of activities to patients at their bedside - such as painting, beading, cre ative w riting, card-making, scrapbooking, quilting and music - to help improve their emoti onal and spiritual health, and promote a faster recovery The program also engages visitor s and community members during hospital and community events Funded completely by donatio ns, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented w ith h elp from licensed music and art therapists as well as a team of trained volunteers w ho ser ve as the primary providers of the program The Arts for Healing program is offered across the SMMC, including at SMH, SMH OPP, SMBHWN, SMV and SMC At SMH, Arts for Healing typica lly serves patients w ho are recovering from stroke, receiving treatment for cancer, facing life w ith newly acquired disabilities follow ing catastrophic events, recovering from surg ery, waiting for organ transplant, or receiving palliative care At SMBHWN, Arts for Heali ng supports mothers w ith high-risk pregnancies w ho experience extended hospital stays awai ting childbirth, making them susceptible to stress and loneliness over the separation from their families Music therapy is also provided in the NICU to promote development in prem ature babies At SMV and SMC, Arts for Healing offers several art and music therapy groups , including groups for patients recovering from drug addiction, patients receiving treatme nt for mood and anxiety disorders, and older adults receiving treatment for dementia and d epression

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	Form 990, Part III, line 4a (Continued)	In FY 2015, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and systemwide events, including Saturday With Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, Hospital Week in May, Cancer Awareness Week in June, Spiritual Care Week in October, and the Sharp Women's Health Conference in March. Additionally, in collaboration with SMMC's social workers and palliative care nurses, Arts for Healing facilitated the donation of nearly 130 blankets and quilts to patients receiving end-of-life care at SMH. Thirteen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also reduce anxiety and depression for the patients crafting and donating the blankets. In FY 2015, 42 volunteers, including several students from PLNU and MC, facilitated art activities for patients and their loved ones through Arts for Healing. Since the inception of the program in 2007, more than 60,500 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing team. Sharp Employee Volunteer Efforts In FY 2015, Sharp staff donated their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees served the community. The SGH Engineering Department engaged in a variety of volunteer initiatives in FY 2015. The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting patients and their loved ones. Each week, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to visitors of both the hospital and Sharp's hospice homes. The team also regularly offers single-stem roses in a small bud vase to passers-by. In FY 2015, the team delivered six to eight vases of flowers each day to patient rooms, with as many as 20 vases or more during peak flower season and upon additional requests. In addition, the team supports the SGH Senior Resource Center and Meals-on-Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors as well as offers roses for SGH's annual patient remembrance service. In its fifth year, This Bud's for You has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of visitors to the hospital. The Engineering Department further extends the spirit of caring through Cheers Bouquets. During their work day, the engineers keep an eye out for patients or visitors that appear to need encouragement or cheer. With help from Sodexo - the hospital's food service, housekeeping and engineering vendor - a bouquet is quickly assembled with balloons, ribbon, a teddy bear or Sodexo football, and an inspirational quote. The gift is delivered to bring the patient or visitor comfort and joy while at the hospital. The SGH Engineering Department, landscape team, SGH Auxiliary and local businesses collaborated to bring The Shirt Off Our Backs Program to San Diego's needy population during the 2014 holiday season. The program collects, prepares and donates a variety of items to homeless or low-income community members - ranging from small children to adults - helping to meet their basic needs and bring them holiday joy. Volunteers for The Shirt Off Our Backs Program personally collected and filled three trucks with food and other essential items, including handmade sandwiches, water bottles, clothing, socks, shoes, hygiene kits, pet food, children's toys, towels, blankets and other household items. In its fourth year, The Shirt Off Our Backs Program is committed to bringing comfort and hope to all who express need. SGH furthered its efforts to provide for those in need during the holidays through its annual Santa's Korner giving event. For more than 30 years, various hospital departments have adopted a family - who has been vetted and referred by local service agencies - and dedicated personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys, and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. The SGH Engineering Department also participated in the SDFB Food 4 Kids Backpack program in FY 2015. The program provides a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school, but are suffering from hunger over the weekends when little or no food is available. Food 4 Kids strives to alleviate hunger, improve school performance, improve health and provide additional information to parents about available local community services. Be

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	Form 990, Part III, line 4a (Continued)	tween January and April, 2015, the team filled approximately 50 backpacks with roughly 600 pounds of food per week for chronically hungry elementary school students. Similarly, the Labor and Delivery Department at SMBHVN is committed to the fight against hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week, labor and delivery team members stuff backpacks with nonperishable, nutritious food that can feed a family of four for the weekend. The backpacks are also stuffed with weekly nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts. Since the start of the program in May 2013, the team has dedicated more than 125 weeks of service to filling 2,800 backpacks for approximately 25 children and their families per school year. More than 475,000 people in San Diego County face the threat of hunger every day. The SDFB distributes emergency food to approximately 400,000 children and families, active duty military and fixed income seniors living in poverty every month. During the 2015 holiday season, Sharp demonstrated its commitment to fighting hunger by hosting a food drive to support the SDFB. Through the food drive, team members donated nearly 1,600 pounds of food, which supplied more than 1,300 meals to those in need. All Ways Green Initiative As San Diego's largest private employer, Sharp is committed to improving the health of the environment and therefore the communities we serve. Sharp recognizes that a healthy environment influences individual well-being, and is dedicated to minimizing any adverse impact on the environment by creating healthy green practices for employees, physicians and patients to transfer from the health care environment to home. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the costs of green practices and facilitate implementation of sustainable initiatives.

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)		In 2009, Sharp created the All Ways Green logo to brand its environmental activities and communicate sustainability throughout Sharp and the San Diego community. Sharp's systemwide All Ways Green committee is charged with identifying, creating and evaluating opportunities and best practices in seven distinct areas: (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) commuter solutions, (6) green building design and (7) sustainable food practices. Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Established Green Teams at each Sharp entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources, reuse and recycle. Energy Conservation According to the U.S. EPA, health care ranks as the country's second most energy-intensive industry. Furthermore, the U.S. Department of Energy Information Administration states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's carbon dioxide (CO2) emissions. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and provide service during power outages, natural disasters and other emergencies. The EPA estimates that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp has responded by implementing numerous green initiatives, including retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulation, infrastructure control initiatives, occupancy sensor installation, light-emitting diode (LED) light installations, energy audits, elevator modernization, and energy-efficient motor and pump replacements. In 2013, Sharp was the first health care system in San Diego to implement a computer power management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on more than 15,500 computers and has resulted in annual energy savings of approximately 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software to identify opportunities for replacing inefficient energy-consuming hardware with energy efficiency hardware in Sharp's centralized data center. In addition, the system can detect underutilized hardware to shut down or put to sleep during periods of inactivity. This "smart software" anticipates daily usage to optimize energy efficiency. It is projected that Sharp could conservatively reduce hardware electrical consumption by more than five percent each year. Sharp remains firmly committed to identifying energy savings initiatives that bring value to the system and the community, as every dollar saved on green practices can be used to support the provision of quality health care and community-based initiatives. Sharp's energy-saving initiatives are driven by the Sharp Energy Conservation Guideline to help manage energy utilization practices throughout the system. Although there have been significant increases in energy fees over the last five years, Sharp has been able to significantly decrease energy utilization by seven percent (on a per square foot basis), resulting in energy costs savings of more than three percent. In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 17,000 metric tons of CO2 each year. In May 2014, SDG&E named Sharp San Diego's Healthcare Energy Champion in recognition of its commitment to the innovative programs implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, SHC participates in SDG&E's Major Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues. In addition, SDG&E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects. All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Certified ES buildings earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size.

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	ze and function As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015 In addition, Sharp's SRS Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind Water Conservation According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U.S On any given day, Sharp uses an average of 650,000 gallons of water Of this, approximately 25 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while monitoring and measuring water consumption These changes include installation of motion-sensing faucets and toilets in public restrooms, low-flow showerheads and toilets in patient rooms and locker rooms, mist eliminators, microfiber mops, water-saving devices and equipment, high-efficiency, low-water-use dishwashers, installation of water-efficient chillers, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, installation of low water sterile processing equipment, and landscape improvements including reduced watering times, drip irrigation systems, xeriscaping, hardscaping and planting succulents and other drought tolerant plants To comply with the mandatory water restrictions for California issued on April 1, 2015, Sharp modified irrigation schedules, properly sized sprinkler heads, installed water-sensing equipment and reduced watering times and frequency at all sites Over eight million pounds of textiles, such as sheets, towels, scrubs and patient gowns, are used at Sharp each year The significant amount of laundry generated by Sharp prompted the selection of Emerald Textiles, an environmentally-friendly laundry and linen provider that demonstrates strong investment in sustainability practices Emerald Textiles, operates a state-of-the-art plant that has been efficiently designed to reduce utility consumption and preserve natural resources Sharp saves an estimated 50 million gallons of water per year (50 percent of total usage) through the use of a state-of-the-art water filtration system, more than 71,000 kWh of electricity through the use of energy efficient lighting, and more than 750,000 therms of gas through the use of energy-efficient laundry equipment Waste Minimization

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	Form 990, Part III, line 4a (Continued)	According to Practice Greenhealth's Healthier Hospitals Initiative (HHI), hospitals genera te an average of 26 pounds of waste per staffed bed each day To significantly reduce wast e at each entity and extend the lifespan of local landfills, Sharp has created a comprehen sive waste minimization program, including a systemwide, multidisciplinary Waste Managemen t committee The committee's purpose is to provide oversight of Sharp's waste management i nitiatives, including proper waste segregation and enhancing recycling efforts to divert w aste and extend the lifespan of local landfills Sharp was an early adopter in its commitm ent to waste diversion, and now diverts more than 39 percent of waste through recycling, d onating, composting, reprocessing and reusing In FY 2015, Sharp's waste minimization effo rts resulted in more than 8.8 million pounds of waste diverted from the landfill The foll owing initiatives highlight Sharp's waste minimization efforts in FY 2015 * SMH and SMV c ollected more than 252,000 pounds of food waste for composting through participation in a food waste composting program with the local greenery * Sharp diverted more than 2.5 mill ion pounds of trash from the landfill by recycling nonconfidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers through Sharp's single-stream was te program * Sharp collected, reprocessed and sterilized 42,000 pounds of surgical instru ments * Sharp implemented reusable sharps containers throughout the hospitals, which save d approximately 50,000 pounds of plastic and more than 1,800 pounds of cardboard from ente ring the landfill This resulted in annual CO2 emission savings of more than 28,000 pounds and is equivalent to saving more than 2,700 gallons of gas each year * SGH, SMH, SMBHWN and SCVMC recycled surgical blue w rap, while SCVMC recycled disposable privacy curtains, d iverging more than 200,000 pounds of recycled materials from the landfill * Employees and hospital visitors donated more than 200 pairs of eyew ear to people in need, both locally and globally, through the Lion's Club Recycle Sight program Sharp's waste minimization ac tivities are widely recognized as being innovative and making a positive difference for th e communities that Sharp serves In FY 2015, Sharp received the follow ing recognition * T he City of San Diego's Environmental Services Department named Sharp as one of the Recycle rs of the Year in the 2015 Waste Reduction and Recycling Awards Program * Executive Insig ht - a leading health care publication - highlighted new horizontal syringe/sharp drop reu sable containers, which were developed by Stericycle with significant input from Sharp to reduce the likelihood of needle stick injury from needle disposal * Sharp participated at the San Diego City Council's Ssubi Proclamation Day as part of their partnership with Ssu bi is Hope - a nonprofit charity organization that collects donated expired/unusable medic al equipment Through the partnership, Sharp donated more than 43,000 pounds of equipment and supplies to support a health center in rural Uganda that provides care for more than 660,000 people living in 49 nearby villages * SCHHC was selected to develop and display a poster at the annual International Planetree Conference titled "Contributing to a Healthy Community in Uganda - Making an Impact Locally and Internationally " Table 3 presents the waste diversion rates at Sharp HealthCare in FY 2015 <table><tr><th>Sharp HealthCare Waste Dive rsion - FY 2015</th><th>Sharp Chula Vista Medical Center</th><th>893,844 Recycled Waste Per Year (lbs)</th><th>2,813,090 Total Waste Per Year (lbs)</th><th>32% Percent Recycled</th></tr><tr><td>Sharp Coronado Hospital and Healt hcare Center</td><td>293,519 Recycled Waste Per Year (lbs)</td><td>1,365,903 Total Waste Per Year (lbs)</td><td>21% Percent Recycled</td></tr><tr><td>Sharp Grossmont Hospital</td><td>2,267,597 Recycled Waste Per Year (lbs)</td><td>5,949,660 Total Waste Per Year (lbs)</td><td>38% Percent Recycled</td></tr><tr><td>Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & New borns</td><td>1,990,100 Recycled Waste Per Year (lbs)</td><td>6,471,916 Total Waste Per Year (lbs)</td><td>31% Percent Recycled</td></tr><tr><td>Sharp Mesa Vista Hospital</td><td>698,333 Recyc led Waste Per Year (lbs)</td><td>1,157,254 Total Waste Per Year (lbs)</td><td>60% Percent Recycled</td></tr><tr><td>Sharp Rees-Stealy Medical Centers</td><td>1,217,959 Recycled Waste Per Year (lbs)</td><td>2,814,565 Total Wast e Per Year (lbs)</td><td>43% Percent Recycled</td></tr><tr><td>Sharp Corporate Sites</td><td>1,439,638 Recycled Waste Per Year (lbs)</td><td>2,271,212 Total Waste Per Year (lbs)</td><td>63% Percent Recycled</td></tr><tr><td>Total Sharp HealthC are</td><td>8,800,990 Recycled Waste Per Year (lbs)</td><td>22,843,601 Total Waste Per Year (lbs)</td><td>39% Pe rcent Recycled</td></tr></table> Sustainable Food Practices According to the Intergovernmental Panel on Clim ate Change, agriculture is responsible for 13.5 percent of greenhouse gas emissions worldw ide Sharp is committed to making eco-friendly food choices to minimize its environmental footprint In 2015, Sharp implemented the Food and Nutrition Best Health Committee - a component of Sharp's larger Best Health employee well	Sharp HealthCare Waste Dive rsion - FY 2015	Sharp Chula Vista Medical Center	893,844 Recycled Waste Per Year (lbs)	2,813,090 Total Waste Per Year (lbs)	32% Percent Recycled	Sharp Coronado Hospital and Healt hcare Center	293,519 Recycled Waste Per Year (lbs)	1,365,903 Total Waste Per Year (lbs)	21% Percent Recycled	Sharp Grossmont Hospital	2,267,597 Recycled Waste Per Year (lbs)	5,949,660 Total Waste Per Year (lbs)	38% Percent Recycled	Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & New borns	1,990,100 Recycled Waste Per Year (lbs)	6,471,916 Total Waste Per Year (lbs)	31% Percent Recycled	Sharp Mesa Vista Hospital	698,333 Recyc led Waste Per Year (lbs)	1,157,254 Total Waste Per Year (lbs)	60% Percent Recycled	Sharp Rees-Stealy Medical Centers	1,217,959 Recycled Waste Per Year (lbs)	2,814,565 Total Wast e Per Year (lbs)	43% Percent Recycled	Sharp Corporate Sites	1,439,638 Recycled Waste Per Year (lbs)	2,271,212 Total Waste Per Year (lbs)	63% Percent Recycled	Total Sharp HealthC are	8,800,990 Recycled Waste Per Year (lbs)	22,843,601 Total Waste Per Year (lbs)	39% Pe rcent Recycled
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	Form 990, Part III, line 4a (Continued)	ness program - to standardize, facilitate and promote its food sustainability efforts throughout the system. This includes a systemwide focus on its sustainable Mindful Food Program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. Implemented in collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful Food program includes Meatless Mondays, wellness menus, Community Supported Agriculture (CSA), fresh and organic produce, food composting, increasing recycling activities, the promotion of sugarless beverages, the use of postconsumer recycled packaging solutions, and increasing local, organic and sustainable food purchases. In addition, Sharp participates in HHI's Healthier Food program by committing to the purchase of local and sustainable foods. In FY 2015, Sharp purchased more than 285,000 pounds of local produce, representing an increase of 5.1 percent in local purchases from FY 2014. In addition, Sharp increased its purchase of animal protein from local, sustainable sources, a 16.8 percent increase since FY 2014. Sharp expects to further increase the purchase of local, sustainable food as new, safe sources of food items are identified and credentialed. Furthering its sustainable food practices, SMH, SMV and SCHHC created the first county-approved organic gardens and use the produce from these gardens in the meals served at the hospital cafe's. These organic gardens produce an average of 22 pounds of produce per week. In 2012, Sharp partnered with the City of San Diego to implement a food waste composting program in the kitchen that services SMH and SMBHVN, making Sharp the first San Diego health care organization to join the city's initiative. SMV joined this effort in 2014, and SCHHC, SCVMC and SGH plan to participate in 2016. Through the program, EDCO, a solid waste vendor, transports food waste to the Miramar Greenery - a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The food waste is processed into a rich compost product and sold to commercial landscapers, non-city residents, and to city residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. In 2015, Sharp received the San Diego Recycling and Composting Award and continues to work with the City to expand food waste composting to other Sharp entities. Additional sustainable food practices at Sharp include the use of green-label kitchen soaps and cleansers, electronic cafe menus, recycling of all cardboard, cans and grease from cafe's, organic markets at each hospital and corporate office, purchasing of hormone-free milk, and partnering with vendors who are committed to reducing product packaging. In addition, beginning in April 2014, Sodexo expanded purchases of paper products made from recycled, compostable and chlorine-free renewable materials in place of the traditional foam, plastic and aluminum packaging commonly used in food service.

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	Form 990, Part III, line 4a (Continued)	Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer car pool parking spaces, designated bike racks, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 33 electric vehicle chargers (EVCs) at its corporate office location, SCVMC, and SMMC. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities. In FY 2015, Sharp's use of EVCs saved 3,700 gallons of fuel and resulted in a reduction of approximately 20,000 pounds of CO2. In partnership with the SANDAG iCommute program, Sharp offers van pool and car pool match-up opportunities to help employees find convenient ride share partners and promote sustainable commuting. Using the iCommute TripTracker, employees can also monitor the cost and carbon savings of their alternate commuting methods. In October, fifty-one organizations in SDC, representing more than 102,000 employees, participated in SANDAG's iCommute Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. For the second year in a row and for the third time in four years, Sharp was awarded the top spot in the Mega Employer Category. Through the challenge, more than 700 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,000 gallons of gasoline and approximately 340,000 pounds of CO2. Sharp's Commuter Solutions Sub-Committee continuously develops innovative and accessible programs and marketing campaigns that encourage employees to participate in ride sharing and other sustainable modes of transportation. The committee has overseen the implementation of bike racks and designated car pool spots as well as adding a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp also supported bicycle transportation through several bike-to-work initiatives in FY 2015. This included the county-wide Bike to Work Day event during which Sharp employees opted to ride their bike to work. During the event, Sharp Best Health provided snacks and beverages at six pit stops throughout SDC. Furthering its commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 300 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription and human resources. Sharp's ongoing efforts to promote alternative commuting choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award winner consistently between 2001 and 2010, and again from 2013 through 2015. Community Education and Outreach Sharp actively communicates and educates the San Diego community about its sustainability programs. In FY 2015, Sharp participated in the following outreach activities: * E-newsletters highlighting Sharp's recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation are shared with employees throughout the year. * In April, Sharp held its sixth annual system-wide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how they can decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation. Many of Sharp's key vendor partners participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs. * Sharp continued to participate in SDG&E's Major Customer Advisory panel to provide input and education related to energy reliability, fees and cost structure and their impact on the health care environment. * Sharp collaborated with the County of San Diego to host a complimentary community workshop on pharmaceutical waste management designed to educate participants (e.g., medical providers, pharmacy personnel, hospital personnel) about proper and safe disposal of pharmaceutical waste. Topics included pharmaceutical waste liability, regulatory compliance and cost-effective disposal strategies. * Sharp hosted two community e-waste and confidential paper shredding co

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 practices, which can be emula ted across industries * Sharp participates in San Diego County's Hazmat (Hazardous Materi als) Stakeholder meetings to discuss best practices for medical waste management with othe r hospital leaders in SDC Sharp's All Ways Green initiative remains committed to creating sustainable practices for employees, physicians and the community to improve the health of the environment and ultimately the health of the populations that it serves Table 4 high lights the All Ways Green efforts at Sharp entities Table 4 All Ways Green Initiatives b y Sharp Entity - FY 2015 SCHHC -Energy Efficiency * Energy audits * Air Handler projects * HVAC projects * Lighting retrofits * LED lighting * New energy-efficient appliances in th e cafe * New building management system to optimize energy usage for the cooling system-W ater Conservation * Water-efficient dishw ashing system * Drip irrigation * Drought-toleran t plants and bark-covered ground * Electronic faucets * Evaluation of water utilization pr actices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimi zation * Single-serve paper napkin and plastic cutlery dispensers * Reusable sharps conta iners * Single-stream recycling * Surgical instrument reprocessing -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Organic gardens * Recycling education * Ride share promotion SCVMC -Ener gy Efficiency * Energy audits * Energy-efficient chillers/motors * ES aw ard * HVAC project s * Lighting retrofits * Energy-efficient dishw asher * Elevator upgrades -Water Conservati on * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic and lo w-flow faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Replacement of 3 5gpf toilets with 1 28 gpf toilet s * Cooling tower replacement (40% less w ater used)-Waste Minimization * Blue-wrap recycli ng * Compactor renovation * Electronic cafe menus * Single-stream recycling * Surgical ins trument reprocessing * Reusable sharps containers * Clean Business designation by City of Chula Vista * Replacement of bottled water with spa water -Education and Outreach * Americ a Recycles Day * Earth Week activities * Environmental policy * Green Team* No smoking po licy * Organic farmer's market * Recycling education * Ride share promotion SGH -Energy Ef ficiency * Energy audits * ES participation * HVAC projects * Lighting retrofits * Retro-c ommissioning * Elevator modernization * High efficiency LED fixtures -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction system s * Mist eliminators * Valve and sprinkle head replacement * Water fountains off * Water-e fficient cleaning chemical dispensing machines * Plumbing projects to address water leaks * GMP Weekly Fire Pump Chum Test -Waste Minimization

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* Blue wrap recycling * Electronic cafe menus * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling * Surgical instrument reprocessing * Recycle bins distribution * Reusable sharps containers -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share promotion Sharp System Services -Energy Efficiency * EVCs * Energy audits * Energy efficient chillers/motors * ES participation * HVAC projects * LED Lighting * Lighting retrofits * Occupancy sensors * Thermostat control software -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimization * Electronic patient bills and paperless payroll * Electronic and pharmaceutical waste recycling events * Green Grocer's market * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion SHP -Energy Efficiency * Energy audits * HVAC projects * Lighting retrofits * Occupancy sensors -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water * reduction systems * Mist eliminators * Water dispensers to replace bottled water -Waste Minimization * Recycle bin distribution * Recycled paper * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling * Spring cleaning events - Education and Outreach Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion SMH/ SMBHWN -Energy Efficiency * EVCs * Energy audits * Energy-efficient chillers/motors * ES participation * HVAC projects * LED lighting * Lighting retrofits * Occupancy sensors * Pipe insulations * Piping cross bridges * Steam trap repairs -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Water-efficient sterile department processing cart washer -Waste Minimization * Blue wrap recycling * Composting * Electronic cafe menus * Food waste composting * Peroxide based cleaning products * Single-serve paper napkin and plastic cutlery dispensers * Reusable sharp waste containers * Single-stream recycling * Surgical instrument reprocessing -Education and Outreach * Drought tolerant rooftop garden * Earth Week * activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Organic gardens * Recycling education * Ride share promotion SMV/ SMC -Energy Efficiency * Air handler replacement * Energy audits * ES participation * HVAC projects * Lighting retrofits * Motor and pump replacements -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimization * Composting * Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling * Styrofoam elimination * Surgical instrument reprocessing -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share promotion SRS -Energy Efficiency * Energy audits * ES participation * Lighting retrofits -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Low-flow systems * Mist eliminators -Waste Minimization * Single-serve paper napkin and plastic cutlery dispensers * Recycling of exam paper * Single-stream recycling * Styrofoam elimination -Education and Outreach * Contractor education * Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion Emergency and Disaster Preparedness

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

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

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

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	ograms, Sharp connects with both its employees and community members and encourages them to achieve healthy lifestyles Looking forward, Sharp Best Health remains committed to an environment that promotes healthy and sustainable lifestyle choices for Sharp team members and the San Diego community Section 2 - Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2015 (October 1, 2014, through September 30, 2015) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill (SB) 697, for the following entities * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2015 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2015 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2015

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the U.S. Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms. * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank (SDFB), financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members. * Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community. Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge. Also, Sharp executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See Appendix A for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration. * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns, and time devoted to generalizable health-related research projects that were made available to the broader health care community. Economic Value of Community Benefit Provided in FY 2015. In FY 2015, Sharp provided a total of \$289,082,293 in community benefit programs and services that were unreimbursed. Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. Table 1. Total Economic Value of Community Benefit Provided Sharp HealthCare Overall - FY 2015. SB 697 Category Programs and Services Included in SB 697 Category. Estimated FY 2015 Unreimbursed Costs. Medical Care Services Shortfall in Medi-Cal \$64,584,675. Shortfall in Medicare \$176,953,974. Shortfall in San Diego County Indigent Medical Services \$6,153,541. Shortfall in CHAMPVA/TRICARE \$7,439,083. Shortfall in Workers' Compensation \$196,523. Charity Care and Bad Debt \$25,830,581. Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$2,488,270. Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$2,023,606. Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$3,412,040. TOTAL \$289,082,293. Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity and Figure 3 shows the percentage distribution by Sharp entity. Table 2. Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2015. Sharp HealthCare Entity Estimated FY 2015 Unreimbursed Costs. Sharp Chula Vista Medical Center \$56,723,662. Sharp Coronado Hospital and Healthcare Center \$13,260,482. Sharp Grossmont Hospital \$86,691,098. Sharp Mary Birch Hospital for Women & Newborns \$3,923,260. Sharp Memorial Hospital \$115,623,598. Sharp Mesa Vista Hospital and Sharp McDonald Center \$12,749,089. Sharp Health Plan \$111,104. TOTAL FOR ALL ENTITIES \$289,082,293. Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. In FY 2014, Sharp led the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems. Table 3. FY 2015 Detailed Economic Value of SB Bill 697 Categories Sharp HealthCare Entity SB 697 CATEGORY. Medical Care Services Other Benefits for Vulnerable Populations Other Benefits for the Broader Community Health Research, Education and Training Programs. Estimated FY 2015 Unreimbursed Costs. Sharp Chula Vista Medical Center \$55,421,166. \$292,952. \$258,397. \$751,147. \$56,723,662. Sharp Coronado Hospital and

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	Healthcare Center \$12,983,515 \$28,819\$112,655 \$135,493 \$13,260,482 Sharp Grossmont Hospital \$84,104,983 \$789,946 \$676,825 \$1,119,344 \$86,691,098 Sharp Mary Birch Hospital for Women & Newborns \$3,493,414 \$43,124\$153,700 \$233,022 \$3,923,260 Sharp Memorial Hospital \$113,420,436 \$776,122 \$513,155 \$913,885 \$115,623,598 Sharp Mesa Vista Hospital and Sharp McDonald Center \$11,734,863 \$538,965 \$224,279 \$250,982 \$12,749,089 Sharp Health Plan \$0 \$18,342 \$84,595 \$8,167 \$111,104 ALL ENTITIES \$281,158,377 \$2,488,270 \$2,023,606 \$3,412,040 \$289,082,293 Section 3 - Community Benefit Planning Process For the past 19 years, Sharp HealthCare has based its community benefit planning on findings from a triennial Community Health Needs Assessment (CHNA) process as well as from the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals. Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments Since 1995, Sharp has participated in a countywide collaboration that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA. Findings from the CHNA, the program and services expertise of each Sharp hospital, and knowledge of the populations and communities served by those hospitals combine to provide a foundation for community benefit planning and program implementation. To address the new requirements under Section 501(r) within Section 9007 of the Affordable Care Act, and IRS Form 990, Schedule H for not-for-profit hospitals, San Diego County (SDC) hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration. In this endeavor, Sharp collaborated with the Hospital Association of San Diego and Imperial Counties (HASD&IC), the Institute for Public Health (IPH) at San Diego State University (SDSU) and SDC hospital systems, including Kaiser Foundation Hospital, San Diego, Palomar Health, Rady Children's Hospital, Scripps Health, Tri-City Medical Center and UC San Diego Health System. The complete report of this collaborative process - the HASD&IC 2013 CHNA - is available for public viewing at http://www.hasdic.org. The results of this collaborative process significantly informed the 2013 CHNAs for each Sharp hospital and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2013 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for Sharp HealthCare's 2013 CHNAs.

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	Form 990, Part III, line 4a (Continued)	Data Collection and Analysis As the study area for both the collaborative HASD&IC 2013 CHNA and the Sharp 2013 CHNAs cover SDC, the HASD&IC 2013 CHNA process and findings significantly informed Sharp's CHNA process and, as such, are described as applicable throughout the various CHNA reports. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org. For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria: * Has a significant prevalence in the community * Contributes significantly to the morbidity and mortality in SDC * Disproportionately impacts vulnerable communities * Reflects a need that exists throughout SDC * Can be addressed through evidence-based practices by hospitals and health care systems Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the U.S. Census Bureau, the Centers for Disease Control and Prevention and others. The variables analyzed are included in Table 1 below, and were analyzed at the ZIP code level wherever possible. Table 1 Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs Secondary Data Variables -Inpatient Hospitalizations by Cause -Emergency Department Visits by Cause -Demographic Data (socioeconomic indicators) -Mortality Data -Regional Disease-Specific Health Data (County HHSA) -Self-Reported Health Data (California Health Interview Survey) -Specialized Health Data /Reports (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (CNI) to identify communities in SDC with the highest level of health disparities and needs. Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting. For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods: an online community health leader/health expert survey, key informant interviews and community forums. The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts. Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents. In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health officers, health care and social service providers and members of community-based organizations. Following consultation with the CHNA Planning Teams at each Sharp hospital, additional specific feedback from additional key informants and community residents was also collected. Community members were asked for open-ended feedback on the health issues of greatest importance to them as well as any significant barriers they face in maintaining health and well-being. Findings Through the combined analyses of the results for all of the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order): * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Orthopedics * Senior Health As the CHNAs were hospital-specific, not all of Sharp's hospitals identified all of the above priority health needs through their CHNA process, given the specific services the individual hospitals provide to the community. For instance, Sharp Mesa Vista Hospital, the largest provider of mental health, chemical dependency and substance abuse treatment in SDC, identified behavioral health as a priority health need for the community members it serves; however, it did not identify other needs, such as cancer, high-risk pregnancy, etc. In addition, as part of the collaborative CHNA process, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process - key informants, online survey respondents and community members - and found that the input fell into one of the following five categories: * Access to Care or Insurance * Care Management * Education * Screening * Ser

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	vices * Collaboration Sharp is committed to the health and well-being of the community, and the findings of Sharp's 2013 CHNAs will help to inform the activities and services provided by Sharp to improve the health of the community members it serves. The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that addresses the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their most vulnerable community members. With the challenging and uncertain future of health care, there are many factors to consider in the development of programs to best serve members of the San Diego community. The health conditions and health issues identified in this CHNA, including, but not limited to, health care and insurance access and education and information for all community members will not be resolved with a quick fix. On the contrary, these resolutions will be a journey requiring time, persistence, collaboration and innovation. It is a journey that the entire Sharp system is committed to making, and Sharp remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. The 2013 CHNAs for each Sharp hospital are available online at http://www.sharp.com/about/community/community-health-needs-assessments or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com. Determination of Priority Community Needs Sharp HealthCare Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and services in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region. Steps Completed to Prepare an Annual Community Benefit Report On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefit Report: * Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the need for an ongoing focus on identified community needs or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 2015 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2016 Plan * Reports and categorizes the economic value of community benefit provided in FY 2015, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp board of directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to Collaboration

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Form 990, Part III, line 4a (Continued)	In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, HASD&IC, and other local collaborators, such as San Diegoans for Healthcare Coverage, the San Diego Food System Alliance, Hunger Advocacy Network, 2-1-1 San Diego and the Community Health Improvement Partners Behavioral Health Work Team Section 4 - Sharp Metropolitan Medical Campus The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2015 Community Benefit Program Highlights SMMC provided a total of \$132,295,947 in community benefit in FY 2015 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Metropolitan Medical Campus - FY 2015 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2015 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$21,276,942 Shortfall in Medicare \$85,196,159 Shortfall in San Diego County Indigent Medical Services \$6,080,798 Shortfall in CHAMPVA/TRICARE \$4,767,147 Charity Care and Bad Debt \$11,327,667 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$1,358,211 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$891,134 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$1,397,889 TOTAL \$132,295,947 Section 5 - Sharp Mary Birch Hospital for Women & Newborns FY 2015 Community Benefit Program Highlights Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of \$3,923,260 in community benefit in FY 2015 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefit Provided Sharp Mary Birch Hospital for Women & Newborns - FY 2015 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2015 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$17,334,9 Shortfall in Medicare \$624,805 Shortfall in CHAMPVA/TRICARE \$1,282,088 Charity Care and Bad Debt \$1,413,173 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$43,124 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$153,700 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$233,022 TOTAL \$3,923,260 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility for ms * Other Benefits for Vulnerable Populations included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, collaboration with local schools to promote interest in health care careers and donation of meeting-room space to community groups SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), the American Cancer Society (ACS), the Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Academy of Neonatal Nursing (ANN), Perinatal Social Work Cluster, Regional Perinatal System (RPS), Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL) and the National Institute for Children's Health Quality (NICHQ) See Appendix A for a listing of Sharp's involvement in community organizations in FY 2015 The category also included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration *	

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	Form 990, Part III, line 4a (Continued)	Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and generalizable health-related research projects that were made available to the broader health care community. Definition of Community SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123. As a specialty hospital, SMBHWN serves the entire county of San Diego, however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo. For Sharp Memorial Hospital's (SMHs) 2013 Community Health Needs Assessment (CHNA) process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC). The CNI identifies the severity of health disparity for every ZIP code in the United States (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations. According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, North Park and National City. Description of Community Health In SDC in 2014, 98.2 percent of children ages 0 to 11, 91.5 percent of children ages 12 to 17, and 84.3 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP 2020) national targets for health insurance coverage. See Table 2 for a summary of key indicators of access to care and Table 3 for data regarding Medi-Cal eligibility. In SDC in 2014, 20.9 percent of adults ages 18 to 64 did not have a usual source of care and 14.3 percent of these adults had health insurance. In addition 14.3 percent reported fair or poor health outcomes. Further, 43.6 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure. Table 2. Health Care Access in SDC, 2014 <table><tr><th>Description</th><th>Year</th><th>2020 Target</th><th>Current</th><th>Health Insurance Coverage</th></tr><tr><td>Children 0 to 11 Years</td><td>98.2%</td><td>100%</td><td></td><td></td></tr><tr><td>Children 12 to 17 Years</td><td>91.5%</td><td>100%</td><td></td><td></td></tr><tr><td>Adults 18 to 64 Years</td><td>84.3%</td><td>100%</td><td></td><td></td></tr><tr><td>Regular Source of Medical Care</td><td></td><td></td><td></td><td></td></tr><tr><td>Children 0 to 11 Years</td><td>97.9%</td><td>100%</td><td></td><td></td></tr><tr><td>Children 12 to 17 Years</td><td>83.0%</td><td>100%</td><td></td><td></td></tr><tr><td>Adults 18 to 64 Years</td><td>79.1%</td><td>89.4%</td><td></td><td></td></tr><tr><td>Not Currently Insured</td><td></td><td></td><td></td><td></td></tr><tr><td>Adults 18 to 64 Years</td><td>15.7%</td><td></td><td></td><td></td></tr></table>	Description	Year	2020 Target	Current	Health Insurance Coverage	Children 0 to 11 Years	98.2%	100%			Children 12 to 17 Years	91.5%	100%			Adults 18 to 64 Years	84.3%	100%			Regular Source of Medical Care					Children 0 to 11 Years	97.9%	100%			Children 12 to 17 Years	83.0%	100%			Adults 18 to 64 Years	79.1%	89.4%			Not Currently Insured					Adults 18 to 64 Years	15.7%			
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Form 990, Part III, line 4a (Continued)	Source 2013-2014 California Health Interview Survey (CHIS) Table 3 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2014 Description Rate Medi-Cal Eligible 28.7% Not Eligible 71.3% Source 2013-2014 CHIS In 2013, all SDC regions met the HP 2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality. See Table 4 for a summary of maternal and infant health indicators in SDC in 2013 and Table 5 for a summary of maternal and infant health indicators by region. Table 4 Maternal and Infant Health Indicators in SDC, 2013 <table><tr><th>Maternal and Infant Health Indicator</th><th>Rate</th><th>Year</th><th>2020 Target</th></tr><tr><td>Early Prenatal Care</td><td>84.7%</td><td>77.9%</td><td></td></tr><tr><td>Preterm Births</td><td>8.3%</td><td>11.4%</td><td></td></tr><tr><td>Very Low Birth Weight Infants</td><td>1.1%</td><td>1.4%</td><td></td></tr><tr><td>Low Birth Weight Infants</td><td>6.4%</td><td>7.8%</td><td></td></tr><tr><td>Infant Mortality</td><td>4.5%</td><td>6.0%</td><td></td></tr></table> Source: County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services. Table 5 Maternal and Infant Health Indicators by Region in SDC, 2013 <table><tr><th>Indicator</th><th>North Coastal</th><th>North Central</th><th>Central</th><th>South</th><th>East</th><th>North Inland</th></tr><tr><td>Prenatal Care</td><td>83.2%</td><td>91%</td><td>82.6%</td><td>85.7%</td><td>81.1%</td><td>84.7%</td></tr><tr><td>Preterm Births</td><td>6.9%</td><td>8.1%</td><td>8.8%</td><td>8.5%</td><td>8.8%</td><td>8.1%</td></tr><tr><td>VLBW Infants</td><td>1.08%</td><td>0.9%</td><td>1.3%</td><td>1.1%</td><td>1.3%</td><td>0.8%</td></tr><tr><td>LBW Infants</td><td>5.6%</td><td>6.4%</td><td>7.1%</td><td>6.8%</td><td>6.8%</td><td>5.8%</td></tr><tr><td>Infant Mortality</td><td>4.5%</td><td>4.3%</td><td>5.7%</td><td>3.1%</td><td>5.6%</td><td>4.1%</td></tr></table> Source: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services. There were 43,627 live births in SDC overall in 2013. In 2011, fetal mortality in SDC overall was 4.2 fetal deaths per 1,000 live births plus fetal deaths, meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. In 2011, the fetal mortality rate was 4.8 (fetal deaths per 1,000 live births plus fetal deaths) in the north coastal region, 2.8 in the north central region, 5.1 in the central region, 3.8 in the south region, 3.0 in the east region and 5.4 in the north inland region. In 2011, all SDC regions met the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments. Community Benefit Planning Process In addition to the steps outlined in Section 3 regarding community benefit planning, SMBHWN: * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals. * Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current funding levels. * Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants. Priority Community Needs Addressed in Community Benefit Report - SMH 2013 CHNA In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. Through the SMH 2013 CHNA, the following priority health needs were identified for the communities served by both entities (in alphabetical order): * Behavioral Health (Mental Health) * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery. As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services.	Maternal and Infant Health Indicator	Rate	Year	2020 Target	Early Prenatal Care	84.7%	77.9%		Preterm Births	8.3%	11.4%		Very Low Birth Weight Infants	1.1%	1.4%		Low Birth Weight Infants	6.4%	7.8%		Infant Mortality	4.5%	6.0%		Indicator	North Coastal	North Central	Central	South	East	North Inland	Prenatal Care	83.2%	91%	82.6%	85.7%	81.1%	84.7%	Preterm Births	6.9%	8.1%	8.8%	8.5%	8.8%	8.1%	VLBW Infants	1.08%	0.9%	1.3%	1.1%	1.3%	0.8%	LBW Infants	5.6%	6.4%	7.1%	6.8%	6.8%	5.8%	Infant Mortality	4.5%	4.3%	5.7%	3.1%	5.6%	4.1%
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	Form 990, Part III, line 4a (Continued)	ces in SDC Through further analysis of SMBHWN's community programs and consultation with its community benefit team, this section also addresses the following priority health needs for community members served by SMBHWN * Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery * Meeting the needs of new mothers and their families * Health professions education, training and promotion of health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2015 Report of Activities conducted in support of the objective(s), and FY 2016 Plan of Activities Identified Community Need Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2013 CHNA identified high-risk pregnancy as one of six priority health issues for community members served by SMH and SMBHWN * The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process identified high-risk pregnancy among priority health conditions observed in San Diego hospitals * According to research from the SMH 2013 CHNA, risk factors for high-risk pregnancy include advanced maternal age (there is an increased risk for mothers 35 years and older), lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs, medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions, underlying conditions such as diabetes, high blood pressure, obesity and epilepsy, and multiple pregnancies * In 2013, 199 infants died before their first birthday in SDC. The infant mortality rate was 4.6 deaths per 1,000 live births, meeting the HP 2020 target of less than six infant deaths per 1,000 live births. Infant mortality was higher for male infants (10.8 male deaths) compared to 9.1 female deaths. Compared to infants of other races and ethnicities, Hispanic infants had the highest mortality rate * In 2013, there were 3,624 preterm births (less than 37 weeks gestation) in SDC * In 2013, preterm births were higher for male newborns when compared to female newborns, highest among Hispanic mothers when compared to mothers of other races and ethnicities, and highest for mothers ages 25 to 34 when compared to mothers in other age groups (defined as 15 to 24 years and 35 years and older)

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)	* According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015). * In 2014, the preterm birth rate was about 9.6 percent, affecting one of every 10 infants born in the U.S. (CDC, 2014). * According to the CDC Safe Motherhood Initiative, preterm births affect more than 500,000 women and infants per year and are the leading cause of neonatal mortality in the U.S. Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies (CDC, 2015, March of Dimes, 2014). * According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of lifelong disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010). * According to a 2006 report from the Institute of Medicine (IOM), the rate of preterm births in the U.S. is a growing public health problem that has significant consequence for families, and costs society at least \$26 billion per year. * Premature and LBW spent an average of 15 days in the hospital, compared to just over two days for healthy, full-term infants. Premature infants average about 20 outpatient medical visits compared to just 14 for full-term infants (March of Dimes, 2014). * The number of births per 1,000 women ages 15 to 44 (the general fertility rate) in the U.S. increased slightly in 2014 to 62.9 - the first increase since 2007. Rates rose for non-Hispanic white and Asian or Pacific Islander women, but historic lows were observed for Hispanic women and American Indian or Alaska Native women (CDC, 2015). Objectives * Develop, coordinate and provide educational programs on preterm labor and births as well as prenatal health to women in the community. * Provide education as needed to high-risk populations, including pregnant teens. * Educate community members about available hospital resources through participation in community events. * Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Neonatal Research Institute (NRI). FY 2015 Report of Activities In FY 2015, SMBHWN conducted a variety of efforts to support healthy pregnancies for expecting mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk newborns. Approximately 100 participants attended free monthly Preterm Birth Prevention classes in FY 2015, where they learned about the warning signs of preterm labor and how to help prevent a premature birth. SMBHWN offered a range of other prenatal education classes to support a healthy lifestyle during pregnancy and prepare families for their arrival. Class topics included how one's body prepares for birth and delivery, sibling preparation, hospital procedures, medication choices, cesarean delivery, relaxation and breathing techniques during labor, postpartum care, breastfeeding and infant feeding, newborn characteristics and procedures, preparing for multiple births, and prenatal fitness and yoga. SMBHWN actively supported the Miracle Babies Foundation, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU). In FY 2015, SMBHWN raised more than \$8,800 for Miracle Babies through participation in various fundraising activities, including a silent auction, gift basket raffles, and pizza and bake sales. SMBHWN also participated in the 2015 San Diego Heart & Stroke Walk and provided information about the community programs and services offered at the hospital to hundreds of community members at Sharp's annual Women's Health Conference. In 2013, SMBHWN brought together a multidisciplinary team of physicians, nurses, respiratory therapists, research staff, and data analysts to form the Sharp NRI. Established to identify and disseminate the latest evidence-based best practices for newborn care with the health care community, the clinical trials conducted by the NRI team have the potential to improve outcomes for at-risk newborns both regionally and nationwide. The NRI Parent Advisory Board (NRI-PAB) consists of parents and grandparents of infants who have been in the NICU. The NRI-PAB offers the NRI their unique perspective as parents of a NICU baby, including feedback on proposed and current	

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	ent clinical trials to help ensure that other parents will understand and feel comfortable participating in them Current clinical trials aimed at improving outcomes for at-risk ne w borns include premature milking or umbilical delayed cord clamping, assessing the safety and tolerability of aerosolized surfactant for inhalation in preterm babies, the effects o f early caffeine on the need for ventilation and cardiac support in preterm neonates, prem ature infant resuscitation with oxygen or air, acute physiological changes with sustained lung inflation in the delivery room, and treatment of ductus arteriosus, an opening betwe e n the two major blood vessels leading from the baby's heart, which should close shortly af ter birth but can mistakenly remain open The NRI receives grant funding from the National Institutes of Health (NIH), the Little Giraffe Foundation and the Will Rogers Institute 2 014 Neonatal Ventilator and Pulmonary Grant Program to support the advancement of neonatal care The NRI's evidence-based research findings have been disseminated to the larger med ical community through several publications, including International Scholarly Research No tices, The Journal of Pediatrics, American Journal of Perinatology and PLOS ONE Publicati ons since the NRI's establishment in 2013 include Postnatal Systemic Blood Flow in Neonate s With Abnormal Fetal Umbilical Artery Doppler, The Effects of Umbilical Cord Milking on H emodynamics and Neonatal Outcomes in Premature Neonates, The Use of Electrical Cardiometry for Continuous Cardiac Output Monitoring in Preterm Neonates, and Umbilical Cord Milking Improves Transition in Premature Infants at Birth The work of the NRI has also been featu red in the article Protecting the Premature, in the international journal International In novations In February 2015, SMBHWN disseminated the NRI New sletter to community physician s and allied health professionals The new sletter updates the local medical community on t he studies and current activities of the NRI FY 2016 Plan SMBHWN will do the follow ing * Continue to offer monthly Preterm Birth Prevention classes * Continue to conduct communit y outreach at community health fairs and events * Continue to support the Miracle Babies F oundation in San Diego * Continue the work of the NRI to identify and disseminate evidence -based best practices for new born care with the health care community Identified Community Need Meeting the Needs of New Mothers and Their Families Rationale references the findin gs of the SMH 2013 Community Health Needs Assessment or the most recent SDC community heal th statistics unless otherwise indicated Rationale * According to the CDC's 2014 Breastfe eding Report Card, breastfeeding provides many know n benefits for infants, children, and m others - Professional lactation support can help mothers initiate and continue breastfeedin g * The American Academy of Pediatrics (AAP) recommends that babies be exclusively breast fed for approximately the first six months of life, followed by continued breastfeeding wi th complementary foods for one year or longer (AAP, 2012)

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* According to the CDC's 2014 Breastfeeding Report Card, 63.1 percent of mothers in California were breastfeeding at six months, while only 25.4 percent were exclusively breastfeeding at six months (CDC, 2014) * In California, SDC is ranked 22nd out of 50 counties for exclusive breastfeeding (California Women, Infants and Children (WIC) Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013) * Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants and building a foundation for a healthy immune system. Hospital practices have an enormous impact on infant-feeding success and mothers who receive in-hospital support to breastfeed exclusively often continue to do so after discharge. Further, breastfeeding support aligns with the quality improvement and cost-saving strategies of the Triple Aim and Health Care Reform (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013) * Nearly two-thirds of women plan to exclusively breastfeed, but less than 40 percent are doing so at one month postpartum. Hospitals, health care providers, public health agencies and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home (California WIC Association and University of California, Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013) * According to the American Psychological Association, between nine and 16 percent of postpartum women will experience postpartum depression. Among women who have already experienced postpartum depression following a previous pregnancy, some prevalence estimates increase to 41 percent. * According to a recent study in the Journal of the American Medical Association (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013) * The days and weeks following childbirth - the postnatal period - is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time, yet this is the most neglected period for the provision of quality care. Evidence-based practices recommended for the postnatal care period include timing of discharge from a health facility after birth, number and timing of postnatal contacts, assessment of the baby, exclusive breastfeeding, cord care, assessment of the mother, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013) Objectives * Demonstrate best practices in breastfeeding and maternity care * Provide education and support to new mothers on the importance of breastfeeding * Provide NICU-specific support services to new mothers and their families * Provide support and education to new mothers and their families on postpartum care FY 2015 Report of Activities In 2012, SMBHWN was selected from more than 200 applicants to participate in the NICHQ Best Fed Beginnings Learning Collaborative. Consisting of 90 hospitals throughout the nation, the 22-month collaborative enabled participating hospitals to exchange information and best practices in order to become a designated Baby-Friendly Hospital. Established by the United Nations Children's Fund (UNICEF) and the WHO in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. SMBHWN received Baby-Friendly USA Designation in November of 2015. Designation was earned through participation in the NICHQ Best Fed Beginnings Learning Collaborative and through the implementation of evidence-based maternity care practices, including but not limited to training health care staff to properly implement a breastfeeding policy, providing education to pregnant women on the benefits of breastfeeding, demonstrating how to breastfeed and maintain lactation to new mothers, encouraging breastfeeding on demand, and referring mothers to breastfeeding support groups following discharge from the hospital. Beginning in July 2013, more than 400 registered nurses (RN) at SMBHWN are currently in the process of completing the required competency training to achieve Baby-Friendly USA Designation. Since 2011, the program has shown increases in the rate of exclusive breastfeeding at discharge, which is up to 62 percent on average throughout the year, compared to a baseline average of 47 percent throughout the year. In FY 2015, SMBHWN served more than 2,300 new mothers and their family members through free weekly breastfeeding support groups. Facilitated by an experienced lactation educator, the group allowed participants to share the joys and challenges of breastfeeding. SMBHWN continued to provide

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	ide its weekly NICU breastfeeding support group - the Mother's Milk Club - for all mothers in the community with a baby who spent any length of time in the NICU. Approximately 100 mothers received support and counseling for topics of concern, including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their experiences, feed and show off their babies, and measure and track their baby's growth using a scale provided by the support group. SMBHWN continued to offer the Baby and Me Time support group to ensure new parents safely transition from giving birth at the hospital to returning home. Understanding the difficulty with retaining information given in the hospital setting, this free weekly group provides valuable resources to help new parents adjust to home. The group also provides opportunities to share insights regarding parenthood and establish friendships. All parents are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. Serving approximately 400 new parents in FY 2015, this unique support group has evolved into a community-centered place of support during an often challenging time for many parents. SMBHWN provided specialized education and support to approximately 780 mothers in FY 2015 through its free, ongoing postpartum support groups. Led by licensed clinical social workers, the postpartum support groups provided emotional support to women dealing with feelings of anxiety or depression related to challenges associated with new motherhood. The postpartum support group serves mothers in the community with babies of newborn age up to 12 months, offering weekly support groups both in the mornings and the evenings to accommodate working mothers' schedules. In addition, the hospital offered two coed postpartum support group sessions in FY 2015, which engaged approximately 45 mothers and fathers in discussion about postpartum mood disorders. SMBHWN also continued its Multiple Loss support group, reaching six mothers and families in the community who lost a child during their pregnancy with multiples. Throughout FY 2015, SMBHWN offered a variety of educational classes for new mothers and their families, covering various aspects of postpartum care including infant sleep patterns and strategies, infant massage, mom and baby yoga, and preparing new brothers and sisters for a baby. Additionally, SMBHWN staff devoted more than 570 hours to daily Family Home Care classes that provided critical information and support to more than 4,600 new mothers and family members as well as student nurses. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. SMBHWN expands its support for community mothers and families through the New Beginnings Boutique & Gift Shop. Located within SMBHWN, the boutique not only provides convenient access to needed supplies, such as nursing bras and breastfeeding pumps, but also offers experienced lactation educators to answer questions, provide important breastfeeding resources, and offer reassurance to anyone in the community.

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Form 990, Part III, line 4a (Continued)	SMBHWN offered parents in the San Diego community a special volunteer opportunity through the NICU Navigator Program. This unique program connects parents whose babies are currently in the NICU with other parents who previously had babies in the NICU. These experienced parents serve as NICU Navigators who volunteer their time to provide advice, encouragement, guidance to appropriate resources and help with the transition from hospital to home. The NICU Navigator Program also offers Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour is offered free to families with a baby in the NICU and focuses on an assortment of topics, including premature growth and development, nutrition, breastfeeding and feeding mechanics, and preparing for discharge, among others. In FY 2015, more than 100 families were served between the NICU Navigator Program and Parent Hour. Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team and celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. In FY 2015, the NICU Little Graduate Reunion reached more than 600 attendees, including former patients and their families. FY 2016 Plan SMBHWN will do the following: * Continue to implement evidence-based breastfeeding practices as a Baby-Friendly USA designated hospital. * Continue to offer free postpartum, breastfeeding, and new-parent support groups to new mothers and their families. * Continue to offer a variety of educational classes for new mothers and their families. * Continue to provide the NICU Navigator Program and the NICU Little Graduate Reunion to current and former NICU patients and their families. Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale: * According to the 2013 SDC Healthcare Shortage Areas Atlas from the County of San Diego's Health and Human Services Agency (HHS), SDC is one of 28 counties in California listed as an RN Shortage Area. * The demand for RNs and other health care personnel in the U.S. will increase due to the aging population. Nurses will be needed to educate and care for patients with various chronic conditions, including diabetes and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics (BLS), 2012). * The BLS projects an employment of more than 3.1 million RNs in the U.S. in 2024, an increase of 16 percent from 2014. * According to the San Diego Workforce Partnership, healthcare specialty occupations expected to add employment by 12 percent (7,466 jobs) between 2013 and 2018 in San Diego County. The top six growing healthcare occupations are RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses. * According to the San Diego Workforce Partnership, despite the growing demand for healthcare workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience. * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. * According to a March 2014 report from the California Hospital Association (CHA) titled Critical Roles: California's Allied Health Workforce Follow-Up Report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure. Objectives: * Provide education and training for students interested in health care careers. * Provide obstetric, gynecological and neonatal education and training for health care professionals. * Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community. FY 2015	

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	Report of Activities In FY 2015, SMBHWN served as a training site for approximately 200 nursing and ancillary student interns, residents, educators and student nurses in the following specialized areas paramedics, social work, pharmacy, lactation, childbirth, obstetrics and gynecology (OB/GYN), labor and delivery, neonatal, and perioperative nursing Nursing students spent nearly 15,000 hours at SMBHWN during the fiscal year, while ancillary students spent approximately 4,480 hours on the campus Academic institution partners included California Northstate University (CNU), Concorde Career College, Grossmont Health Occupations Center, Lake Erie College of Osteopathic Medicine, Pima Medical Institute (PMI), Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Touro University, University of California, San Diego (UCSD), University of San Diego (USD), and University of Southern California (USC) In addition, SMBHWN staff presented to 20 master's students from PLNU about the legalities of nursing In FY 2015, SMBHWN completed its eighth year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to ninth through 12th grade students During a 16-week period, 40 HSHMC students devoted more than 4,300 hours to rotations through a variety of hospital areas, including labor and delivery, maternal and infant services, post-anesthesia care unit (PACU), women's acute care unit (WACU) and patient transporter services Students learned about education and job requirements, as well as career ladder development In addition, SMBHWN nursing staff participated in the Cathedral Catholic High School Career Fair in February where they presented to approximately 200 high school seniors about careers in nursing and dietetics SMBHWN continued to learn and share its expertise with staff at other hospitals and health agencies through participation in organizations such as AWHONN, CWISH, National Association of Neonatal Nurses (NANN), Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the Best Fed Beginnings Learning Collaborative In addition, nursing staff presented at various local, state and national conferences throughout the year At the annual AWHONN Convention, presentations included Safe Sleep Balancing Skin to Skin Contact with the Risk of Sudden Unexpected Postnatal Collapse, Supporting Nurses to Navigate the Choppy Seas of a Critical Event, Broadening the Horizon on Predictors of Discharge Teaching, Discharge Readiness, and Post-Discharge Outcomes, and Help at HOME Improving Patients' Readiness for Discharge In addition, SMBHWN presented about critical event debriefing at the National Association of Clinical Nurse Specialists (NACNS) annual conference Education and training was also provided to hundreds of local and national health care providers, including education on evidence-based practices to community nurses interested in entering the obstetrical field and training to prepare San Diego paramedics to safely assess and treat obstetrical trauma patients

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Form 990, Part III, line 4a (Continued)	In February, SMBHWN hosted the Advances in Obstetrics and Gynecology conference, an educational event to provide community medical practitioners with the latest clinical information, research, and practical management strategies for women at all stages of life. Through the conference, more than 180 health practitioners received expert education from local, regional and international specialists on key issues in gynecology, obstetrics and neonatology. FY 2016 Plan SMBHWN will do the following: * Continue to serve as a training site for health professions students * Continue to participate in the HSHMC program * Continue to participate in local and national collaboratives and share specialty expertise at professional conferences * Offer a Continuing Medical Education (CME) conference to community clinicians SMBHWN Program and Service Highlights: * Cord Blood Banking * Doula program * Gynecologic oncology * Lactation services * Labor and delivery * Level III NICU * Maternal Infant Services Unit * Mother's Milk Depot * Neonatal Research Institute * New Beginnings Boutique & Gift Shop * Obstetrical and women's triage services * Parent education programs * Perinatal Special Care Unit (High-Risk Pregnancy Care) * Prenatal Diagnostic Center * Robotic gynecologic surgery * Spiritual care and education, including Arts for Healing Program * Teen pregnancy program * Women's and infants' pathology services * Women's education programs * Women's surgery services Section 6 - Sharp Memorial Hospital FY 2015 Community Benefit Program Highlights Sharp Memorial Hospital (SMH) provided a total of \$115,623,598 in community benefit in FY 2015. See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill (SB) 697. Table 1: Economic Value of Community Benefit Provided Sharp Memorial Hospital - FY 2015 SB 697 Category: Programs and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs: - Medical Care Services Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms: \$19,208,729 - Shortfall in Medicare: \$81,738,799 - Shortfall in CHAMPVA/TRICARE: \$2,694,712 - Charity Care and Bad Debt: \$9,778,197 - Other Benefits for Vulnerable Populations: Patient transportation, Project HELP and other assistance for the needy: \$776,122 - Other Benefits for the Broader Community: Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events: \$513,155 - Health Research, Education and Training Programs: Education and training programs for students, interns and health care professionals: \$913,885 TOTAL: \$115,623,598 Key highlights: * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, Project HELP, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank (SDFB), the Sharp Humanitarian Service Program, support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM), and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, osteoporosis, blood pressure, heart disease, nutrition, body mass index (BMI), hearing, balance, hand, musculoskeletal pain, community education and resources provided by the Laurel Aftower Cancer Institute at SMH Patient Navigator program, and flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Senior Health Centers In addition, SMH donated meeting room space to community groups and collaborated with local schools to promote interest in health care careers. SMH staff actively participated in community boards, committees and other civic organizations, including the American Heart Association (AHA), Health Sciences High and Middle College Board, American College of Healthcare Executives (ACHE), San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders (ACNL), American Association of Critical-Care Nurses, San Diego Eye Bank Nurses' Advisory Board, Emergency Nurses Association - San Diego Chapter, Association for Clinical Pastoral Education, Community Health Improvement Partners (CHIP), Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego Emergency Medical Care Committee (EMCC), San Diego County Stroke Consortium, San Diego Blood Bank, Serving Seniors, Community Center for the Blind and Vis

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	Form 990, Part III, line 4a (Continued)	ually Impaired, Aging and Disability Resource Connection, Caregiver Coalition of San Diego , San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC) See Appendix A for a listing of Sharp's involvement in community orga nizations in FY 2015 The category also included costs associated with planning and operat ing community benefit programs, such as community health needs assessments and administrat ion * Health Research, Education and Training Programs included time devoted to education and training of health care professionals, student and intern supervision, and time devot ed to generalizable health-related research projects that were made available to the broad er health care community Definition of Community * SMH is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123 SMH serves the entire county of San Dieg o, how ever, the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernar do For SMH's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Tr uven Health Community Need Index (CNI) was utilized to identify vulnerable communities wit hin the county The CNI identifies the severity of health disparity for every ZIP code in the United States based on specific barriers to health care access, including education, i ncome, culture/language, insurance and housing As such, the CNI demonstrates the link bet ween community need, access to care, and preventable hospitalizations According to the CNI, communities served by SMH with especially high-need include, but are not limited to Eas t San Diego, City Heights, North Park, the College Area and Downtow n San Diego Descriptio n of Community Health In SDC in 2014, 98 2 percent of children ages 0 to 11, 91 5 percent of children ages 12 to 17, and 84 3 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP 2020) national targets for health insurance c overage See Table 2 for a summary of key indicators of access to care and Table 3 for dat a regarding Medi-Cal eligibility In SDC in 2014, 20 9 percent of adults ages 18 to 64 did not have a usual source of care and 14 3 percent of these adults had health insurance In addition 14 3 percent reported fair or poor health outcomes Further, 43 6 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure Table 2 Health Care Access in SDC, 2014 Description Rate Year 2020 Target Current Health Insurance Coverage Children 0 to 11 Years 98 2% 100% Children 12 to 17 Years 91 5% 100% Adults 18 t o 64 Years 84 3% 100% Regular Source of Medical Care Children 0 to 11 Years 97 9% 100% Chi ldren 12 to 17 Years 83 0% 100% Adults 18 to 64 Years 79 1% 89 4% Not Currently Insured Ad ults 18 to 64 Years 15 7% Source 2013-2014 California Health Interview Survey (CHIS) Tabl e 3 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2014 Description Rate Medi-Cal Eligible 28 7% Not Eligible 71 3% Source 2013-2014 CHIS

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Form 990, Part III, line 4a (Continued)	Cancer and heart disease were the top two leading causes of death in SDC. See Table 4 for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMH, please refer to the SMH 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments Table 4. Leading Causes of Death in SDC, 2014. Cause of Death Number of Deaths Malignant neoplasms 4,891 Diseases of heart 4,586 Alzheimer's disease 1,316 Cerebrovascular diseases 1,155 Accidents (unintentional injuries) 1,101 Chronic lower respiratory diseases 995 Diabetes mellitus 588 Intentional self-harm (suicide) 421 Chronic liver disease and cirrhosis 319 Essential hypertension and hypertensive renal disease 314 Influenza and pneumonia 304 Parkinson's disease 268 Pneumonitis due to solids and liquids 134 Viral hepatitis 118 Nephritis, nephrotic syndrome and nephrosis 112 Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Community Benefit Planning Process. In addition to the steps outlined in Section 3 regarding community benefit planning, SMH: * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals. * Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels. * Consults with representatives from a variety of departments to discuss, plan and implement community activities. Priority Community Needs Addressed in Community Benefit Report - SMH 2013 CHNA. In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. Through the SMH 2013 CHNA, the following priority health needs were identified for the communities served by SMH (in alphabetical order): * Behavioral Health (Mental Health) * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease (as part of health education and wellness, includes stroke), diabetes and senior health. SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see Section 5 of this report for details on SMBHWN's activities that address this identified community need. Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. In addition, through further analysis of SMH's community programs and consultation with SMH's patient relations team, this section also addresses the following priority health needs for community members served by SMH: * Health education and wellness * Cancer education and patient navigator services * Prevention of unintentional injuries * Health professions education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved patients with complex medical needs For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2015 Report of Activities conducted in support of the objective(s), and FY 2016 Plan of Activities. Identified Community Need: Diabetes Education and Screening. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.	

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Form 990, Part III, line 4a (Continued)		cated Rationale * The SMH 2013 CHNA identified diabetes as one of six top priority health issues for community members served by SMH * The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC * Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC (City Heights, National City, etc) * Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type 2 diabetes * According to data presented in the SMH 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the U S (CDC, 2011) * In 2014, diabetes was the seventh leading cause of death for SDC (CDC, 2014) * In 2013, there were 614 deaths due to diabetes in SDC overall, a decrease compared to 652 deaths in 2012 The age-adjusted death rate due to diabetes was 18.9 per 100,000 population in 2013, which is lower than the age-adjusted rate of 20.3 per 100,000 in 2012 * In 2013, there were 4,415 hospitalizations due to diabetes in SDC, which is higher than the 4,235 hospitalizations in 2012 The age-adjusted rate of hospitalizations for diabetes was 137.1 per 100,000 population in 2013, which is also higher than the age-adjusted rate of 133.1 per 100,000 population in 2012 * In 2013, there were 4,592 diabetes-related emergency department (ED) visits in SDC, which is higher than the 4,508 ED visits in 2012 The age-adjusted rate of diabetes-related ED visits in SDC was 143.9 per 100,000 population in 2013, which is also higher than the age-adjusted rate of 142.6 per 100,000 population in 2012 * According to the California Health Interview Survey (CHIS), in 2014 68 percent of adults living in SDC indicated that they were ever diagnosed with diabetes * The 2014 National Diabetes Statistics Report from the CDC reports that a total of 29.1 million people in the U S have diabetes Of those individuals, 21 million are diagnosed while 8.1 million are undiagnosed * According to the American Diabetes Association (ADA), in 2012, the prevalence of diabetes in the U S was 29.1 million, or 9.3 percent of the population The incidence of diabetes in 2012 was 1.7 million new diagnoses * According to the ADA, in 2012, the total cost of diagnosed diabetes in the U S was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced productivity * According to the 2012 report from the San Diego County HHS titled Critical Pathways The Disease Continuum, the most common risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot) Objectives

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Form 990, Part III, line 4a (Continued)	* Provide diabetes education and screening in the central and north central regions of SDC * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community FY 2015 Report of Activities The SMH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education The program provides individuals with the skills needed to successfully self-manage their diabetes and live a long, healthy life and includes blood sugar monitoring, medications, insulin pump training and wound prevention Small group and one-on-one classes are also offered in English and Spanish In FY 2015, the SMH Diabetes Education Program provided blood glucose screenings at four events in the community, including the Jewish Family Service of San Diego Health & Wellness Fair at College Avenue Center, San Diego Crew Classic at Crown Point, December Nights in Balboa Park, and a health fair for seniors at the Point Loma Community Presbyterian Church, reaching more than 750 community members through screening and education The SMH Diabetes Education Program screened nearly 50 people through these events and identified 16 attendees with elevated blood glucose levels Of these identified individuals, 10 did not have a preexisting diagnosis of diabetes At the Sharp Women's Health Conference, the Sharp HealthCare (SHC) Diabetes Education Program provided resources on diabetes management and nutrition The SHC Diabetes Education Program also continued to support the ADA's Step Out Walk to Stop Diabetes, held in October at Mission Bay, through fundraising and team participation The SMH Diabetes Education Program also provided a diabetes lecture to more than 1,000 attendees at the San Diego Gas & Electric (SDG&E) Health, Wellness & Safety Fair in July The SMH Diabetes Education Program is actively involved with San Diego's renal health community In FY 2015, the SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease as well as members of the professional health care community This past year, the SHC Diabetes Education Program collaborated with Family Health Centers of San Diego (FHCS D) to conduct outreach and education to vulnerable community members in SDC's east region Sharp Diabetes educators supported the expansion of FHCS D's Diabetes Management Care Coordination Project (DMCCP), which provides FHCS D patients with group diabetes education and encourages peer support and education from project "graduates" to current patients/project enrollees The project monitors enrollees' A1C levels, and has proven successful outcomes in lowering and maintaining these levels through education and peer support The SHC Diabetes Education Program supports the project through the provision of diabetes lectures at multiple FHCS D sites In the central San Diego region, the SHC Diabetes Education Program provided a lecture on the basics of diabetes and nutrition to 40 community members at the FHCS D site in Logan Heights Topics included physical activity, diabetes mellitus, healthy eating, self-management and goal setting New in 2015, the SHC Diabetes Education Program provided diabetes education to food insecure adults enrolled in Feeding America San Diego's (FASD) Diabetes Wellness Project, a collaboration between University of California, San Diego's (UCSD) Student-Run Free Clinic Project, the Third Avenue Charitable Organization (TACO) and Baker Elementary School in Southeast San Diego The Diabetes Wellness Project screens adult clinic patients with Type 2 diabetes for food insecurity, and provides them with ongoing medical treatment and diabetes management through the clinic In addition, FASD provides Diabetes Wellness Food Boxes to project participants, in conjunction with a monthly diabetes and nutrition education course, as well as CalFresh outreach Through the project, the SHC Diabetes Education Program provided diabetes and nutrition education at both the TACO and Baker Elementary School sites Approximately 200 participants are enrolled in the Diabetes Wellness Project, and evaluation - expected in 2016 - will include pre- and post-assessment surveys for the patients regarding diabetes control, an A1C blood test and other metrics The SHC Diabetes Education Program collaborated with La Maestra Community Health Centers to educate and advise underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes on how to manage blood sugar levels The SHC Diabetes Education Program provided La Maestra patients with a variety of educational resources, including gestational diabetes statistics, new diagnostic	

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	Form 990, Part III, line 4a (Continued)	ic criteria, treatment and management of blood glucose levels, insulin requirements, self- care practices, nutrition and weight management, and the risks of uncontrolled diabetes an d complications Clinic patients also received logbooks to track and manage blood sugar le vels The SHC Diabetes Education Program educated clinic patients on meal planning, blood glucose monitoring, goals for blood sugar levels before and after a meal, monitoring baby movements and kicks and exercising after meals In addition, the SHC Diabetes Education Pr ogram evaluated patients' management of their blood sugar levels and collaborated with La Maestra's obstetrician/gynecologist (OB/GYN) to prevent complications At SMH, the SHC Dia betes Education Program collaborated with the hospital's OB/GYN to assist more than 150 un derserved pregnant women with diabetes, over the course of more than 620 visits In FY 201 5, the SHC Diabetes Education Program provided services, materials and resources to meet t he needs of San Diego's diverse population Materials included a binder with various educa tional resources, such as How to Live Healthy With Diabetes, What You Need to Know About D iabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate C ounting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All A bout Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, a nd Food Groups Food diaries and logbooks were also given out to the community Handouts w ere provided in Arabic, Somali, Tagalog, Vietnamese and Spanish Education was also provid ed to Sharp team members regarding the different cultural needs of these communities In F Y 2015, the SHC Diabetes Education Program submitted abstracts and poster presentations to national conferences on various topics The SHC Diabetes Education Program was selected b y the Joint Commission to co-present at the Institute of Healthcare Improvement Conference in December At this conference, the SHC Diabetes Education Program provided a poster pre sentation on the Safe and Effective Use of Insulin, including identified risk factors pred ictable of poor glycemic control This presentation was also delivered at the 17th annual National Patient Safety Foundation Patient Safety Congress Additionally, the SHC Diabetes Education Program provided another poster presentation titled In Search of a Single Glyce mic Metric to Benchmark Institutional Diabetes Performance The Perfect Diabetic Day, at t he Association of California Nurse Leaders 37th annual conference This poster included an assessment of the proportion of diabetic days in w hich all blood glucose measurements are w ithin the recommended range for hospitalized patients Further, the SHC Diabetes Educati on Program published on the predictors of poor blood sugar control for hospitalized diabet ic patients FY 2016 Plan The SMH Diabetes Education Program will do the following * Cond uct diabetes education at various community venues in SDC * Continue to collaborate with F HCSD and provide education to vulnerable community members through the DMCCP * Continue to collaborate with FASD to provide diabetes education to food insecure adults in SDC * Cont inue to provide gestational services and resources to underserved pregnant women - both at the hospital and in collaboration with La Maestra * Conduct monthly diabetes prevention c lasses

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Form 990, Part III, line 4a (Continued)		* Continue to foster relationships with community clinics to provide education and resources to community members * Explore partnerships with YMCAs in the north central region to provide education and resources to community members * Continue to participate in ADA's Step Out Walk to Stop Diabetes * Keep current on resources to provide community members support of diabetes treatment and prevention - particularly language and culturally appropriate resources * Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community * Conduct educational outpatient and inpatient symposiums for health care professionals Identified Community Need Education, Support and Screening for Stroke Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of six top priority health issues for community members served by SMH * The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC (including cerebrovascular disease/stroke) * In 2014, heart disease was the second leading cause of death and cerebrovascular disease was the fourth leading cause of death for SDC overall (CDC, 2014) * In 2013, there were 1,114 deaths due to stroke in SDC. The age-adjusted death rate due to stroke was 33.1 per 100,000 population, which is lower than the HP 2020 target of 33.8 deaths per 100,000 * In 2013, there were 6,611 hospitalizations for stroke in SDC, with an age-adjusted rate of 203.9 per 100,000 population * In 2013, there were 1,730 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 53.2 per 100,000 population * According to the California Health Interview Survey (CHIS) in 2014, 5.6 percent of adults living in SDC indicated that they were ever diagnosed with heart disease * If no changes are made in risk behavior, based on current disease rates, it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego Health and Human Services (HHSA) * According to the same report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes * According to the Centers for Disease Control and Prevention (CDC), stroke is the fourth leading cause of death in the U.S. and a major cause of adult disability. About 800,000 people in the U.S. have a stroke each year. Some stroke risk factors cannot be controlled, such as heredity, age, gender, and ethnicity. Others can be controlled, such as avoiding smoking and drinking too much alcohol, eating a balanced diet and exercising (CDC, 2014). Objective * Provide stroke education, support and screening services for the central region of SDC FY 2015 Report of Activities Note: SMH is certified by the Joint Commission as a Primary Stroke Center (recertified in FY 2013). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the AHA/American Stroke Association's (ASA) Get With the Guidelines-Stroke Gold-Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Honor Roll Elite designation. The AHA/ASA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA/ASA's Target Stroke Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients. In collaboration with the SMH Senior Resource Center, the SMH Stroke Program provided a presentation and screening at Point Loma Community Presbyterian Church to approximately 40 community members titled Stroke Is a Brain Attack. During the event, a neurologist discussed stroke emergency treatment, prevention and warning signs. In addition, community members received magnets with the acronym F.A.S.T. (Face, Arms, Speech and Time) to help them recognize the sudden signs of stroke and act accordingly. Stroke screenings were provided to more than 20 community members by a nurse practitioner and registered nurse (RN), and four attendees were connected to resources for follow-up. The SMH Stroke Program also attended the SMH Senior Resource Center's Senior Health and Information Fair at Point Loma Community Presbyterian Church to conduct a stroke risk factor screening for more than 30 attendees. In addition, the SMH Stroke Program provided stroke screenings and education on stroke awareness to nearly 10 members of the San Diego

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	Form 990, Part III, line 4a (Continued)	Chapter of Federally Employed Women In March, Sharp provided stroke screenings with pulse checks and risk education to more than 80 attendees at the Sharp Women's Health Conferenc e held at the Sheraton San Diego Hotel and Marina Topics included different types of stro kes, how to identify risk factors for stroke, strategies for risk reduction and stroke rec ognition In April, Sharp's systemwide stroke program participated in Strike Out Stroke Ni ght at the Padres, held at Petco Park. This annual event, organized by the SDC Stroke Cons ortium, County of San Diego HHSA, the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game Stroke edu cation, including warning signs and how to respond, was displayed on the JumboTron through out the evening to a crow d of more than 44,400 community members Throughout FY 2015, the SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors, a free weekly support group for survivors of stroke and head injuries and their loved ones , as well as professionals and educators Education topics included coping skills, adjustm ent, family and intimacy, work and school re-entry and support SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve st roke care and discuss issues impacting stroke care in SDC Further, SMH continued collabor ation with the County of San Diego Emergency Medical Services (EMS) to provide data for th e SDC stroke registry FY 2016 Plan The SMH Stroke Center will do the follow ing * Partici pate in stroke screening and education events in SDC, including events targeting seniors a nd high-risk adults * Provide a community presentation featuring a Sharp physician on stro ke education and prevention during Stroke Month * Provide education for individuals with i dentified stroke risk factors * Participate with other SDC hospitals in the San Diego Coun ty Stroke Consortium * Collaborate with the state of California to develop a Stroke Center Registry * Continue to offer stroke support groups through SMH Rehabilitation Services Id entified Community Need Health Education, Screening and Support for Seniors Rationale ref erences the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2013 CHNA identified senior health as one of six top priority health issues affecting members of the communities served by SMH * Findings presented in the 2013 SMH CHNA revealed the follow ing health conditions as chief concerns for seniors in SDC cardiovascular disease, Alzheim er's disease, pain management, hearing loss (many seniors cannot afford treatment), and mo bility issues (falls and resulting immobility) In addition, health issues such as medicat ion management, social planning for the future (including housing, advance care planning, etc), and lack of education, management and support for behavioral changes were also iden tified

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* In the HASD&IC 2013 CHNA, analysis of hospital data revealed dementia and Alzheimer's disease to be among the top health conditions within SDC hospitals * Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC * In SDC in 2012, there were 374,535 residents (11.91 percent of the population) ages 65 years or older. This number is expected to nearly double by the year 2030 to 723,572 * In 2012, the leading causes of death among senior adults ages 65 years and older in SDC were cancer, heart disease, chronic lower respiratory diseases, diabetes, stroke, unintentional injuries, chronic liver disease and cirrhosis, Alzheimer's disease, Parkinson's disease, hypertension and hypertensive renal disease, influenza and pneumonia, and septicemia * In 2014, influenza ranked as the 11th leading cause of death in all regions of SDC * In 2011, rates of hospitalization among senior adults ages 65 years and older in SDC were higher than the general population due to coronary heart disease, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis. In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC * In 2012, there were 95,679 seniors ages 65 and over who were hospitalized in SDC * In 2012, there were 108,745 seniors treated and discharged from the SDC EDs, representing nearly one out of every three senior residents in the county * In 2012, the top three causes of ED utilization among persons ages 65 years and older in SDC were falls, diabetes and stroke * According to data in the San Diego County Senior Health Report Update and Leading Indicators, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues (including dementia and Alzheimer's disease), cancer and heart disease. In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHSA, 2015) * According to the San Diego County Senior Falls Report, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHSA, 2012) * In 2012, 71,655 calls were made to 911 for seniors in need of emergency medical care, which represents a call for one out of every five seniors and the highest utilization of any other group * The CDC recommends annual vaccination against influenza for the following people ages 50 and older, adults and children with a chronic health condition, children ages six months to 19 years, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than age five * Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers * While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities (AARP Public Policy Institute, Valuing the Invaluable, updated November 2012) * Fourteen percent of caregivers who assist with medical/nursing tasks report having received some preparation or training * Eighty-four percent of caregivers report needing more help and information about caregiving topics, most commonly, keeping their loved one safe at home, managing their own stress, and help making end-of-life decisions (Caregiving in the U.S., 2015) * In the U.S., 65.7 million caregivers make up 29 percent of the adult population and 43.5 million adult family caregivers care for someone 50 years of age or older (National Alliance for Caregiving and AARP, 2012) * In fiscal year 2013-2014 there were 6,131 investigations of elder abuse in San Diego County, of which 34 percent were confirmed cases (San Diego County Senior Health Report, 2015) * According to the 2015 California Health Care Almanac Beds for Boomers report, nearly two-thirds of California seniors had two or more chronic conditions in 2012, and more than one-third had four or more * The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the federal poverty level (FPL) and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women, and grandparents raising grandchildren (Padilla-Frausto, & Wallace, 2015) * In 2012, the most

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	common chronic conditions for seniors were high blood pressure and high cholesterol. More than one in five California seniors had arthritis, diabetes, or coronary heart disease (California Health Care Almanac, Beds for Boomers, 2015). Objectives: * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations * Provide health education materials at seasonal flu clinics as well as information about additional Sharp Senior Resource Center programs * Provide education and community resources to family caregivers FY 2015 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them - through phone and in-person consultations - to a variety of free and low-cost programs and services. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. The SMH Senior Resource Center develops and mails quarterly calendars that highlight its programs and services to more than 3,000 households in San Diego. In addition, the SMH Senior Resource Center distributed nearly 1,300 Vials of Life in FY 2015. Vials of Life are small vinyl sleeves, often magnetically placed on a refrigerator, that provide critical medical information to emergency personnel for seniors and disabled people living in their homes. In FY 2015, the SMH Senior Resource Center provided 29 free health education programs to nearly 600 seniors, caregivers and loved ones of the elderly. Programs were presented by various professionals, including a registered dietitian, physical therapists, speech therapists, physicians, audiologists and an attorney as well as experts from community organizations. Health education topics included arthritis, diabetes, fall prevention, exercise, chronic disease management, Parkinson's disease, Alzheimer's disease, memory loss, financial issues, scam avoidance, healthy aging, caregiver resources, maintaining a healthy voice, brain health, Medicare, behavior issues, stress management, hearing loss, advance care planning, lower back pain, elder care and support, shoulder and rotator cuff injury, and stroke warning signs and risk factors. Educational programs were offered at SHC administrative office locations, the Peninsula Family YMCA, Point Loma/Hervey Branch Library and Point Loma Community Presbyterian Church.

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Form 990, Part III, line 4a (Continued)		The SMH Senior Resource Center provided health screenings at seven community health fairs and events, serving more than 40 members of the senior community. Screenings included stroke, diabetes, hearing and hand mobility (arthritis, carpal tunnel, trigger finger, etc.) as well as medication review in which a pharmacist reviewed attendees' medications and answered questions to support proper medication management. As a result of these screenings, 12 community members were referred to physicians for follow-up care. In addition, free monthly blood pressure screenings were provided to more than 550 members of the senior community. As a result of the blood pressure screenings, nearly 60 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA, the War Memorial building at Balboa Park and various other community health fairs and special events. The SMH Senior Resource Center participated in 12 community events in FY 2015, including health fairs, conferences and seminars that reached more than 2,600 attendees. Health fairs included the Sharp Senior Resource Center Senior Health & Information Fair at the Point Loma Community Presbyterian Church, the Health Fair at the Pacific Beach/Taylor Branch Library, California Telephone Access Program (CTAP) Resource Fair, the Sharp HospiceCare Resource & Education Expo at the College Avenue Baptist Church, the San Diego Regional Center Fair, the Sharp Women's Health Conference, and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Senior Resource Fair. At the CTAP Resource Fair, free adaptive phones were provided to community members with disabilities including those with difficulty hearing, speaking, moving, seeing and remembering or interpreting information. The SMH Senior Resource Center also participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center that provides information, referrals, transportation and outreach to seniors in Point Loma. In addition, the SMH Senior Resource Center provided Vials of Life and senior resources at the Juneteenth Celebrations fair at the George L. Stevens Senior Center, which focused on African American achievement and culture, as well as encouragement of self-development and respect for all cultures. In FY 2015, the SMH Senior Resource Center participated in the County of San Diego Aging and Independence Services (AIS) 2015 Vital Aging Boosting Your Brainpower Conference. Held at the McMillin Center in Liberty Station, the conference explored how nutrition, exercise, mental stimulation and social connection affect memory, mood and cognitive functioning. The summit's keynote presentation was given by a nationally acclaimed neuropsychologist, and indoor and outdoor activities were featured. Other topics included, but were not limited to, Alzheimer's disease, food and mood, lifelong learning, exercise, and health and well-being for older adults. The SMH Senior Resource Center provided a resource booth at the event with information on Vials of Life, screening events and other Sharp Senior Resource Center programs for seniors and caregivers. In FY 2015, the SMH Senior Resource Center participated in the SanDiegoCAN end-of-life conference at the Balboa Park Club titled Planning Ahead: Crucial Conversations: Helping Families & Seniors Navigate End-of-Life Decisions. Approximately 85 community members attended the free conference, where they received education on how to make informed health care decisions from a variety of end-of-life care professionals. The conference focused on assistance for community members to plan ahead regarding burial, advance directives and financial management and included a talk on bereavement and how to cope with loss. The SMH Senior Resource Center also participated in a conference for seniors and caregivers titled Caring for the Caregiver, held at First United Methodist Church. The conference included a resource fair and education on caregiving, preventing senior scams, and stress management techniques. In August, the SMH Senior Resource Center participated in the Veterans, Military and Families Benefits Expo at the War Memorial Building at Balboa Park and provided senior and caregiver resources to nearly 80 attendees. The SMH Senior Resource Center also participated in the Caregiver Coalition of San Diego's Batter Up! Are Your Bases Covered? conference, a free event for male family caregivers in June. Held at the First United Methodist Church, the conference included a resource fair, a panel of male caregivers sharing their personal experiences, and educational presentations on long term care and coping with emotional issues and stress. At the conference, the SMH Senior Resource Center provided a lecture on caregiving at home - including strategies to help manage physical care needs such as safely transferring, bathing, dressing and using the right equipment - as well

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	ell as resources to more than 60 community members. In April, the SMH Senior Resource Center partnered with Sharp HospiceCare and Elmcroft of Point Loma to provide a conference for seniors and their families on how to approach aging from a healthy perspective. The conference, titled Right Choices at the Right Time, was held at the Point Loma Community Presbyterian Church and reached nearly 100 community members. It provided education on a variety of topics, including hospice services, leaving a legacy, care choices, advance care planning, and finding hope and healing after a loss. The conference also included educational presentations by a physician, attorney and advance care planning specialist as well as education from other experts in the field of aging and health care to help seniors effectively navigate their later years. The SMH Senior Resource Center coordinated notification of the availability and provision of seasonal flu vaccines for seniors and high-risk adults in a variety of community settings through activity reminders, collaborative outreach conducted by the flu clinic site, paper and electronic newspaper notices, and Sharp.com. In FY 2015, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored seven community seasonal flu clinics, serving more than 500 seniors and other vulnerable community members with chronic illness. Seasonal flu clinics were held at the Sharp Senior Health Centers, the Senior Health Fair at Point Loma Community Presbyterian Church, the Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), City Heights Senior Living, Norman Park Senior Center and Serving Seniors sites, including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At many of these community sites, the SMH Senior Resource Center also provided their activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, Vials of Life and other community programs for seniors. Sharp Senior Health Centers are committed to providing outreach and serving underserved seniors in downtown San Diego. Through educational presentations, Sharp Senior Health Centers are able to connect with and provide services to highly vulnerable seniors who need care, education and support. Throughout FY 2015, Sharp Senior Health Centers provided more than 220 community seniors with health education and referrals to community resources including housing, food, depression, social services, senior centers and others. Education for seniors included Medicare, Medi-Cal, Vials of Life, Cal MediConnect, Alzheimer's disease, depression and advance directives. Health education was provided at the Potiker Family Senior Residence and through a Sharp Speaker Series at the Gary and Mary West Senior Wellness Center. The Speaker Series provided information on fall prevention, how to find reliable health information online, diabetes, dementia, how to find healthy food for seniors, peripheral arterial disease, healthy eating, advance directives, how to get the most out of a doctor visit, eye health and resources, and keeping an active and young brain. The Sharp Senior Health Centers also provided monthly education at the National Active and Retired Federal Employees Association (NARFE) meetings. In addition, the Sharp Senior Health Centers provided senior resources to CVS MinuteClinic locations.

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Form 990, Part III, line 4a (Continued)		Sharp Senior Health Centers participated in numerous community events in FY 2015, providing education and resources to more than 450 attendees. Events took place at the Sharp Senior Resource Center Senior Health & Information Fair at Point Loma Presbyterian Church, the Right Choices at the Right Time conference at Point Loma Community Presbyterian Church, the San Diego Community Action Network (SanDi-CAN) Planning Ahead Crucial Conversations Helping Families & Seniors Navigate End-of-Life Decisions conference, the SDCCOA The Golden Age of Intimacy Senior Health Fair at the War Memorial Building in Balboa Park, and St. Paul's Senior Health & Resource Fair. Throughout the year, both the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations, including the Peninsula Shepherd Senior Center, Serving Seniors (including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San Diego, Adult Protective Services, Southern Caregiver Resource Center (SCRC), Alzheimer's Association, American Parkinson Disease Association, San Di-CAN, San Diego County Council on Aging (SDCCOA), NARFE, Community Center for the Blind and Visually Impaired, CVS MinuteClinics, Aging and Disability Resource Connection and the Health Insurance Counseling and Advocacy Program (HICAP) - ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Sharp Senior Health Centers' collaboration with HICAP included the provision of biweekly counseling and education by a HICAP representative to community members at the Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns. FY 2016 Plan The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following: * Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention * Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screenings annually * Produce and distribute quarterly calendars for approximately 3,000 San Diego households, highlighting events of interest to seniors and family caregivers * Continue support of the Vials of Life program through distribution of 2,000 Vials of Life to seniors in the community * Provide seasonal flu vaccinations to the community as funding allows * Participate in community health fairs and conferences, including the SanDi-CAN end-of-life conference * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma * In collaboration with Sharp Mesa Vista Hospital's (SMV) Senior Intensive Outpatient Program (SIOP), provide education on holiday blues and depression as well as senior behavioral health * Collaborate with Serving Seniors to provide a depression screening * Provide an Aging and Driving program in collaboration with the Alzheimer's Association and the Department of Motor Vehicles * Maintain active relationships with other organizations serving seniors in SDC, Point Loma, the county's north central and central regions, and downtown San Diego * Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center * Explore a collaboration with Serving Seniors and West Health Institute (WHI) * Explore opportunities for medication screenings by a pharmacist for vulnerable seniors - including a screening for low income Chinese seniors * Expand programs offered to senior residences * Collaborate with various community organizations to provide programs and resources to members of the senior community Identified Community Need Health Education and Wellness Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale * The SMH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SMH. * According to data presented in the SMH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of Americans (49 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors. * The HASD&IC 2013 CHNA process identified

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	Form 990, Part III, line 4a (Continued)	ed the following among top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases. * Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factors in maintaining health. Participants in community forums held in Oceanside and Escondido also recommended health screenings. * Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (City Heights, National City, etc.). * In 2014, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fourth leading cause of death for SDC (CDC, 2014). * In 2013, the number of arthritis-related hospitalizations in SDC totaled 10,332 - an age-adjusted rate of 321.5 per 100,000 population. * In 2013, females in SDC had a higher ED discharge rate for arthritis-related diagnosis than males (578.0 and 467.4 per 100,000 population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons 65 and older had higher ED discharge rates for arthritis-related diagnosis than other persons. * According to the CDC, arthritis is the nation's most common cause of disability. An estimated 52.5 million U.S. adults (more than one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase to 67 million by 2030, and more than one-third of these adults will report arthritis-attributable activity limitations (CDC, 2012). * According to the National Institutes of Health (NIH), more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014). * According to 2014 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC was 24.8 percent. * In 2014, 11.1 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2014). * Obesity increases the risk of many health conditions, including coronary heart disease, stroke, Type 2 diabetes, and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015). * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. The CDC reports that approximately 35 percent of U.S. adults were obese between 2011 and 2012. Objectives: * Host educational classes and support groups for the community on a variety of health and wellness topics. * Offer health literacy resources through the Cushman Wellness Center Community Health Library and through outreach at community events. * Participate in community-sponsored events and support nonprofit health organizations. FY 2015 Report of Activities

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Form 990, Part III, line 4a (Continued)		The Sharp Memorial OPP and various departments of the hospital conduct a broad spectrum of community health education classes and support groups. In FY 2015, classrooms were booked for more than 1,500 hours and served thousands of patients and community members. Educational classes covered a variety of health and wellness topics, including integrative medicine, diabetes, stroke, cancer, fall prevention for seniors and parenting and childbirth. In addition, support groups were available for community members facing similar challenges to come together and share their personal experiences and advice for coping. Groups were held for cancer, stroke, heart transplantation, heart failure, needs of new mothers and families and support for individuals who have received bariatric surgery, including nutrition and relapse. In addition, Sharp Rehabilitation Services (Sharp Rehab) offered various support groups on the Sharp Metropolitan Medical Campus (SMMC) in FY 2015, including Women on Wheels (WOW), the Support Group for Men with SCI and the Sharp Players. WOW strives to empower women with disabilities through facilitated support groups, peer support, lectures and social events. In FY 2015, approximately 90 group members gathered monthly at the SMH Rehabilitation Center to share thoughts and emotions about their current life challenges, victories and visions. WOW also arranged special outings and events, including a tour of the San Diego Museum of Photographic Arts, birthday lunches, a summer party, and the annual Lois Herr Luncheon in honor of their group member, Lois Herr, a proud and passionate woman who suffered a spinal cord injury (SCI) and passed away in 2001. With a network of more than 185 disabled women and community partners, WOW is the only support group strictly for women with disabilities in the San Diego area. The Support Group for Men with SCI also met monthly at the SMH Rehabilitation Center and offered guest speakers and special outings in FY 2015, including a trip to a Padres game. In addition, group members offered their own peer support to SMH patients with recent injuries. The Support Group for Men with SCI served approximately 40 meeting attendees in FY 2015. The group includes an additional 80 community members involved through an electronic resource and support network. Sharp Rehab also devoted time to the HeadNorth Foundation in FY 2015, a nonprofit organization dedicated to providing essential support and guidance to those affected by SCI. Approximately 25 individuals were served through the Sharp Players weekly support group in FY 2015, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. Through the group, members provided performances for approximately 200 community members at a variety of community sites in SDC, including the San Diego Brain Injury Foundation, Merrill Gardens retirement home, University City Older Adult Center, Beldon Village affordable housing and the Point Loma Community Presbyterian Church Senior Program. In addition, in January, Sharp Rehab offered a presentation titled Compassion: A Human Trait and a State, to approximately 100 seniors at the University of the Third Age event offered by the University of San Diego (USD), a three-week learning program to help community members ages 55 and older keep their minds and bodies sharp as they age. The Pavilion offers the Cushman Wellness Center Community Health Library, featuring DVDs, CDs, books, pamphlets and access to the Internet to help patients and community members locate reliable health information in various languages. The Community Health Library is led by a consumer health librarian with a specialty in community health as well as a store manager with expertise in health-related gifts, assisted devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter as well as a classroom community calendar for the Pavilion. In FY 2015, 450 newsletters were mailed and 150 newsletters were electronically delivered to community members each quarter. The library also collaborates with and provides resources to all Sharp entities. Community members can learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage. In FY 2015, community outreach by the consumer health librarian was a high priority. The consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways, such as mini blood pressure trackers and first-aid kits, to more than 3,000 people at a variety of community organization sites, health fairs and events. This included the seventh annual

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)		I LGBT Senior Resource Fair, the San Diego Steps 4 Health Family Fun Day & Health Fair, the Parkinson's Association of San Diego's Parkinson's Disease Support Group, talks with seniors at Jewish Family Service of San Diego and Gary and Mary West Senior Wellness Center, the annual San Diego Earth Fair at Balboa Park, the Sharp Senior Health & Information Fair at Point Loma Community Presbyterian Church, the annual Sharp Women's Health Conference, the UCSD Pre-Medical Student Health Fair, and the 26th annual Women's Resource Fair, a unique event hosted by the San Diego Volunteer Lawyer Program designed to provide women, children and teens in need with essential resources and services. During this event, the consumer health librarian offered health resources to individuals unable to locate health information on their own due to a lack of Internet access. The consumer health librarian also shared health literacy best practices with the larger health care community through contribution of articles to the Journal of Hospital Librarianship and The San Diego Union-Tribune, as well as served on CHIP Health Literacy Task Force, a collaborative of experts working to address health literacy in SDC. To support families with children who have a loved one in the medical intensive care unit (MICU), the Cushman Wellness Center Community Health Library created and piloted a booklet titled 'You Are Important! Children Visiting in the Medical Intensive Care Unit'. Using colorful illustrations and age-appropriate language, the booklet helps parents prepare their children to feel more comfortable about visiting their loved one in the MICU, it's also for children who are not visiting the hospital to understand what is happening to their loved one. Additionally, the booklet is a helpful resource for clinical staff who interact with children visiting with patients. The consumer health librarian shared best practices from the booklet with health professionals at the October 2014 Quint Essential Convergence and Collaboration meeting, a joint meeting of five regional library groups. In FY 2015, SMH provided first-aid booths, health screenings and health information at numerous community-sponsored health fairs and events, including the Rock 'n' Roll Marathon, San Diego Earth Fair, San Diego Crew Classic, the AHA Heart & Stroke Walk, and Finish Chelsea's Run. Various hospital departments also provided health services and education at Sharp's annual Women's Health Conference, including but not limited to breast self-exam demonstrations, genetics and nutrition information, chair massage, acupuncture, integrative therapies, sleep apnea assessment, pelvic floor dysfunction assessment and Kegel exercises, hand screening, evaluation and recommendations for pain and discomfort, musculoskeletal pain screening, posture assessment, and education on desk exercises, ergonomics and sports medicine, and osteoporosis heel screening and education. In addition, SMH provided coordination, support and related fundraising activities for the AHA Heart & Stroke Walk. FY 2016 Plan SMH will do the following:

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Form 990, Part III, line 4a (Continued)		* Continue to offer educational classes on a variety of health and wellness topics to community members * Continue to provide a variety of support groups to community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure * Develop and coordinate quarterly calendars and newsletters for community health education and screening events * Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals * Continue to increase awareness of the Community Health Library and its resources * Continue to provide health education, first-aid booths and health screenings at community events, as requested by community partners * Provide coordination, support and fundraising-related activities for local nonprofit organizations Identified Community Need Cancer Education and Patient Navigator Services Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * In the HAS D&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals * Community members participating in the HASD&IC 2013 CHNA community forums held throughout SDC also strongly aligned access to care and care management with maintaining health * In 2014, cancer was the leading cause of death for SDC residents * In 2013, there were 5,030 deaths due to cancer (all types) in SDC The age-adjusted death rate due to cancer was 155.7 deaths per 100,000 population in SDC * From 2010 to 2013, cancer was the leading cause of death in SDC, responsible for nearly 20,000 deaths overall * Healthy People 2020 has multiple objectives for reducing various cancer types, with an overall cancer death rate reduction goal of 10 percent, from 179.3 cancer deaths per 100,000 in 2007 (age-adjusted to 2,000 standard population) to 161.4 deaths per 100,000 population * According to the California Cancer Registry (CCR) 2014 report, California Cancer Facts & Figures, in that year, the predicted number of new cancer cases for all sites in SDC was 13,455 Expected cancer deaths in SDC for 2014 were predicted to be 4,815 * According to the ACS, a total of 1,658,370 new cancer cases and 589,430 cancer deaths were projected to occur in the U.S. in 2015 California was projected to have the most new cancer cases (172,090) and the highest number of deaths (58,180) in 2015 * By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (CCR, 2013, Truven Health Analytics Market Discovery Planning) * According to the ACS 2015 Cancer Facts & Figures report, in 2015, there are an estimated 25,270 new cases of breast cancer and an estimated 4,320 breast cancer deaths for females in California This is far higher than any other type of new cancer in the state * According to the 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the mortality rate of breast cancer in SDC is 22.7 deaths per 100,000 women This rate is higher than the HP2020 target of 20.7 breast cancer deaths per 100,000 women * The 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report reveals SDC has a higher incidence rate (128.6 per 100,000) for breast cancer than the U.S. and the state of California (122.1 and 122.0, respectively) * According to the 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, in SDC there are 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women It is expected that SDC will take approximately five years to meet the HP2020 target * According to the 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, in SDC black women have the highest death rates (27.7 per 100,000 women) and the highest late-stage diagnosis rates (51.6 per 100,000 women) for breast cancer White women have the second highest rates of breast cancer deaths and late-stage diagnosis, followed by Asian-Pacific Islander (API) women Latina women showed lower rates for breast cancer death and late-stage diagnosis compared to non-Latina women * The same report identified the following barriers for San Diego community members in accessing breast health care: cultural and language barriers, socioeconomic status, education and awareness, financial barriers including insurance, HMO authorization, transportation and childcare, lack of self-care, fear of screening and other aspects of the medical system, homelessness and joblessness The study findings indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women Community efforts should also focus on improving transportation and education to reduce fear and uncertainty * According to the 2015 Su

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Form 990, Part III, line 4a (Continued)		San G. Komen for the Cure San Diego Affiliate Community Profile Report, approximately 81.9 percent of women in SDC between the ages of 50 and 74 reported having a mammogram in the past two years, exceeding the Healthy People 2020 target of 81.1 percent for breast cancer screenings. * According to a 2014 report from the American Cancer Society (ACS), California Cancer Facts & Figures, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of pre-cancerous growths is known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began. * The ACS recommends most women should start annual breast cancer screenings between the ages of 45 and 54 and biannually after age 55, but women should have the option to continue annual screenings. Previously, the ACS recommended women begin annual breast cancer screenings at age 40. Research shows that breast cancer is uncommon for that age group and many false alarms are more likely (Oeffinger et al., Journal of the American Medical Association (JAMA), 2015). * According to a 2013 study published in the Journal of Clinical Oncology, newly diagnosed cancer patients who receive support from a patient navigator tend to experience higher satisfaction of care and fewer problems with psychological and social care, coordination of care, and health information. With patient navigation services, patients reported feeling more involved in their care, more informed and better prepared for the future (Wagner et al., 2013). * A study published in the JAMA found that even though mortality from breast cancer has declined since 1990 due to improvements in early detection and treatment, an estimated 40,290 women in the U.S. will die of breast cancer in 2015 (Oeffinger et al., JAMA, 2015). Objectives * Provide a variety of cancer education and support groups to patients and community members. * Provide cancer patient navigation and support services to the community. FY 2015 Report of Activities Note SMH is accredited by the National Accreditation Program for Breast Centers (NAPBC). Accreditation by the NAPBC indicates the highest standard of care for patients with diseases of the breast. SMH is also accredited by the American College of Surgeons Commission on Cancer (CoC) as a Comprehensive Community Cancer, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer. In FY 2015, the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and family members through a variety of support groups, educational classes and community events.

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Form 990, Part III, line 4a (Continued)	Monthly and bimonthly cancer support groups reached as many as 10 to 20 attendees per session in FY 2015. Support groups included Women's Cancer, Life After Cancer, Living with Advanced Cancer, Care Partner - a support group specifically for friends and family members of cancer patients, and the Young Patient's support group - the only support group in San Diego for young adult men and women with cancer. Educational classes reached nearly 250 individuals impacted by cancer. Utilizing resources and guidelines from the National Cancer Institute (NCI), American Institute for Cancer Research, ACS, and the Environmental Working Group, free nutrition classes educated participants on maintaining optimal nutrition and basic nutrition and dietary recommendations during and after breast cancer treatment. In addition, a six-week Food for Life cooking series educated participants about the power of food for cancer prevention and survival. Instructed by the Cancer Project - a program of the Physicians Committee for Responsible Medicine (PCRM) - the series included nutrition lectures, live cooking demonstrations and food tastings to help participants learn how to prepare simple and healthy meals at home. An Exercise and Stress Management class was also offered, which taught relaxation methods to allow the body to heal and easy strategies for exercising without going to the gym. Through monthly Lunch and Learn classes, individuals and families impacted by cancer received education and support on how to address the emotional aspects of new cancer diagnosis, what to expect for those with children or grandchildren at home and cancer survivorship. In addition, Cancer and the Arts classes were offered twice per month as an outlet for individuals with cancer to express themselves and improve their overall well-being through healing art activities. In April, a free physician-led Breast Cancer Education Forum was held for individuals with a recent breast cancer diagnosis. Attendees learned about the pathological wording and staging of their particular cancer type as well as various treatment options. In addition, SMH provided meeting space for four Look Good Feel Better classes, led by the ACS, to teach women beauty techniques to manage appearance-related side effects of cancer treatment. In FY 2015, the Laurel Amtower Cancer Institute offered two free classes on Lymphedema - a condition of tissue swelling as a result of damage or blockage to the lymph system that may result from cancer treatment. Led by a certified lymphedema therapist, the classes served community members with or at risk for lymphedema and included education on steps for prevention and care if the condition is developed. Uninsured participants at risk for or suffering from lymphedema were referred to appropriate community resources for need-based compression sleeves and gauntlets. Furthermore, weekly Healthy Steps classes taught gentle, therapeutic exercise movements based on the Lebed Method to prevent lymphedema and increase range of motion for breast cancer survivors, seniors and those battling other chronic health conditions. Throughout the year, the Laurel Amtower Cancer Institute staff provided cancer education and resources to hundreds of community members at a variety of community events, including the San Diego State University (SDSU) 2015 Health Expo - The Road to Wellness, the 30th annual Linda Vista Multicultural Fair & Parade, Fiesta del Sol family festival, and the Sharp Women's Health Conference. In observance of National Cancer Survivors Day, the Laurel Amtower Cancer Institute staff held a celebratory event for three days in June to recognize cancer survivors, support cancer patients and educate the community, including a Survivorship Education class held later that month. The Laurel Amtower Cancer Institute at SMH includes the Breast Health Center and the Neuro-Oncology Center, with two designated licensed clinical social workers (LCSW), a dietician, genetics counselor and four oncology patient navigators to guide and support patients and their families from the time of diagnosis through the course of treatment. In FY 2015, LCSWs served more than 2,000 individuals through free psychosocial and emotional support, education and referrals for patients and their family members, while the dietician received nearly 300 new patient referrals for nutrition counseling. Serving SMH, SGH and SCVMC, the genetics counselor provides risk assessment, counseling, genetics testing for personal and family history of cancer and referrals for high-risk patients. In FY 2015, the genetics counselor reached approximately 250 oncology patients and family members and dedicated nearly 450 hours to genetics counseling across each entity. In addition, each of the four patient navigators are assigned to a group of specific cancer diagnoses, including breast cancer, brain tumors, leukemia and lymphomas, head and neck, and lung cancers, and colon, rectal, renal, prostate,	

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	Form 990, Part III, line 4a (Continued)	gynecological and all other cancers. The patient navigators provide ongoing guidance for patients and families, including facilitation of appointment scheduling, explanation of procedures and test results, provision of education and support during diagnosis and treatments, and provision of financial resources and referrals to community agencies including, but not limited to, Mama's Kitchen, Meals-on-Wheels, ACS, Jewish Family Service of San Diego, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Wigs by Patti's Pearls, Brighter Side boutique for women with cancer, and the Cancer Project. FY 2016 Plan The Laurel Amtower Cancer Institute at SMH will do the following: * Continue to provide a variety of educational classes, including nutrition and exercise, for patients and community members impacted by cancer. * Continue to provide cancer support groups for patients and community members, including groups for breast cancer, advanced cancer, young cancer patients, couples who are coping with cancer and friends and family of cancer patients. * Provide art and relaxation-themed classes for individuals with cancer. * Continue to participate in community walks, health fairs and events. * Provide patient navigator services to cancer patients, families and community members with cancer. * Continue to seek funding to support the Laurel Amtower Cancer Institute. Identified Community Need: Prevention of Unintentional Injuries Rationale references the findings of the 2013 SMH Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale: * In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top 15 priority health conditions among SDC hospitals. * In 2014, accidents (unintentional injuries) were the fifth leading cause of death for SDC overall. Unintentional injuries - motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/fire/smoke, natural disasters and injuries at work - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. * In 2014, there were 1,101 deaths due to unintentional injury in SDC. The region's age-adjusted death rate due to unintentional injuries was 32.0 deaths per 100,000 population. * Between 2010 and 2014, nearly 5,000 San Diegans died as a result of unintentional injuries. * In 2013, there were 22,454 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 691.5 per 100,000 population. * In 2013, there were 156,940 unintentional injury-related ED discharges in SDC. The age-adjusted rate of visits due to unintentional injury was 4,984.5 per 100,000 population. * According to the California Department of Public Health's Burden of Chronic Disease and Injury Report: California, 2013 injury, including both intentional and unintentional, is the number one killer and disabler of persons ages one to 44 in California. * The same report states that every year in California, injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations and 2.3 million ED visits.

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	Form 990, Part III, line 4a (Continued)	* Between 2012 and 2013, unintentional injuries accounted for 85 percent of all injury deaths among adults ages 65 and older in the U S (National Center for Health Statistics, 201 5) * According to HP 2020, most events resulting in injury, disability or death are predictable and preventable There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations) Objective * Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC FY 2015 Report of Activities With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), ThinkFirst/Sharp on Survival speakers connected with students from more than a dozen schools throughout SDC including Castle Park High School, Coronado High School, Eastlake High School and Oceanside High School as well as at-risk teenagers from San Diego High School of Science and Technology (formerly San Diego High) Reaching more than 350 students, the program offered a variety of classroom presentations, small assemblies, and personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs) Educational topics included the consequences of poor decision making, injury prevention and available careers in health care In addition, students interested in pursuing careers in health care received a half-day tour of the SMH Rehabilitation Center In March, the Children's Primary School in Claremont invited ThinkFirst/Sharp on Survival to their event titled The Human Body to provide information about the brain and spinal cord as well as injury prevention In preparation for the event, students from kindergarten through eighth grade created interactive educational displays to engage families and the local community More than 300 community members attended the event, where they learned about a variety of topics such as the nervous system, digestive system and circulatory system FY 2016 Plan ThinkFirst/Sharp on Survival will do the following * With funding support from grants, provide educational programming and presentations for local schools and organizations * With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs * Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership * Grow partnership with HASPI through participation in conferences and round table events * As appropriate with funding, explore opportunities to incorporate concussion education into school and community based presentations * Through the HASPI partnership, continue to expand educational presentations to schools in North County, South Bay and Coronado * Explore further opportunities to provide education to health care professionals and college students interested in health care careers Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2013 SDC Healthcare Shortage Areas Atlas from the County of San Diego H HSA, SDC is one of 28 counties in California listed as an RN Shortage Area * The demand for RNs and other health care personnel in the U S will increase due to the aging population Nurses will be needed to educate and care for patients with various chronic conditions , such as arthritis, dementia, diabetes and obesity In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform More nurses will be needed to care for these patients (Bureau of Labor Statistics (BLS), 2012) * The BLS projects an employment of more than 3.1 million RNs in the U S in 2024, an increase of 16 percent from 2014 * The BLS projects that the demand for home health aides will grow 38.1 percent from 2014 to 2024 As the U S population ages, the demand for home health aides to provide assistance will continue to increase The older population often has health problems and will need help with daily activities * Total employment is projected to increase by 6.5 percent, o

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	Form 990, Part III, line 4a (Continued)	r 9.8 million, from 2014 to 2024. Health care and social assistance is projected to increase its employment share from 12 percent in 2014 to 13.6 percent in 2024, the fastest growing service industry. Occupations and industries related to health care are projected to add the most new jobs with an increase of 2.3 million in employment (BLS, 2015). * According to the San Diego Workforce Partnership, healthcare specialty occupations expected to add employment by 12 percent (7,466 jobs) between 2013 and 2018 in San Diego County. The top six growing healthcare occupations are RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses. * According to the San Diego Workforce Partnership, there is a growing demand for health care workers, but employers express a challenge to fill open positions because of an "experience gap" among recent graduates. While new graduates often possess the requisite academic knowledge to be hired, they lack professional experience. * The San Diego Workforce Partnership recommends programs that provide volunteer opportunities to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. * According to a March 2014 report from the California Hospital Association (CHA) titled Critical Roles: California's Allied Health Workforce Follow-Up Report, in the coming decades, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure. Objectives * In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions. * Provide training for local, national and international health care professionals. FY 2015 Report of Activities

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Form 990, Part III, line 4a (Continued)		SMH offered students and interns throughout SDC various placement and professional development opportunities in FY 2015. Approximately 400 nursing students and more than 300 ancillary students from a variety of colleges and universities spent more than 122,000 hours at SMH in FY 2015. Program partners included Alliant International University, Azusa Pacific University (APU), Boston University, California Northstate University, California State University Dominguez Hills (CSUDH), California State University San Marcos (CSUSM), Creighton University, EMSTA College, Kaplan College, Palomar College, Point Loma Nazarene University (PLNU), San Diego Mesa College, SDSU, Southwestern College (SWC), and USD. During the year, case management and social work team members mentored three Master of Social Work (MSW) students from the University of Southern California (USC) and the SDSU School of Social Work. In addition, SMH's Clinical Pastoral Education (CPE) Program offered clinical training to six chaplain residents, teaching them theories and skills to help them provide exceptional spiritual care to patients and their families. The CPE program also presented to 20 SDSU nursing students about the role of a chaplain. Furthermore, Sharp Rehab presented to 50 physical and occupational therapy students at the University of St. Augustine in San Marcos on adjusting to disability. Through affiliations with EMSTA College, National College of Technical Instruction, Palomar Community College, SWC, and West Med College, SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns. This included 17 EMT students who spent one eight-hour shift in the ED, and 32 paramedic interns who spent 144 hours each in clinical training in the ED. The paramedic interns also completed rotations in other hospital areas including labor and delivery, pulmonary, trauma, neonatal intensive care unit (NICU), the operating room (OR) and catheterization lab. SMH staff contributed nearly 4,750 hours of clinical training and supervision to these specialized community programs in FY 2015. SMH and SGH continued to provide one of only two mobile intensive care nurse training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants receive certification through San Diego County EMS upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit. SMH also provided a comprehensive two-day course in orthopedic nursing to approximately 50 community health care professionals. The course covered a variety of topics, including total joint replacement, foot and ankle, trauma, bone tumors, spine, mobility, pediatrics, metabolic disease and complications. In addition, Sharp hosted a European and North American Perspectives on Hip Preservation conference to provide learning opportunities to community orthopedic surgeons, radiologists, orthopedic nurses, physician assistants, physical therapists and other professionals involved in the care of patients with hip conditions as well as student interns and residents in the community. Conference topics included cemented hip arthroplasty, the state of hip preservation in Australia, case presentations and question and answer sessions. The conference featured presentations by orthopedic surgeons from Sharp as well as international experts from Germany, Austria and Switzerland. SMH also continued its participation in the HSHMC program to provide early professional development for students at all levels of high school. During the school year, 190 students in ninth through 12th grade were supervised for approximately 20,500 hours between SMH and the Pavilion. A variety of hospital areas participated in the program, including inpatient nursing, ED, laboratory, pathology, radiology, cardiology, pulmonary rehabilitation and physical therapy. Students were also oriented to hospital operations, including the cafeteria, engineering, supply chain and security. SMH has also incorporated educational components on patient- and family-centered care and the culture of a professional work environment in the HSHMC experience. In addition, 15 HSHMC students devoted approximately 1,600 hours to the Sharp Rees-Stealy (SRS) facility located adjacent to SMMC. Sharp Rehab continued to provide free professional development opportunities for community and Sharp health professionals in FY 2015, including Compassion Cultivation Training (CCT) and Mindful Self-Compassion (MSC) training. Developed by the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine, CCT is a nine-week course designed to help professionals develop compassion for themselves and others. Through lectures, guided compassion cultivation

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	Form 990, Part III, line 4a (Continued)	exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance participants' feelings of well-being. Designed by professionals at the University of Texas and the Harvard Medical School-Cambridge Health Alliance, MSC is an eight -week course that teaches mindful awareness, self-kindness and self-compassion skills to help health professionals recognize difficult situations and respond with greater stress resilience. The CCT and MSC courses trained approximately 150 health professionals in FY 2015. SMH is a Planetree Patient-Centered Hospital Designated with Distinction, representing the highest level of patient-centered care. With this recognition, SMH continued to provide hospital tours to share its experience in patient- and family-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. Participants toured various hospital units, as well as the Cushman Wellness Center Community Health Library, to learn about SMH's unique programs and design properties that promote patient- and family-centered care, a healing environment, workforce efficiency and effective use of technology. Participants may then apply these learnings to improve service delivery and customer experience within their own organizations. FY 2016 Plan SMH will do the following: * Continue to provide professional development opportunities for health professions students and interns throughout SDC * Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers * Continue to provide clinical training for chaplain interns through the CPE Program * Continue to offer CCT and MSC courses for community health professionals * Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care * Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center * Provide a two-day conference for orthopedic nurse certification Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs. Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale: * Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health and obesity) * Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health * According to 2014 CHIS data, 15.7 percent of those 18 to 64 years of age in SDC were not currently insured * In 2013, 23.08 percent of the population in SDC was living below the poverty level, with 27.39 percent of those families with children * In 2014, nearly eight percent of families in SDC received some form of cash public assistance * In 2014, 30.4 percent of children and 17.7 percent of households in SDC received food stamps/Supplemental Nutrition Assistance Program (SNAP)/CalFresh benefits (CHIS) * According to 2014 CHIS data, 82.6 percent of adults ages 18 and older in SDC have a usual source of care. Among these adults, 20.7 percent utilize a community clinic, government clinic or community hospital as their usual source of care.

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Form 990, Part III, line 4a (Continued)		* According to 2014 CHIS data, in SDC for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (54.2 percent) and public programs (15.2 percent) * As of November 2015, the overall unemployment rate was 4.8 percent for SDC, falling below the unemployment rate for the state of California in December 2015 of 5.8 percent (BLS, 2015) * Between 2012 and 2014, demand for ED services in SDC increased by 3.3 percent, from 449,000 to 561,000 visits (askCHIS) * In 2015, the health insurance benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$511 and \$625 per month, for three or more participants on the plan in California, COBRA costs ranged from \$1,687 to \$1,961 per month (2015 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans) * Between 2009 and 2014, community clinics in California have experienced rising rates of primary care clinic utilization. The number of persons utilizing the clinics increased by 5.9 percent between 2013 and 2014 (Office of Statewide Health Planning and Development, 2015) * Consistent with demand, the number of community clinics in California rose from 1,010 in 2009 to 1,289 (or 27.62 percent) in 2014 (OSPHD, 2014) Objectives * Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals * Assist economically disadvantaged individuals through transportation and pharmaceutical assistance FY 2015 Report of Activities In FY 2015, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SMH discharged chronically homeless patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe environment, and also provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help these patients get back on their feet. Sharp also provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays. In addition, clinical social work services, particularly for homeless populations, include assessment for individuals at risk for psychiatric disorders, developmental disorders and substance abuse issues. For these high-risk individuals, referrals are provided as needed for housing, medication management and supportive community services. To further assist economically disadvantaged individuals, SMMC provided more than \$111,000 in FY 2015 in free medications, transportation, lodging and financial assistance through its Project HELP funds. SMH also piloted a Meds-to-Beds program in FY 2015 to bring prescribed medications directly to patients before they leave the hospital, and help increase medication adherence post-discharge. These patients face challenges with picking up their medications on their own due to costs or other access issues. FY 2016 Plan SMH will do the following * Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources to chronically homeless patients * Explore collaborations with Society of St. Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients * Continue to administer Project HELP funds to those in need, evaluate program to ensure it meets needs of the population served * Continue to provide internship opportunities to graduate students * Continue to pilot the Meds-to-Beds program to ensure that unfunded and underfunded insured patients receive needed medications prior to hospital discharge * With funding from the SMH Auxiliary, provide clothing for patients who lack usable clothing at discharge * Continue to provide financial assistance for prescription copayments and other personal items * Explore the provision of temporary caregivers to support vulnerable elderly patients in the transition from hospital to home SMH Program and Service Highlights Sharp Memorial Hospital * 24-hour emergency services with heliport and base station * Acute care * Bariatric * Bioethics consultation * Breast health, including mammography * Cancer Institute * Cardiac care * Cardiac rehabilitation * Community Care Partner Program * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * Computed Tomography Scan * Electrocardiogram * Electroencephalography * Group and art therapy

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Form 990, Part III, line 4a (Continued)		erapy, including Arts for Healing Program * Heart Valve Surgery Center * Home health * Home infusion services * Hospice * Integrative healing therapies * Interventional radiology * Intensive Care Unit (ICU) * Laboratory services * Mechanical Circulatory Support Device Program * Nutrition and metabolic services * Occupational therapy * Open medical records program * Organ transplantation (heart, kidney, pancreas) * Orthopedics Program * Pain Management Center * Palliative care * Pathology services * Pre-Anesthesia Evaluation Services * Physical therapy * Primary care * Radiology services * Rehabilitation Center * Robotic surgery * Senior health services * Senior Resource Center * Sharp and Rady Children's MRI Center * Sleep laboratory * Spiritual care and education * Stroke Center * Surgical services * Thoracic (lung) surgery * Trauma Center * Van services * Warfarin management * Wound and Ostomy Center Sharp Memorial Outpatient Pavilion * Cancer services * Cushman Wellness Center, including health screening and lifestyle and fitness assessment * Cushman Wellness Center Community Health Library * Diabetes services - recognized by American Diabetes Association * Diagnostic services * Executive Health Program * General and Diagnostic Outpatient Imaging Center, including Women's imaging and 3-D mammography * Genetic Counseling * Integrative Medicine and Therapies * Ophthalmology * Outpatient Surgery Center * Positron Emission Tomography/ Computerized Tomography Imaging System * Pre-Anesthesia Evaluation Services * Radiation oncology and infusion services * Sharp Rees-Stealy Surgical Eye Consultants, including Ophthalmology and Optometry * Summerfelt Endoscopy Center * Virtual Colonoscopy * Vision Laser Center Sharp Senior Health Center Downtown * Community health education programs * Community health services * Primary and comprehensive physical and mental health care services to seniors Sharp Senior Health Center Clairemont * Community health services * Primary and comprehensive physical and mental health care services to senior Section 7 - Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2015 Community Benefit Program Highlights Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided \$12,749,089 in community benefit in FY 2015 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill (SB) 697 Table 1 Economic Value of Community Benefit Provided Sharp Mesa Vista Hospital and Sharp McDonald Center - FY 2015 SB 697 Category Programs and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$1,894,865 Shortfall in Medicare \$2,832,555 Shortfall in San Diego County Indigent Medical Services \$6,080,798 Shortfall in CHAMPVA/TRICARE \$790,347 Charity Care and Bad Debt \$136,298 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$538,965 Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events \$224,279 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$250,982 TOTAL \$12,749,089 Key highlights

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	Form 990, Part III, line 4a (Continued)	* Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), San Diego Suicide Prevention Council, Community Health Improvement Partners (CHIP) Behavioral Health Work Team, California Mental Health Coalition, Partners in Treatment Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction, Treatment and Healing), California Board of Behavioral Sciences, Psychiatric Emergency Response Team (PERT) and Serving Seniors See Appendix A for a listing of Sharp community involvement In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training of health care professionals and student and intern supervision Definition of Community * SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115, SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021 As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC) The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo For SMV's and SMC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC The CNI identifies the severity of health disparity for every ZIP code in the United States based on specific barriers to health care access including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations According to the CNI, communities served by SMV with especially high need include but are not limited to East San Diego, City Heights, North Park, the College Area, and Downtown San Diego Description of Community Health In SDC in 2014, 98.2 percent of children ages 0 to 11, 91.5 percent of children ages 12 to 17, and 84.3 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP 2020) national targets for health insurance coverage See Table 2 for a summary of key indicators of access to care and Table 3 for data regarding Medi-Cal eligibility In SDC in 2014, 20.9 percent of adults ages 18 to 64 did not have a usual source of care and 14.3 percent of these adults had health insurance In addition, 14.3 percent reported fair or poor health outcomes Further, 43.6 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure <table><tr><th colspan="5">Table 2 Health Care Access in SDC, 2014</th></tr><tr><th>Description</th><th>Rate</th><th>Year</th><th>2020 Target</th><th>Current</th></tr><tr><td>Health Insurance Coverage</td><td></td><td></td><td></td><td></td></tr><tr><td>Children 0 to 11 Years</td><td>98.2%</td><td></td><td>100%</td><td></td></tr><tr><td>Children 12 to 17 Years</td><td>91.5%</td><td></td><td>100%</td><td></td></tr><tr><td>Adults 18 + Years</td><td>84.3%</td><td></td><td>100%</td><td></td></tr><tr><td>Regular Source of Medical Care</td><td></td><td></td><td></td><td></td></tr><tr><td>Children 0 to 11 Years</td><td>97.9%</td><td></td><td>100%</td><td></td></tr><tr><td>Children 12 to 17 Years</td><td>83.0%</td><td></td><td>100%</td><td></td></tr><tr><td>Adults 18 + Years</td><td>79.1%</td><td></td><td>89.4%</td><td></td></tr><tr><td>Not Currently Insured</td><td></td><td></td><td></td><td></td></tr><tr><td>Adults 18 to 64 Years</td><td>15.7%</td><td></td><td></td><td></td></tr></table> Source 2013-2014 California Health Interview Survey (CHIS) <table><tr><th colspan="2">Table 3 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2014</th></tr><tr><th>Description</th><th>Rate</th></tr><tr><td>Medi-Cal Eligible</td><td>28.7%</td></tr><tr><td>Not Eligible</td><td>71.3%</td></tr></table> Source 2013-2014 CHIS An analysis of 2014 mortality data for SDC revealed Alzheimer's disease and suicide as the third and eighth leading causes of death for SDC, respectively <table><tr><th colspan="2">Table 4 summary</th></tr></table>	Table 2 Health Care Access in SDC, 2014					Description	Rate	Year	2020 Target	Current	Health Insurance Coverage					Children 0 to 11 Years	98.2%		100%		Children 12 to 17 Years	91.5%		100%		Adults 18 + Years	84.3%		100%		Regular Source of Medical Care					Children 0 to 11 Years	97.9%		100%		Children 12 to 17 Years	83.0%		100%		Adults 18 + Years	79.1%		89.4%		Not Currently Insured					Adults 18 to 64 Years	15.7%				Table 3 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2014		Description	Rate	Medi-Cal Eligible	28.7%	Not Eligible	71.3%	Table 4 summary	
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Form 990, Part III, line 4a (Continued)		izes the leading causes of death in SDC For additional demographic and health data for c ommunities served by SMV and SMC, please refer to the 2013 CHNAs for these entities, avail able at http //w w w sharp com/about/community/community-health-needs-assessments Table 4 L eading Causes of Death in SDC, 2014 Cause of Death Number of Deaths Malignant neoplasms 4, 891 Diseases of heart 4,586 Alzheimer's disease 1,316 Cerebrovascular diseases 1,155 Accid ents (unintentional injuries) 1,101 Chronic lower respiratory diseases 995 Diabetes mellit us 588 Intentional self-harm (suicide) 421 Chronic liver disease and cirrhosis 319 Essenti al hypertension and hypertensive renal disease 314 Influenza and pneumonia 304 Parkinson's disease 268 Pneumonitis due to solids and liquids 134 Viral hepatitis 118 Nephritis, nephrotic syndrome and nephrosis 112 Source Centers for Disease Control and Prevention, Natio nal Center for Health Statistics Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015 Data are from the Multiple Cause of Death Files, 1999-2014, as c ompiled from data provided by the 57 vital statistics jurisdictions through the Vital Stat istics Cooperative Program Community Benefit Planning Process In addition to the steps ou tlined in Section 3 regarding community benefit planning, SMV and SMC * Incorporate commu nity priorities and community relations into their strategic plans and develop specific pr ogrammatic goals * Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Host a bimonthly committee to discuss, plan and implement community activities Priority Community Needs Ad dressed in Community Benefit Report - SMV 2013 CHNA and SMC 2013 CHNA Through the SMV 2013 CHNA and the SMC 2013 CHNA, behavioral health was identified as a priority health need fo r SDC Although additional priority health needs were identified for SDC through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical de pendency programs and services, these additional identified health issues (cardiovascular health, diabetes and obesity), fall outside the scope of services provided by SMV and SMC Thus, these identified health needs are not addressed in the community benefit report for these two hospitals In alignment with the identified need of behavioral health, the foll owing pages detail programs that specifically address * Mental health and substance abuse education and support for the community * Improving behavioral health outcomes for senior s at risk * Mental health and substance abuse education for health care professionals and students and collaboration with local schools to promote interest in health care careers F or each priority community need identified above, subsequent pages include a summary of th e rationale and importance of the need, objective(s), FY 2015 Report of Activities conduct ed in support of the objective(s), and FY 2016 Plan of Activities Identified Community Ne ed Mental Health and Substance Abuse Education for the Community Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent SDC communi ty health statistics unless otherwise indicated Rationale

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* The SMV and SMC 2013 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC * The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified behavioral health as one of the top four priority health issues for community members in SDC * The following conditions were identified in the SMV and SMC 2013 CHNAs as priority behavioral health issues in SDC: anxiety, trauma (particularly with San Diego's military population), mood disorders including depression and bipolar disorder, personality disorders (especially antisocial personality disorder with indigent individuals or individuals with co-occurring disorders), and chemical dependency * Community health leaders participating in the SMV 2013 CHNA process identified stigma as a significant barrier to improving the behavioral health in SDC * Community member input from the SMV and SMC 2013 CHNAs revealed the concern for and need for specific attention to co-occurring disorders - behavioral health disorders that include both mental health and substance abuse issues * In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to behavioral health in more vulnerable communities within SDC * In 2014, Alzheimer's disease and suicide were the third and eighth leading causes of death for SDC, respectively (CDC, 2014) * In 2014, the age-adjusted death rate due to suicide in SDC was 12.5 deaths per 100,000, which is higher than the HP 2020 target of 10.2 deaths per 100,000 * In 2013, the age-adjusted rate of self-inflicted injury emergency department (ED) discharges in SDC was 81.2 per 100,000 population * In 2013, there were 2,473 cases of overdose/poisoning hospitalizations in SDC and the age-adjusted rate of overdose/poisoning hospitalizations among SDC residences was 76.2 percent * In 2013, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 163.1 per 100,000 population. County age-adjusted rates for overdose/poisoning-related ED visits were higher in females when compared to males, which is higher among Blacks when compared to other races, and higher among individuals ages 15 to 24 years when compared with other age groups * In 2014, 40.1 percent of adults in SDC ages 18 to 64 reported an episode of binge-drinking in the past year. Additionally, 2.9 percent of teens reported an episode of binge-drinking the previous month (CHIS, 2014) * Approximately 9.2 million adults have co-occurring mental health and addiction disorders in the U.S. (National Alliance on Mental Illness (NAMI), 2013) * In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders (NAMI, 2013) * According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide * In the first six months of 2014, Family Health Centers of San Diego reported a huge increase in demand for mental health service, with a 52 percent increase in mental health visits compared to the same period in 2013. The increase is attributed to the Patient Protection and Affordable Care Act's requirement that mental health care be one of 10 essential benefits all insurance policies must include starting January 1, 2014 * Serious mental illness costs America \$193.2 billion in lost earnings per year and those facing serious mental illness face an increased risk of having chronic medical conditions. Objectives * Provide mental health and substance abuse education for patients, their loved ones and the community * Facilitate community reintegration through community service activities * Provide support for members of the community impacted by mental health and substance abuse issues. FY 2015 Report of Activities To increase awareness of mental health and substance abuse, in FY 2015, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse, life transitions and child and geriatric psychiatry. In addition, SMV provided a monthly cognitive therapy lecture series that described a research-based approach for treatment of behavior problems and mood disturbances. Topics in this series included anxiety, anger, depression, panic disorder, bipolar disorder, phobias, relationship problems, grief and loss. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided community

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	educational materials in the hospital lobby through NAMI's San Diego Friends in the Lobby Program. In addition, SMV psychiatric evaluation and intake teams provided approximately 13,000 free psychiatric evaluations and referrals for the general community in FY 2015. In support of community members with behavioral health issues, SMV offered weekly support groups throughout FY 2015, including a Mood Disorders support group for individuals, family and friends impacted by depression, bipolar disorder, schizoaffective disorder or anxiety, an ANAD (National Association of Anorexia Nervosa and Associated Disorders) support group for individuals and families affected by an eating disorder, and a biweekly Dialectical Behavior Therapy (DBT) support group that teaches DBT cognitive behavioral therapy skills to help treat behavioral disorders. Throughout the year, SMV provided specialized services to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan. The programs provide a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD), acute stress and mood-related disruptions. The programs also decrease the use of destructive coping skills through evidence-based practices and include services for spouses and family members who experience distress when their loved one returns with war- or trauma-related symptoms. Team members provide education on reducing the stigma of mental health issues in the military community as well as available resources. This past year, SMV's programs connected with more than 500 community members and veterans. In addition, SMV continues to participate in the San Diego Military Family Collaborative, which meets monthly to discuss services for military members and their families in the community. SMV and SMC also collaborated with partners in the military community through participation in events such as the Veterans, Military and Families Benefits Expo at Balboa Park and the Community Mental Health Summit at the Veterans Affairs (VA) San Diego Medical Center. SMV and SMC provided behavioral health education and resources to approximately 1,000 community members at these events. In addition, SMV participated in and supported the Suicide Prevention for American Veterans Act that improves mental health care and reduces military and veteran suicides. SMV provided mental health resources to approximately 200 veterans, community members and families living with PTSD and traumatic brain injury (TBI) at the Operation Engage America Resource Fair. The event was held at Liberty Station, and honored service members who have taken their own lives. At the Wounded Warrior's Project building, SMV offered education to San Diego's homeless veterans, including self-care and maintaining mental health when physical health is compromised. In addition, SMV provided veterans with bimonthly education on sleep disturbances, PTSD symptoms, self-medication and mental and physical health connections. Each educational session reached approximately 35 veterans.

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Form 990, Part III, line 4a (Continued)	In FY 2015, SMV and SMC sponsored and participated in five walks to increase awareness and raise funds for mental health services, including the NAMI Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Save a Life San Diego/Yellow Ribbon Community Walk, San Diego Alzheimer's Association annual Walk to End Alzheimer's and the American Heart Association's Heart & Stroke Walk. Throughout 2015, SMV attended several health and wellness fairs, conferences and events. At the 20th International Summit & Training on Violence, Abuse & Trauma Across the Lifespan Conference, SMV provided a resource booth with information and education on childhood trauma to approximately 200 attendees. SMV also provided information on services and intake processes at the Psychiatric Emergency Response Team (PERT) Academy Resource Fair, a quarterly training event where SDC police officers are trained to be paired with licensed psychiatric clinicians to evaluate and assess an individual's mental health condition and needs, and, if appropriate, transport the individual to a hospital or treatment center or refer the individual to a community resource or treatment facility. SMV provided education on nutrition to 30 members of the following mental health clubhouses: Corner Clubhouse and Neighborhood House Association's Friendship Clubhouse. SMC offered free chemical dependency assessments, educational materials and community referral resources to approximately 550 community members. In addition, SMV and SMC provided stress management assessments and resources at the 2015 Sharp Women's Health Conference in March. SMV sponsored and participated in several events in FY 2015, benefiting organizations such as the Alzheimer's Association, Mental Health Systems, NAMI and Jewish Family Services Behavioral Health Committee. SMV, in partnership with the Alzheimer's Association, sponsored the Alzheimer's Association's Caregiver Conference designed for caregivers and families who are caring for and living with someone with memory loss, dementia or Alzheimer's disease. The conference provided updated information on Alzheimer's disease, medications and clinical trials as well as offered strategies for daily living and coping. In January, SMV sponsored the Jewish Family Services of San Diego resource and panel event titled Putting the Puzzle Together: Mental Health Policy and Community Options. More than 180 community members attended the event and received mental health resources as well as information from a panel of experts on the successes and challenges of mental health policy in San Diego. SMV also sponsored and participated in the Strut for Sobriety event benefiting A New PATH, a nonprofit organization focused on reducing the stigma associated with addictive illness through education. SMV also hosted and participated in Employee Assistance Professional Association (EAPA) to increase knowledge and education in the behavioral health professional community. In FY 2015, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, a work team including CHIP, housing organizations and other community partners secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Association (ILA). The work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals, educational curriculums for members of the ILA, peer review and accountability through site visits, and advocacy. These efforts seek to improve conditions for ILFs and the consumers housed there, help keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates. The ILA is an initiative of CHIP's Behavioral Health Work Team, in which SMV actively participates, and the registry continues to expand with new participating ILFs. Throughout the year, SMV provided nearly 1,390 hours of free meeting space for a variety of self-help groups on a weekly basis, including Al-Anon, Hoarders Support Behavior, NAR-ANON (Narcotics Anonymous), NAR-ANON District Meeting, Alcoholics Anonymous (AA), Women's Alcoholics Anonymous, My Next 30 Years - Alcoholics Anonymous, Gambler's Anonymous, Tobacco Anonymous, San Diego HEART Support Group, Alcoholics Anonymous - Dual Diagnosis, Obsessive Compulsive Disorder Support, Men's 12-Step Group, 12-Step Recovery Workshop, Cocaine Anonymous, Narcotics Anonymous, ANAD, Pills Anonymous, Sexaholics Anonymous, Co-Dependents Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, the Anxiety and Phobia Clinic, SMART Recovery Community, Saturday Support, A New PATH, Recovery Innovations - Ca	

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)		lifornia Wellness Recovery Action Plan classes, Concerned United Birth Parents, and the SMC and SMV Aftercare and Lifetime Support meetings SMV also continues to provide free meeting space to Friday Night Live, which promotes healthy youth development and engages youth as active leaders in the community, and As Bill Sees It, an AA group that is run according to inspiration from the same-titled book. In addition, SMV provided free meeting space for a professional behavioral health organization, San Diego Physicians for Recovery SMV's Psychiatric Rehabilitation Program is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities In FY 2015, this included Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a coed softball team, the Client Advisory Board, where SMV outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community, and Transit Training, where current and former patients learn to utilize public transportation SMV's Psychiatric Rehabilitation Program also provides current and former patients with the opportunity to attend mental health clubhouses, which provide free rehabilitation programs for individuals with mental illness by focusing on employment, education and support The mental health clubhouses are mainly operated by community members with mental illness and staff support In FY 2015, SMV's program also encouraged current and former patients to participate in the California Department of Rehabilitation, which is committed to providing a variety of career opportunities for advancement and training to community members with mental illness Patients also encouraged community members, staff, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the 11th annual San Diego County NAMI Walk to raise awareness and reduce the stigma around mental health FY 2016 Plan SMV or SMC will do the following * Provide free psychiatric assessments and referrals for the community * Participate in community events to raise awareness and funds for behavioral health services * Host and facilitate various support groups * Participate in key mental health events and activities alongside patients * Provide free meeting space for use by a variety of self-help groups * Continue participation in psychiatric rehabilitation programs and activities * Host and provide a variety of educational events and programs for community members * Continue collaboration with community providers and provide education to ILFs to improve living conditions for individuals with mental illness * Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues * Continue serving as the media's go-to experts for information on mental health conditions and treatment * Through grant funding, provide additional follow-up staff for at-risk patients post-discharge * Explore diversified collaboration with Serving Seniors (former Gary and Mary West Senior Wellness Center) to provide services to meet the unmet needs of the severely mentally ill in San Diego's downtown area, including seniors, children and adolescents * Explore working with multicultural groups * Expand collaborations and partnerships with community partners Identified Community Need Improving Behavioral Health Outcomes for Seniors at Risk

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Form 990, Part III, line 4a (Continued)		Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated. Rationale * Key informant interviews conducted in the SMV 2013 CHNA identified Alzheimer's disease among the chief health concerns for San Diego seniors. * Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as one of the top five priority health needs for SDC. * In 2014, Alzheimer's disease was listed as the third leading cause of death for SDC residents ages 65 and up. * In 2014, the suicide rate for SDC seniors in SDC was 24.4 per 100,000 population. * In 2013, the ED discharge rate for seniors in SDC with a self-inflicted injury was 14.5 per 100,000 population. * In 2013, the hospitalization rate for seniors in SDC with a self-inflicted injury was 31 per 100,000 population. * According to 2014 CHIS data, 4.8 percent of adults over the age of 65 in SDC thought about committing suicide in the past year. * According to 2014 CHIS data, six percent of adults over the age of 65 in SDC reported needing help for emotional/ mental health problems or alcohol-drug issues in the past year. Of those, only 27.5 percent sought help in the past year. * Older adults at particularly high risk for depression include those who are unmarried, widowed or lack a strong social support network (NAMI, 2009). * According to the International Journal of Geriatric Psychiatry, a study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC, revealed that older adults were more likely to access the public mental health system's PERT, a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service - and an associated lower rate of follow-up among PERT clients - as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer et al., 2009). * According to the UC Davis Medical Center Community-Defined Solutions for Latino Mental Health Care Disparities report, barriers addressing the unmet mental health needs of the senior Latino community in SDC include stigma of mental illness, housing, transportation, social support, exposure to violence and masculinity as well as language and cultural barriers secondary to a lack of translators, lack of information on available services and scarcity of providers representative of the Latino community (UC Davis Medical Center, 2012). * According to the 2012 San Diego Association of Governments (SANDAG) Survey of Older Americans Living in San Diego County, almost half of the respondents (46 percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, and more than one out of four (27 percent) said they suffered from emotional problems during the month before the survey was taken. * According to the 2012 SANDAG Survey of Older Americans Living in San Diego County, the greatest percentage (26 percent) of respondents indicated that medical ailments/issues were the biggest problems impacting them, including depression, mental health concerns and memory loss, among others. Objectives * Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities. * Provide education and screening to senior community members. FY 2015 Report of Activities Throughout FY 2015, SMV clinicians collaborated with Serving Seniors to provide 16 hours each week to the Gary and Mary West Senior Wellness Center for senior clients and eight hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce the risk of hospitalization and homelessness, mental health screenings and Montreal Cognitive Assessments, which detect mild cognitive impairment. Also in FY 2015, SMV continued to collaborate with Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At these sites, SMV provided free prevention and early intervention services to high-risk older adults. The services were designed to improve the utilization and effectiveness of mental health services for high-risk, culturally diverse seniors and address barriers to mental health services, including stigma, isolation and lack of services. Staff contributed more than 1,000 hours of clinical services to these members of the senior community. These services were further enhanced with free education and support groups provided at the Gary and Mary West Senior Wellness Center by a student clinician. Topics included depression and anxiety, behavioral activation and coping tools. SMV also provided evaluation assistance and resou

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	rces at the Gary and Mary West Senior Wellness Center twice per month During San Diego De pression Screening Week in October, SMV hosted a "Check Your Mood" screen at the Gary and Mary West Center More than 30 senior community members received anonymous depression scre enings and learned about the symptoms and warning signs of depression In FY 2015, the SMV Senior Intensive Outpatient Program (SIOP) provided a monthly community service initiati v e where both staff members and their older adult patients provided education and outreach to community members The initiative focused on debunking the myths associated w ith older adulthood - such as 'depression is a normal part of aging and 'grow ing old is characteriz e d by loss and pain' - in order to benefit both the older adult patients providing the comm unity service as well as members of the community Educational sessions included Helping O lder Adults Cope with Loss and Transition, Battling the Blues Helping Older Adults Identi fy Signs and Symptoms of Depression, and Don't Let the Worry Win Coping Tools for Anxiety Also in FY 2015, SMV's SIOP attended the health and wellness fair held at the Vi senior residential living center in La Jolla and provided free lectures on anxiety, senior wellne ss and depression as well as behavioral resources to approximately 60 older adults SMV's SIOP participated in the County of San Diego Aging and Independence Services (AIS) 2015 Vi tal Aging Boosting Your Brainpow er Conference at the McMillin Companies Event Center in P oint Loma and a webcast of the same event at California Center for the Arts in Escondido Topics included learning how to improve memory, mood and general brain health through nutr ition, exercise, mental stimulation and social connection More than 1,250 community membe rs attended these events SMV's SIOP provided education and resources on depression, Alzhe imer's disease and dementia, as well as support for caregivers at the conference In April , SMV's SIOP provided mental health resources to approximately 100 members of the senior c ommunity at the Rancho Santa Fe Senior Center's first annual Healthy Aging Conference at F airbanks Ranch Country Club In addition, SMV's SIOP participated in the Alzheimer's Assoc iation Take Charge! Early Memory Loss Program, an educational support series for people li ving with early-stage memory loss and their care partners At three of the sessions, educa tion and research were provided on the early signs of Alzheimer's disease by SMV's SIOP an d a psychiatrist In March, SMV SIOP offered free depression screenings for approximately 15 seniors and provided mental health resources at the Sharp Women's Health Conference FY 2016 Plan SMV will do the following * In collaboration w ith Serving Seniors, provide out reach and education to seniors w ithout stable housing * Continue to address the behavioral needs of high-risk, culturally diverse seniors * Through the SIOP, provide education and support to community members around senior behavioral health issues

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)	Identified Community Need Mental Health and Substance Abuse Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated Rationale * For the HASD&IC 2013 CHNA, community health leaders and key informants surveyed closely aligned care management with meeting the mental health/behavioral health needs of SDC community members * In 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported to congress on the nation's substance abuse and mental health workforce crisis, citing high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation as contributing factors In addition, SAMHSA asserts the need for recruiting a more diverse, younger workforce and retaining trained and qualified staff to provide for the behavioral health needs of the nation's population * Workforce issues have an impact on the infrastructure of the growing behavioral health delivery system as the Patient Protection and Affordable Care Act seeks to integrate health services (SAMHSA, 2013) * A report from the San Diego Workforce Partnership in 2010 states that despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience * The same report recommended that programs provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers * According to a California OSPHD report from September 2014, California's public mental health system suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve There are critical issues such as the poor distribution, lack of diversity and under-representation of practitioners across disciplines with cultural competencies, including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience * Employment of social workers is projected to grow 12 percent from 2014 to 2024, faster than the average for all occupations Employment will grow as more people seek treatment for mental illness and substance use disorders Because drug offenders are increasingly being sent to treatment programs rather than jail, use of substance abuse treatment programs is expected to grow , increasing demand for these specialists (Bureau of Labor Statistics, 2015) * According to the California Hospital Association (CHA) 2014 report, titled Critical Roles California's Allied Health Workforce Follow-Up Report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure * In the U S , 62 million people reside in rural or frontier counties, 75 percent of these counties have no advanced behavioral health practitioners (SAMHSA, 2015) * In 2012, the turnover rates in the addiction services workforce ranged from 18.5 percent to more than 50 percent across the U S (SAMHSA, 2015) Objectives * Provide internship and clinical training programs in psychology, social work, marriage and family therapy (MFT), health information technology and pharmacy * Serve as a placement site for medical, nursing, psychology, pharmacy, MFT and social work students * Provide mental health and substance abuse education for health care professionals * Collaborate with the behavioral health community through health professions education and training FY 2015 Report of Activities Throughout the year, SMV participated in internship and training programs for trainees and students in various health care disciplines, including psychology, social work, MFT, pharmacy, health information technology, medicine and nursing SMV provided clinical supervision and training for a total of 16 psychology trainees which included seven graduate students, seven doctoral interns, two postdoctoral fellows, 10 MFT student interns and nine social work student interns In total, all ancillary (non-nursing) students served more than 23,100 hours on the SMV campus In addition, nearly 320 nursing students completed eight- to 15-week placements at SMV Nursing students worked clinical rotations of eight or 12 hour shifts, of ten with two clinical rotations in one day (day an	

Return Reference	Explanation	
	Form 990, Part III, line 4a (Continued)	d evening) Including time spent with groups and individual preceptors, nursing students served more than 22,600 hours at SMV in FY 2015. Academic institution partners included but were not limited to University of San Diego (USD), San Diego State University (SDSU), California State University San Marcos (CSUSM), Western University, California Northstate University, University of Southern California (USC), Point Loma Nazarene University (PLNU) and San Diego City College. Nursing students from various universities and colleges were also provided free room space as needed. In addition, in FY 2015 nearly 200 applications were received for seven doctoral intern positions available through Sharp's year-long American Psychological Association-accredited doctoral internship in clinical psychology. Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health programs and child and adolescent programs. Interns also rotated through SMC. SMV offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 85 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided approximately 2,450 hours of group therapy and more than 700 hours of individual therapy. Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital. SMV and SMC psychologists provided over 3,500 hours of direct clinical supervision to psychology trainees. SMV provided two hours of lectures every week for psychology doctoral interns. These lectures were also open to trainees and staff throughout the hospital. Lectures included, but were not limited to, Assessment and Treatment of Self-Injurious Behaviors, The Culture of Poverty, Culturally and Clinically Competent Work with Transgendered People, Sex and Aging, Psychology of Men, Psychological Treatment of Functional Gastrointestinal Disorders, Child Abuse and Tarasoff Reporting, Assessing Psychosis in Children and Adolescents, Evaluating Personality Disorders in Adolescents, and Evaluating Complex Trauma in Children. SMV also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2015. The program provided five 11th grade and five 12th grade students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, SIOP and Chemical Dependency Recovery) as well as nutrition services. Students spent approximately 1,080 hours at SMV, and received instruction on educational and job requirements as well as career ladder development.

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	In addition, SMV and SMC provided several educational offerings for behavioral health care professionals in FY 2015, including continuing education classes, conferences and trainings. SMV and SMC provided education to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics included wellness and resilience, recognizing stress, substance abuse, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, geriatric mental health, older adult disorders and cultural considerations in the treatment of Latino populations. SMV staff also participated in and provided educational resources on understanding psychiatric emergencies and community psychiatric services at quarterly San Diego PERT police officer trainings. SMC also hosted educational events for the EAPA where they provided education and resources to approximately 20 community members each month. The presentations covered current concerns in behavioral health care, evidence-based therapies and emerging treatment models. SMV also provided suicide risk assessment lectures to 40 community health professionals in August and September. In addition, SMV provided four geriatric training sessions to 100 students in the Behavioral Health Education and Training Academy, a program of the Academy for Professional Excellence at SDSU. Throughout FY 2015, staff at SMV and SMC regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included Association of California Nurse Leaders (ACNL), National Nurse Practitioner Symposium Planning Committee, Jewish Family Service Political Action Committee, San Diego County Wandering Task Force, San Diego County Older Adult Council, San Diego County Alzheimer's Task Force, Mesa College Health Information Technology (HIT) Program Advisory Committee, Community College Board of Trustees Advisory Committee, Kaplan College HIT Program Advisory Committee, San Diego Health Information Association, Mesa College Registered Health Information Administration, California Health Information Association, San Diego Suicide Prevention Council, San Diego Military Family Collaborative, San Diego Workforce Partnership, American Hospital Association's Regional Policy Board 9, American Psychiatric Nurses Association, American Nurses Association, California Hospital Association, California Mental Health Coalition, EAPA forums, Inner City Action Network, Live Well San Diego, Partners in Treatment Work Team, San Diego Mental Health Coalition, American Health Information Management Association, CHIP Behavioral Health Work Team, CHIP ILA Advisory Board and Peer Review Advisory Team, Journal for Nursing Care Quality Editorial Board, American Academy of Nursing, California Association of Marriage and Family Therapists, International Association of Eating Disorder Professionals, NAMI, MHA Planning Committee, HASD&IC, American Foundation for Suicide Prevention, Serving Seniors, ACHE, Association for Ambulatory Behavioral Healthcare, California Board of Behavioral Sciences, California Hospital Association Center for Behavioral Health, CHIP Suicide Prevention Work Team, A New PATH and Residential Care Council. FY 2016 Plan.

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)	SMV or SMC will do the following * Offer internship and clinical training programs and/or placement for nursing, medical, psychology, social work, MFT, health information technology and pharmacy students * Provide lectures on behavioral health issues to the local academic community * Continue the mental health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services * Provide educational offerings for behavioral health care professionals, community groups and community members * Continue to strategically align with nonprofit allies and key community partners through board, committee and advisory memberships SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child, adolescent, adult and older adult inpatient and outpatient psychiatric and chemical dependency services * On and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate dependence and dual diagnosis * Cognitive behavioral therapy and dialectical behavioral therapy programs * Outreach to military members, veterans and their families through programs geared specifically toward service members, including the VA-supported Veterans Choice Program * Transportation services and complimentary lunches * Practicum programs for graduate social work and marriage and family therapy interns * Clinical supervision site for graduate psychology doctorate interns * Medication research studies Sharp McDonald Center at Sharp HealthCare * Chemical dependency and substance abuse inpatient, residential and outpatient treatment services for teens, adults and seniors * Inpatient detoxification services * Dual-diagnosis outpatient treatment services for adults and seniors * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group, family and expressive therapies * Psychiatric rehabilitation services * Transitional Age Youth programs Sharp Mesa Vista El Cajon Outpatient Program * Adult and adolescent programs * Caring for adults with severe and persistent mental health issues * Group and expressive therapies * Individualized treatment planning and medication management * Psychiatric rehabilitation services Appendix A - Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2015. Community organizations are listed alphabetically. * 2-1-1 San Diego Board * A New PATH (Parent's for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Independence Services * Alzheimer's Association * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives (ACHE) * American Diabetes Association * American Foundation for Suicide Prevention * American Health Information Management Association * American Heart Association * American Hospital Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of San Diego * Bonita Business and Professional Organization * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California Coalition for Mental Health * California College, San Diego * California Maternal Quality Care Collaborative * California Council for Excellence * California Department of Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association Center for Behavioral Health * California Hospital Association * California Library Association * California Perinatal Quality Care Collaborative * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Caring Hearts Medical Clinic * Centers for Community Solutions * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Board * CHIP Health Literacy Task Force * CHIP Suicide Prevention Work Team * CHIP Independent Living Association	

Return Reference	Explanation	
Form 990, Part III, line 4a (Continued)		on Advisory Board and Peer Review Advisory Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Family Health Center * Chula Vista Rotary * City of Chula Vista Wellness Program * Coalition to Transform Advanced Care * Combined Health Agencies * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Chapter of Rotary International * Coronado Fire Department * Council of Women's and Infants' Specialty Hospitals * Cycle EastLake * Downtown San Diego Partnership * East County Senior Service Providers * El Cajon Fire Department * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding America San Diego * Gardner Group * Gary and Mary West Senior Wellness Center * Girl Scouts of San Diego Imperial Council, Inc * Greater San Diego East County Advisory Board * Grossmont College * Grossmont Healthcare District * Grossmont Health Occupations Center * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Health Volunteers Overseas * Heart to Heart International * Helen Woodward Animal Center * Helix Charter High School * Helps International * Home of Guiding Hands * Hospice-Veteran Partnership * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HS HMC Board * Hunger Advocacy Network * I Love a Clean San Diego * International Association of Eating Disorders Professionals * International Lactation Consultants Association * International Relief Team * Ioama Medical Ministries * Jewish Family Service of San Diego * Jewish Federation of San Diego County - Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan College Advisory Board * Kwanis Club of Chula Vista * Komen Latina Advisory Council * Komen Race for the Cure Committee * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * March of Dimes * Meals-on-Wheels Greater San Diego * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America * Mental Health Coalition * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Neonatal Nurses * National Association of Hispanic Nurses, San Diego Chapter * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare Community Clinic * North County Health Project * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network * Public Health Nurse Advisory Board * Recovery Innovations - California * Regional Perinatal System * Residential Care Council * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* San Diego Association of Directors of Volunteer Services * San Diego Association of Governments Public Health Stakeholder Group * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Coalition of Mental Health * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership * San Diego County Older Adult Behavioral Health System of Care Council * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Suicide Prevention Council * San Diego County Taxpayers Association * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Health Committee * San Diego Emergency Medical Care Committee * San Diego Eye Bank Nurses Advisory Board * San Diego Food Bank * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Hunger Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc * San Diego Mental Health Coalition * San Diego Mesa College * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * San Diego Rescue Mission * San Diego Science Alliance * San Diego State University * San Ysidro High School * Santee Chamber of Commerce * SAY San Diego * Second Chance * Serving Seniors * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South County Action Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern California Earthquake Alliance * Southern Caregiver Resource Center * Special Olympics * St Paul's Retirement Homes Foundation * St Vincent de Paul Village * Susan G Komen Breast Cancer Foundation * Sweetwater Union High School District * The Meeting Place * Third Avenue Charitable Organization * Trauma Center Association of America * United Service Organizations Council of San Diego * University of California, San Diego * University of San Diego * VA San Diego Healthcare System * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * Walk San Diego * Women, Infants and Children Program * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Cat No 50135Y

Schedule R (Form 990) 2014

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 95-3782169

Name: Sharp Memorial Hospital

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sharp Coronado Hospital	I	97,495	Accrual Method
Sharp Coronado Hospital	L	1,520,387	Accrual Method
Sharp Chula Vista Medical Center	L	3,903,434	Accrual Method
Sharp Chula Vista Medical Center	S	97,817	Accrual Method
Grossmont Hospital Corporation	M	2,098,181	Accrual Method
Grossmont Hospital Corporation	L	5,650,723	Accrual Method
Grossmont Hospital Corporation	P	63,845	Accrual Method
Grossmont Hospital Corporation	R	330,118	Accrual Method
Sharp HealthCare Foundation	C	4,124,965	Accrual Method
Sharp Health Plan	L	129,940,074	Accrual Method
			Accrual Method