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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 <div> <div>2015</div> <div>Open to Public Inspection</div> </div>

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sharp Health Plan		D Employer identification number 33-0519730
	Doing business as		E Telephone number (858) 499-8391
	Number and street (or P O box if mail is not delivered to street address) 8695 Spectrum Center Blvd	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489		G Gross receipts \$ 618,554,660
F Name and address of principal officer Melissa Cook 8695 Spectrum Center Blvd San Diego, CA 921231489		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ www.sharphealthplan.com		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1992	M State of legal domicile CA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	206		
6 Total number of volunteers (estimate if necessary)	6	0		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,869,636		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,844,296		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		227,591	1,200,000
	9 Program service revenue (Part VIII, line 2g)		498,591,857	612,225,289
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,416,537	708,484
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500,235,985	614,133,773
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		135,684	114,256
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		15,824,894	19,256,911
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		474,684,751	590,490,559
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		490,645,329	609,861,726
	19 Revenue less expenses Subtract line 18 from line 12		9,590,656	4,272,047
	Net Assets or Fund Balances			Beginning of Current Year
20 Total assets (Part X, line 16)			103,429,024	115,341,784
21 Total liabilities (Part X, line 26)			39,292,798	44,964,575
22 Net assets or fund balances Subtract line 21 from line 20			64,136,226	70,377,209

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

Sign Here		2017-08-02
	Signature of officer	Date
	Rita Datko VP, CFO	
	Type or print name and title	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 \$ 590,749,059 including grants of \$ 114,256) (Revenue \$ 612,225,289)
	See Additional Data














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

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 ▶ 590,749,059
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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>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
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>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	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> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	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> 	10	No
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> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f 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> 	12a Yes	
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> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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		
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.	453	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	206	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Rita Datko 8520 Tech Way Suite 200 San Diego, CA 921231450 (858) 499-8391

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			
(1) Michael W Murphy Chairman	6 00 58 00	X		X				0	1,679,369	104,766
(2) Ann Pumpian Treasurer	2 00 48 00	X		X				0	890,348	49,708
(3) John LeMoine MD Director	2 00 40 00	X						0	440,268	27,673
(4) Alison Fleury Secretary	4 00 48 00	X		X				0	481,029	42,357
(5) Melissa Cook President & CEO	60 00 0 00	X		X				606,374	0	38,120
(6) Rita Datko VP CFO	60 00 0 00			X				250,002	0	31,819
(7) Leslie Pels-Beck Chief Operating Officer	60 00 0 00				X			253,774	0	32,454
(8) Michael Byrd Business Development Officer	55 00 0 00				X			250,038	0	28,959
(9) Cary Shames Chief Medical Officer	40 00 0 00				X			327,219	0	15,008
(10) Judith Schaller Acct Exec- Large Group	50 00 0 00					X		169,417	0	19,496
(11) Gregory Limon Dir Med Economics/Contracting	55 00 0 00					X		185,581	0	8,772
(12) Stephen Chin Mgr Account Management	60 00 0 00					X		166,105	0	15,594
(13) Jennifer Tuteur Medical Director	60 00 0 00					X		256,624	0	18,602
(14) Cheryl Cote Acct Exec- Large Group	40 00 0 00					X		177,837	0	7,444

[illegible]

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 ► 29

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Sharp Memorial Hospital 8965 Spectrum Center Blvd San Diego, CA 92123	Medical Services	138,926,189
Sharp Rees Stealy Medical Group 4000 Ruffin Rd Ste E San Diego, CA 92123	Medical Services	104,462,113
Sharp Community Medical Group 8695 Spectrum Center Ct Fl 4 San Diego, CA 92123	Medical Services	71,366,646
Palomar Pomerado Health 15255 Innovation Dr Ste 150 San Diego, CA 92128	Medical Services	18,571,506
Rady Children's Hospital SD 3020 Childrens Way MC 5001 San Diego, CA 92123	Medical Services	14,232,498

Form **990** (2015)

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	1,200,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,200,000			
Program Service Revenue	2a	Prem fr Employer Groups	Business Code 524114	612,145,918	603,276,282	8,869,636		
	b	Other	900099	51,950	51,950			
	c	Partnership Income	523000	27,421	27,421			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			612,225,289			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		975,276			975,276
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities		(ii) Other				
		4,154,095						
		4,420,887						
		-266,792						
d		Net gain or (loss)			-266,792		-266,792	
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					
	Less cost of goods sold		b					
	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			614,133,773	603,355,653	8,869,636	708,484	

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	114,256	114,256		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,969,061	449,986	1,519,075	
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	13,858,864	4,713,996	9,144,868	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	271,198	61,976	209,222	
9	Other employee benefits	2,006,841	458,620	1,548,221	
10	Payroll taxes	1,150,947	263,024	887,923	
11	Fees for services (non-employees)				
a	Management	3,094,201	2,557,564	536,637	
b	Legal	67,024		67,024	
c	Accounting	538,241		538,241	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	558,465,963	558,465,963		
12	Advertising and promotion	1,288,182	705,505	582,677	
13	Office expenses	2,061,663	1,595,814	465,849	
14	Information technology	3,170,488	2,621,994	548,494	
15	Royalties				
16	Occupancy	1,082,464	802,155	280,309	
17	Travel	270,444	61,804	208,640	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	132,897	20,097	112,800	
20	Interest	1,725		1,725	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	669,252	553,471	115,781	
23	Insurance	193,447	156,323	37,124	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	ACA Fees	12,373,302	12,373,302		
b	System Allocation	1,309,704		1,309,704	
c	Registry	1,249,044	1,032,959	216,085	
d	Dues & Subscriptions	574,040	474,731	99,309	
e	All other expenses	3,948,478	3,265,519	682,959	
25	Total functional expenses. Add lines 1 through 24e	609,861,726	590,749,059	19,112,667	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		11,101,572	1	5,615,637
	2	Savings and temporary cash investments		34,153,157	2	36,405,745
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,933,488	4	28,671,825
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		595,244	9	765,432
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,802,192		
	b	Less: accumulated depreciation	10b	970,993	913,628	10c 831,199
	11	Investments—publicly traded securities		39,584,096	11	42,904,997
	12	Investments—other securities. See Part IV, line 11		147,836	12	146,949
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		103,429,024	16	115,341,784	
Liabilities	17	Accounts payable and accrued expenses		27,539,948	17	29,459,500
	18	Grants payable			18	
	19	Deferred revenue		9,779,518	19	13,941,801
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		1,973,333	25	1,563,274
	26	Total liabilities. Add lines 17 through 25		39,292,798	26	44,964,575
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		64,136,226	27	70,377,209
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		64,136,226	33	70,377,209
	34	Total liabilities and net assets/fund balances		103,429,024	34	115,341,784

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	614,133,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	609,861,726
3	Revenue less expenses Subtract line 2 from line 1	3	4,272,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,136,226
5	Net unrealized gains (losses) on investments	5	2,465,062
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	-496,126
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,377,209

Part XII

Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c 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
b 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: 33-0519730
Name: Sharp Health Plan

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	590,749,059	including grants of \$	114,256) (Revenue \$	612,225,289)
	See Schedule O					

Form 990, Part III, Line 4b

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

See Community Benefits Report on Schedule O

Form 990, Part III, Line 4c

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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" on 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 on 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 on Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

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

(continued)

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

a ☐ 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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		106,449	37,563	68,886
d Equipment		1,695,743	933,430	762,313
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				831,199

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	616,598,835
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,465,062
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,465,062
3	Subtract line 2e from line 1	3	614,133,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	614,133,773

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	609,861,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	609,861,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	609,861,726

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 33-0519730
Name: Sharp Health Plan

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2016 and 2015, no such assets or liabilities were recorded.

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public
Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

Part I General Information on Activities Outside the United States.

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Program Services	Reinsurance	2,711,020
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,711,020
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,711,020

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 33-0519730

Name: Sharp Health Plan

Part V Supplemental Information

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

2015

Open to Public Inspection

33-0519730

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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

Part III

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

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

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 33-0519730
Name: Sharp Health Plan

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Grossmont Hospital Foundation PO Box 158 La Mesa, CA 91944	33-0124488	501c(3)	11,500				Sponsorship/"Valor Sponsrship"
Pacific Art Movement 2508 Historic Decatur Road Suite 1 San Diego, CA 92106	33-1001523	501c(3)	10,000				Sponsorship
San Diego North Chamber of Commerce 10875 Rancho Bernardo Road Suite 104 San Diego, CA 92127	20-3185588	501c(6)	10,000				Sponsorship/"Women's Week Partner"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501c(3)	10,000				Sponsorship/"Victories of Spirit"

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" on 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

2015

Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
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	1b	
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?	2	
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on 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?	4b	Yes
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 on 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," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on 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" on 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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 4b	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: 33-0519730

Name: Sharp Health Plan

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Michael W MurphyChairman	(i)	0	0	0	0	0	0	0
	(ii)	1,278,042	330,001	71,326	84,109	-	-	0
						20,657	1,784,135	
1Ann PumpianTreasurer	(i)	0	0	0	0	0	0	0
	(ii)	721,938	135,971	32,439	34,068	-	-	0
						15,640	940,056	
2John LeMoine MDDirector	(i)	0	0	0	0	0	0	0
	(ii)	349,782	62,505	27,981	12,828	-	-	0
						14,845	467,941	
3Alison FleurySecretary	(i)	0	0	0	0	0	0	0
	(ii)	373,101	75,106	32,822	22,931	-	-	0
						19,426	523,386	
4Melissa Cook President & CEO	(i)	482,773	105,448	18,153	18,465	19,655	644,494	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5Rita DatkoVP CFO	(i)	199,229	44,999	5,774	13,179	18,640	281,821	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6Leslie Pels-Beck Chief Operating Officer	(i)	199,322	41,191	13,261	13,838	18,616	286,228	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7Michael Byrd Business Development Officer	(i)	200,062	41,581	8,395	10,329	18,630	278,997	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Cary Shames Chief Medical Officer	(i)	280,962	16,050	30,207	2,883	12,125	342,227	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Judith Schaller Acct Exec- Large Group	(i)	101,742	63,523	4,152	6,492	13,004	188,913	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Gregory Limon Dir Med Economics/Contracting	(i)	150,860	25,808	8,913	8,171	601	194,353	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11Stephen Chin Mgr Account Management	(i)	135,637	25,000	5,468	7,962	7,632	181,699	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12Jennifer Tuteur Medical Director	(i)	222,639	33,473	512	10,388	8,214	275,226	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Cheryl Cote Acct Exec- Large Group	(i)	101,095	74,735	2,007	0	7,444	185,281	0
	(ii)	0	0	0	0	-	-	0
						0	0	

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization Sharp Health Plan	Employer identification number 33-0519730
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990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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).

990 Schedule O, Supplemental Information

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 Tax & Accounting, Vice Predident of Finance, Senior Vice President and Chied Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of Form 990.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board Members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2015.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Policies are considered proprietary information, how ever 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 (w w w 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 w hich 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 (w w w dacbond com) Additionally, Sharp Health Plan has separately stated audited financial statements that are also available upon request Financial information is also available in the annual and quarterly Department of Managed Health Care (DMHC) filings, w hich are available on the DMHC website (w w w dmhc ca gov)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Fee for service medical expense Program service expenses 101,364,197 Management and general expenses 0 Fundraising expenses 0 Total expenses 101,364,197 Capitation medical expense Program service expenses 434,649,690 Management and general expenses 0 Fundraising expenses 0 Total expenses 434,649,690 Purchased services Program service expenses 9,911,367 Management and general expenses 0 Fundraising expenses 0 Total expenses 9,911,367 Broker commissions Program service expenses 12,540,709 Management and general expenses 0 Fundraising expenses 0 Total expenses 12,540,709

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Change in minimum pension liability -496,126

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 4b	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2016 Section 1 An Overview of Sharp HealthCare Sharp team members - both current and those who have come before us - have been making a difference in San Diegoans' lives for more than 60 years. We have been entrusted with a great responsibility to build on this legacy, and we are honored to do all we can to make Sharp the very best it can be. I'm proud that we are always striving to make our patients, their families and our community our highest priorities. - Michael W. Murphy, President and Chief Executive Officer, Sharp HealthCare</p> <p>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, three 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, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees.</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC'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's and infant's services, 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 (524 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, oncology, orthopedics, rehabilitation, 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. THREE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 4b	<p>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 hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the largest privately operated psychiatric hospital in San Diego, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare 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 (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, 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 E</p>

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Form 990, Part III, line 4b (continued)	<p>Culture The Sharp Experience For more than 16 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none"> * The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe." * The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other care givers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. <p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are:</p>

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Form 990, Part III, line 4b (continued)	<p>ive key concepts Sensitivity to operations A reluctance to simplify Preoccupation with failure Deference to expertise Resilience Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better It begins with a culture of safety With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas</p> <p>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 Below please find a selection of recognitions Sharp has received in recent years In 2013, 2014, and 2016 Sharp was recognized as one of the 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 was ranked No. 16 out of 500 large employers on Forbes America's Best Employers 2016 list Sharp was also given the No. 2 spot on the new comer's list 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 2016, Sharp ranked second in the same category, while SMH ranked second for "Best Hospital and SMBHWN and SGH ranked third and fourth Also in 2016, Sharp Community Medical Group (SCMG) and SRS ranked first and third, respectively, as San Diego's "Best Medical Group" In 2016, SMH and SMBHWN were named on The Leapfrog Group's Top 115 Hospitals list recognizing facilities that meet the highest standards of patient safety, care quality</p>

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Form 990, Part III, line 4b (continued)	<p>y and efficiency SGH and SMH have both received MAGNET(r) 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 2016 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 Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective In 2007 SCHHC became a designated Planetree Patient-Centered Hospital and is the only hospital in the state to be redesignated twice, occurring in both 2010 and 2013 Additionally, SCHHC was named a Planetree-Centered Hospital with Distinction for its leadership and innovation in patient-centered care In 2012, SMH received Planetree Patient-Centered Hospital Designation In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015 In 2014, SCVMC joined SCHHC and SMH in Planetree recognition In 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that are awarded ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide (CO2) into the atmosphere SCHHC first earned the ES certification in 2007 and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015 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 and 2015, Sharp was named a "Recycler of the Year" at the City of San Diego Environmental Services Department's annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program SMH and SMBHWN were honored for their comprehensive waste reduction programs in 2013</p>

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Form 990, Part III, line 4b (continued)	<p>Sharp was one of five awardees in San Diego to receive a 2016 EMIES Unwasted Food award by the San Diego Food System Alliance for developing best practices for preventing waste, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team. The EMIES, Unwasted Food awards celebrate the 20th anniversary of the Bill Emerson Good Samaritan Food Donation Act to encourage the donation of food and grocery products to non-profit organizations for distribution to individuals in need. In 2016, Sharp ranked third on San Diego Business Journal's list of Healthiest Companies. The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families. In 2015, Sharp Best Health received the American Heart Association(r) (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. From 2013 to 2016, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence AwardsSM. 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. Awarded 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. Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence AwardSM (formerly named the Beacon of Excellence Award). This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the Press Ganey categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2013, 2015 and 2016, Press Ganey recognized SMH for patient experience. From 2013 to 2015, SHC was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized 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 and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. SHP was</p>

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Form 990, Part III, line 4b (continued)	<p>s 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. From 2013 to 2016, Sharp has ranked in the top 10 of the large employers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's (IDG) Computerworld survey. The list is compiled using the following criteria: benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. SGH received a Women's Choice Award(r) as one of America's Best Hospitals for Cancer Care in 2015, and one of America's Best Hospitals for Obstetrics in 2016. In 2015, SMBHWN received the award as one of America's Best Hospitals for Obstetrics. The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women. For the third year in a row, and the fourth time in five years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Government's (SANDAG's) iCommute Rideshare 2015 Challenge. The month-long challenge encouraged the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by 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. Sharp was named the 2015 Medical Provider of the Year at the International Travel & Health Insurance Journal (ITIJ) Awards. The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance industry over the past year. Sharp's Global Patient Services program coordinates patient transfers and evacuations for medical emergencies from around the world to a Sharp hospital.</p>

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Form 990, Part III, line 4b (continued)	<p>Patient Access to Care Programs Uninsured patients without the 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 receiving care 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 Point Care to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options. In FY 2016, Sharp helped guide approximately 12,300 self-pay patients through the maze of government health coverage programs while ensuring that each patient's dignity was maintained throughout the process. In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In FY 2016, Sharp secured this benefit for approximately 1,990 unfunded patients in the ED. In support of Covered California's annual open enrollment period, 22 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 collaboration with San Diego-based CSI Financial Services, Sharp offers a more affordable alternative for patients struggling to resolve their hospital bills through ClearBalance - a specialized loan program for patients facing high medical bills. Through the program, 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. 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 helps 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</p>

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Form 990, Part III, line 4b (continued)	<p>work, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of access to medication. The team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Also in 2016, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals with an inability to pay their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, Sharp provided patients with education during their hospital stay, and also helped them to understand their health insurance benefits, access care, as well as provided payment options. Public Resource Specialists, new to the Patient Financial Services (PFS) team, also offered support to uninsured and underinsured patients at all Sharp hospitals needing extra guidance on available funding options. The Public Resource Specialists performed field calls (home visits) to patients who left the hospital and required assistance in completing the coverage application process to facilitate coverage. New this past year, SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh/SNAP (Supplemental Nutrition Assistance Program) benefits prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2016, SGH's PFS team completed 227 CalFresh applications and 125 patients were granted CalFresh benefits. As a result of the success from this pilot, in February 2017 Sharp's PFS team will expand this program to the remaining acute care hospitals. In summer 2015, a pilot program was launched at SMBHWN to support and provide financial assistance to both insured and unfunded families with Neonatal Intensive Care Units (NICU) babies. This process included meeting with families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight, and evaluating those families for Supplemental Security Income (SSI) eligibility. The program provided assistance for the newborn's costs of care both within and outside of the hospital. Public Resource Specialists have assisted more than 60 families through the process of applying for SSI. In a targeted effort to provide exceptional care for vulnerable populations, since 2013, Sharp has participated in the Community-based Care Transitions Program (CCTP) for Medicare Fee For Service patients. The program began with the San Diego Care Transitions Partnership (SDCTP) under the Health and Human Services Agency, Aging & Independence Services (AIS), and included Scripps Health, Palomar Health, and University of California San Diego (UCSD) Health System (11 hospitals with a total of 13 campuses). The program was grant-funded for three years.</p>

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Form 990, Part III, line 4b (continued)	<p>rs by the Centers for Medicare and Medicaid Services to provide comprehensive patient-cent ered, hospital and community-based services The goals of CCTP included * Improve transit ion from the inpatient hospital setting to community * Improve quality of care * Reduce re admissions for high risk beneficiaries * Document measurable savings to the Medicare progr am CCTP improves transition from hospital to home by providing patients w ith tools and sup port that promote know ledge and self-management of their condition Sharp's Transition coa ches functioned as facilitators, coaching patients and their caregivers in order to encour age self-management and direct communication betw een patients, caregivers and providers T he program extended for 30 days per patient and included a hospital visit, a home visit an d follow -up phone calls The CCTP program concluded in FY 2016 with the ending of the prog ram's grant funding, and more than 40,000 patients w ere served collectively through the pr ogram</p>

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Form 990, Part III, line 4b (continued)	<p>In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients may receive services such as assistance with transportation and placement, connections to community resources, and financial support for medical equipment and medications. SCHHC, SGH and SMH work with the San Diego Rescue Mission (SDRM) to identify homeless patients, or patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge. Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, help scheduling specialty appointments, assistance with CalFresh applications, and connections to community resources including programs that support continued sobriety and residential treatment. In addition, a social worker provides referrals for permanent housing and collaborates with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness. Sharp is committed to providing free of charge medical records to support an SSI claim.</p> <p>Health Professions Training Internships: Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2016, more than 4,300 student interns dedicated nearly 638,000 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, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational 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 (Mesa College) and Southwestern College, 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 Concorde Career College. Table 1 presents the total number of students and student hours at each Sharp entity in FY 2016.</p> <p>Table 1: Sharp HealthCare Internships - FY 2016</p> <table><tr><th>Entity</th><th>Students</th><th>Group Hours</th><th>Precepted Hours</th><th>Ancillary</th></tr><tr><td>Chula Vista Medical Center Nursing</td><td>532</td><td>39,642</td><td>15,681</td><td>144</td></tr></table>	Entity	Students	Group Hours	Precepted Hours	Ancillary	Chula Vista Medical Center Nursing	532	39,642	15,681	144
Entity	Students	Group Hours	Precepted Hours	Ancillary							
Chula Vista Medical Center Nursing	532	39,642	15,681	144							

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Form 990, Part III, line 4b (continued)	Students 28,058 Hours Total 676 Students 83,381 Hours Sharp Coronado Hospital and Health care Center Nursing 559 Students 86,102 Group Hours 3,958 Precepted Hours Ancillary 73 S tudents 20,778 Hours Total 632 Students 110,838 Hours

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Form 990, Part III, line 4b (continued)	Sharp Grossmont Hospital Nursing 737 Students 64,689 Group Hours 13,004 Precepted Hours Ancillary 218 Students 50,156 Hours Total 955 Students 127,849 Hours Sharp Mary Birch Hospital for Women & New borns Nursing 183 Students 14,098 Group Hours 4,262 Precepted Hours Ancillary 12 Students 3,420 Hours Total 195 Students 21,780 Hours Sharp Memorial Hospital Nursing 449 Students 26,736 Group Hours 17,845 Precepted Hours Ancillary 277 Students 74,501 Hours Total 726 Students 119,082 Hours Sharp Mesa Vista Hospital Nursing 339 Students 24,802 Group Hours 2,516 Precepted Hours Ancillary 47 Students 34,371 Hours Total 386 Students 61,689 Hours

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Form 990, Part III, line 4b (continued)	<p>Sharp HospiceCare Nursing 88 Students 920 Precepted Hours Total 88 Students 920 Hours Sharp HealthCare Nursing 451 Students 69,913 Precepted Hours Ancillary 195 Students 42,333 Hours Total 646 Students 112,246 Hours Total Nursing 3,338 Students 256,069 Group Hours 128,099 Precepted Hours Ancillary 966 Students 253,617 Hours Total 4,304 Students 637,785 Hours In addition, Sharp offers a graduate level Clinical Pastoral Education (CPE) program to teach students clinical theories and skills to provide spiritual care to patients and their families In FY 2016, the program supervised six chaplain residents and eight chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services Health Sciences High and Middle College Sharp is an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide high school students broad exposure to health care careers Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world application of their school-based knowledge and skills This collaboration prepares students to enter health, science and medical technology careers in the following five career pathways biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHC in 2010, and SCVMC in 2011 Students also devote time to various SRS sites Students begin their internship 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, Medical Ethics, and Introduction to Health Professions Level II 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, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Nutrition, Intro to Health Professions, and Health and Social Justice In FY 2016, approximately 450 HSHMC students - including 280 Level I students and 150 Level II students - were supervised for approximately 57,600 hours on Sharp</p>

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Form 990, Part III, line 4b (continued)	<p>campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, endoscopy, engineering, nutrition, infection control, pulmonary 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 2016, the HSHMC program graduated 153 students in its sixth full class. Each year, Sharp reviews and evaluates its 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 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 2016, 90 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 88 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 82.3 percent state average. HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. Each year, Classroom for the Future Foundation awards education programs across SDC in four categories: innovate, inspire, achieve and impact. HSHMC is also a 2016 U.S. News & World Report Best High Schools bronze award winner. The California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is ongoing, job-embedded learning for the adults who serve those students. HSHMC was one in approximately 200 schools and districts in the U.S. and Canada, and the first school in SDC, to receive this honor. In addition, HSHMC is a 2014 National School Safety Advocacy Council award winner.</p>

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Form 990, Part III, line 4b (continued)	<p>Lectures and Continuing Education Sharp contributes to the academic environment of college s and universities throughout San Diego In FY 2016, Sharp staff provided hundreds of acad emic hours in lectures, courses and presentations on numerous college and university campu ses This included guest lectures on health information technology at UCSD and Mesa Colleg e, advanced health policy at UCSD, diabetes, health literacy and spiritual care in the hea lth care setting at SDSU, advance care planning, Physician Orders for Life-Sustaining Trea tment (POLST), hospice, bioethics and goals of care at Azusa Pacific University (APU), SDS U, California State University San Marcos (CSUSM), University of Southern California (USC) and Mesa College, spinal cord injury (SCI) to physical therapy students at the University of St Augustine in San Marcos, grief, loss and bereavement to psychiatric nursing studen ts from CSUSM, and a variety of health administration lectures to public health graduate s tudents at SDSU Sharp's Continuing Medical Education (CME) Department is accredited by th e Accreditation Council for Continuing Medical Education to provide continuing medical edu cation, as well as by the Accreditation Council for Pharmacy Education to provide continui ng pharmacy education Sharp's CME Department provides evidence-based and clinically relev ant professional development opportunities to help practicing physicians and pharmacists i mprove patient safety and enhance clinical outcomes In FY 2016, Sharp's CME Department in vested more than 1,500 hours to numerous CME activities for San Diego health care provider s This included conferences on primary care, vascular disease and stroke, melanoma, osteo pathic medicine, and advances in OB/GYN, as well as presentations on sepsis, hip arthroscop y, infection prevention and clinical documentation improvement Research Sharp Center for Research Innovation is critical to the future of health care The Sharp Center for Resear ch (Center for Research) supports innovation through its commitment to safe, high quality research initiatives that provide valuable know ledge to the San Diego health care communit y, and positively impact patients and community members The Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Protection Program and Institutional Re view Board In FY 2016, Sharp w as one of eight organizations worldw ide to receive accredita tion by the Association for the Accreditation of Human Research Protection Programs The a ccreditation acts as a public affirmation of the HRPP's commitment to follow ing rigorous s tandards for ethics, quality and protection for human research To date, Sharp is the only health system in SDC to receive this accreditation The Center for Research's HRPP is res ponsible for the ethical and regulatory compliant oversight of research conducted at Sharp The HRPP includes three comp</p>

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Form 990, Part III, line 4b (continued)	<p>onents the organization, the researchers and the 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 must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct. In FY 2016, a dedicated IRB committee of 17 - including physicians, psychologists, research nurses, pharmacists, and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research is conducted during all phases of drug and device development and spans across the life cycle - from research with newborns to older adults. This includes clinical trials that increase scientific knowledge and enable health care providers to assess the safety and effectiveness of a new treatment. Sharp participates in approximately 250 clinical trials at any given time, covering many areas of medicine, including mental health, emergency care, infectious disease, newborn care, heart and vascular, neurology, orthopedics and oncology - the latter of which comprises the majority of Sharp's clinical trials. The HRPP provides education and support for researchers across Sharp as well as the broader San Diego health and research communities regarding requirements for the protection of human research participants. In addition, as part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have included Investigator Quality Improvement Activities and Assessments, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, Research Community Outreach, Understanding Privacy and Confidentiality in Research, and Clinical Trials Coverage Analysis. Outcomes Research Institute (ORI) Sharp's ORI began in 2010 as a pilot initiative funded by the Sharp HealthCare Foundation. The ORI measures the long-term results of care to continue to develop and promote best practices in health care delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC. The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions. The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. Beginning in September 2016</p>

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Form 990, Part III, line 4b (continued)	, the ORI expanded its capabilities by adding a full-time post-doctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student

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Form 990, Part III, line 4b (continued)	<p>Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows 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 Sharp, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health, VA San Diego Healthcare System (VASDHS), Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The 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. The nine-month program culminated with a community conference and graduation ceremony in November, at which the project results of all EBPI fellows were shared. Thirty fellows graduated from the EBPI program in FY 2016, completing projects that address the following issues in clinical practice and patient care: creating an acute care-friendly environment for altered mental status and high-risk fall patients, the effects of aromatherapy on anxiety in pediatric post-operative patients, implementing a health literacy protocol, debriefing after resuscitation, and bedside pressure mapping for ulcer prevention.</p> <p>Volunteer Service Sharp Lends a Hand In FY 2016, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC. Seventeen projects were selected for FY 2016: San Diego Blood Bank, San Diego Food Bank (Food Bank), the American Diabetes Association (ADA) Tour de Cure, the ADA Step Out Walk to Stop Diabetes, the Ssubi Foundation Greening for Good Project, Special Olympics, Habitat for Humanity, Feeding San Diego (FSD), San Diego Half Marathon, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, I Love a Clean San Diego's Coastal Cleanup and Creek to Bay Cleanup, and the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, C</p>

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Form 990, Part III, line 4b (continued)	<p>oastal Habitat Restoration and River Kids Discovery Days More than 2,000 Sharp employees, family members and friends volunteered over 6,570 hours in support of these projects With more than 100,000 walkers across 95 cities nationwide, the ADA Step Out Walk to Stop Diabetes is the signature fundraising walk of the ADA In October 2015, nearly 50 SLAH volunteers joined the walk in Point Loma to assist with volunteer check-in, walker registration, T-shirt distribution and the refreshment booth 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 SLAH volunteers participated in the ADA Tour de Cure 2016 to support the more than 24 million San Diegans with diabetes or prediabetes and raise critical funds for diabetes research, education and advocacy in support of the ADA For two days in April, approximately 25 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution and first aid The Ssubi Foundation's Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources In November, August and September, nearly 160 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare these materials for shipment In addition to providing life-saving services to people in underserved countries, the project has protected the environment by keeping more than 400,000 pounds of medical equipment and supplies out of local landfills In November 2015, approximately 15 SLAH volunteers joined the San Diego Chargers football team at their 37th 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 Volunteers specifically included nurses and certified phlebotomists who assisted with blood typing (determining the blood type of an individual) The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities In December 2015, nearly 20 SLAH volunteers supported the program's basketball competition at Balboa Park Municipal Gym Volunteers assisted with score-keeping, time-keeping, lunch service and the awards ceremony In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat homes throughout SDC For one weekend in December, 30 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center The Food Bank feeds</p>

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Form 990, Part III, line 4b (continued)	<p>San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. Each month, the Food Bank distributes an average of 22 million pounds of food - equivalent to 18.6 million meals - to more than 400,000 San Diegans. Weekend backpacks full of food are provided to more than 1,400 chronically hungry schoolchildren at 31 elementary schools every Friday during the school year, and more than 8,400 low-income seniors receive a box of groceries and staple food items at 48 distribution sites throughout SDC. Over two weeks between March and August 2016, more than 330 SLAH volunteers inspected, cleaned and sorted donated food, assembled boxes and cleaned the Food Bank warehouse. For two days in March, approximately 140 SLAH volunteers provided registration, gear-check, water stop and finish-line support at the San Diego Half Marathon. This premier race raises money for local community service projects and charitable causes in San Diego, including the Skinny Gene Project, ALS Association Greater San Diego Chapter, Huntington's Disease Society of America, Make-A-Wish Foundation of San Diego, National Foundation of Autism Research, San Diego Police Officers Association, Widows and Orphans Fund, Team Red, White and Blue, Toys for Joy, Sienna's PlayGarden, Mama's Kitchen, Race Guards, and Hole Hearted.</p>

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Form 990, Part III, line 4b (continued)	<p>In April, SLAH partnered with I Love a Clean San Diego for the 14th annual Creek to Bay Cleanup. Approximately 25 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In September, more than 120 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including San Eljo State Beach, Miramar Lake, Mission Bay, Pacific Beach, Lake Murray, Mast Park, Eastlake and Coronado City Beach. SLAH 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. On seven days in June, approximately 150 volunteers sorted and organized clothing donations and set up the event's clothing tent. During the two-day event in July, which served more than 900 veterans, 120 SLAH volunteers worked in the clothing tent to find suitable clothes for the homeless veterans. In addition, approximately 70 clinical volunteers - including Sharp nurses, doctors, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegics and quadriplegics can experience mobility through surfing with support from adaptive equipment and volunteers. In September, an estimated 70 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. FSD, part of the Feeding America network, is committed to leading the community in the fight against hunger by efficiently providing access to food and nutritious meals. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. Every week, the organization feeds more than 63,000 children, families and seniors in need. On seven days in 2016, approximately 340 SLAH volunteers contributed their time to bag, box and distribute food for FSD. 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 60 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the San Diego River Garden in Mission Valley in November and the Point Loma Native Plant Garden in December. Activities included trail maintenance, watering, pruning and other light gardening projects. In January, 30 SLAH volunteers joined the foundation once again for the Coastal Habitat Restoration event in Ocean Beach. The team worked to save and</p>

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Form 990, Part III, line 4b (continued)	<p>restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and native plants, and providing trail maintenance. In March, more than 40 volunteers participated in the San Diego River Park Foundation's second annual River Kids Discovery Days. This free event provided river education and service events to teach more than 1,000 kids and families about protecting the Earth's natural resources.</p> <p>Sharp Humanitarian Service Program. In FY 2016, the Sharp Humanitarian Service Program funded more than 50 Sharp employees in programs that provided health care or other supportive services to underserved or adversely affected populations in Haiti, Jamaica, Mexico, Paraguay, Peru and other countries throughout the world. A Sharp pharmacist participated in two medical missions through the Peruvian American Medical Society (PAMS), an organization dedicated to providing medical and educational missions throughout Peru. During a two-week trip to the city of Iquitos through PAMS' Selva in Action project, PAMS specifically provided assistance to villagers living along the Rio Momon in the Amazon Jungle. Each day, the mission team served approximately 75 patients in desperate need of medical attention. In addition, in June, the team traveled to the city of Tambo in Ayacucho, Peru, where they provided medical examinations and medications for approximately 75 to 100 villagers daily for one week. Project Compassion is a San Diego-based medical mission organization that attends to the physical and spiritual needs of individuals throughout the world. For one week in February, a Sharp Chaplain joined Project Compassion on a mission to Puerto Escondido, Oaxaca in Mexico, along with a team of physicians, pharmacists, nurses, educators and interpreters. The team provided oral and medical care, medication, glasses and health education to more than 200 patients. In March, a Sharp team member participated in a week-and-a-half long trip to Haiti through the Rock Church Global Outreach program. The mission team provided a variety of services for women and children in the community, including a women's conference to strengthen participants' courage and faith, a soup kitchen serving 250 children, outreach to 25 children in an orphanage, and jewelry-making lessons to help women start their own business and create a better life for themselves. On a 10-day humanitarian trip to Kingston, Jamaica, a Sharp team member worked with a team to refurbish the Youth for Christ headquarters and care for the community. The mission team helped restore the building by constructing a cement wheelchair ramp, replacing the stove, oven, and refrigerator, enhancing the kitchen and serving areas, fixing the water supply system, adding new windows, and painting various areas of the building. Additionally, the missionaries sang and provided ministry in alleyways, churches and schools as well as visited nursing</p>

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Form 990, Part III, line 4b (continued)	<p>homes and a girls orphanage. A Sharp speech pathologist also spent 10 days in Jamaica to provide outreach to deaf students and their teachers through Songs for Sound, an organization dedicated to protecting and restoring hearing. The team included a deaf education teacher, speech language pathologists, audiologists, nurses and other volunteers who provided hearing aids and speech and language services to approximately 50 deaf children. The team also trained six deaf teachers on how to perform speech and language activities for children with hearing aids. In July, a Sharp team member joined Su Refugio Ministries - an organization dedicated to caring for orphans and widows - to assist local doctors and dentists in caring for more than one thousand residents of Tobati, Paraguay. During the ten-day mission, the team organized a community health clinic to provide medical, vision, and dental services as well as spiritual care, self-defense training for high school girls, and a social services fair. Since 2009, Experience Camp has provided one-week camps for youth throughout the U.S. 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 2016, a Sharp team member served as a clinician with Experience Camp to help develop programs to meet the emotional needs of the camp's youth and provide support for other volunteer clinicians and cabin counselors.</p>

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Form 990, Part III, line 4b (continued)	<p>Community Walks Heart disease is the leading cause of death in the U.S. For the past 20 years, Sharp has proudly supported the AHA annual San Diego Heart & Stroke Walk. In September 2016, approximately 1,040 walkers represented Sharp at the 2016 San Diego Heart & Stroke Walk held at Balboa Park. More than 100 teams representing entities across the Sharp system raised funds for the walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. Teams raised funds through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp was the No. 1 team in San Diego and the No. 2 team in the AHA Western Region Affiliates, raising more than \$ 207,700.</p> <p>Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides many volunteer opportunities for individuals to assist with 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 the general public and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals and out in the community as well as in support of the foundations. On average, more than 1,830 individuals actively volunteered at Sharp each month in FY 2016, contributing a total of approximately 273,000 hours of service to Sharp and its initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. More than 17,400 volunteer hours were dedicated 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.</p> <table><caption>Table 2: Sharp Volunteers and Volunteer Hours - FY 2016</caption><thead><tr><th>Entity</th><th>Average Active Volunteers per Month</th><th>Total Volunteer Hours</th></tr></thead><tbody><tr><td>Sharp Chula Vista Medical Center</td><td>374</td><td>51,877</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center</td><td>70</td><td>9,224</td></tr><tr><td>Sharp Grossmont Hospital</td><td>647</td><td>111,289</td></tr><tr><td>Sharp HospiceCare</td><td>76</td><td>11,183</td></tr><tr><td>Sharp Metropolitan Medical Campus</td><td>632</td><td>81,426</td></tr><tr><td>TOTAL</td><td>1,799</td><td>264,999</td></tr></tbody></table> <p>In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers supported 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 commitment.</p>	Entity	Average Active Volunteers per Month	Total Volunteer Hours	Sharp Chula Vista Medical Center	374	51,877	Sharp Coronado Hospital and Healthcare Center	70	9,224	Sharp Grossmont Hospital	647	111,289	Sharp HospiceCare	76	11,183	Sharp Metropolitan Medical Campus	632	81,426	TOTAL	1,799	264,999
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Form 990, Part III, line 4b (continued)	<p>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. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. In FY 2016, more than 515 high school students contributed a total of 57,770 hours to the Junior Volunteer Program. This included 62 junior volunteers who provided more than 5,860 hours of service at SMH and SMBHWN, 169 junior volunteers who dedicated nearly 18,000 hours of service at SCV MC, and 285 junior volunteers who contributed nearly 34,000 hours of service at SGH. Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources. In FY 2016, 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 Grossmont Imaging LLC Board, and the Sharp and UC San Diego Health's Joint Venture Board, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs.</p>

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Form 990, Part III, line 4b (continued)	<p>This section describes the achievements of various Sharp volunteer programs in FY 2016. Sharp HospiceCare Volunteer Programs Sharp HospiceCare provided various volunteer training opportunities in FY 2016. Hospice volunteers are often working towards a career in the medical field and gain valuable knowledge and experience through volunteering. Volunteers dedicate their time 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. Approximately 80 new hospice volunteers were trained in FY 2016. Volunteers completed an extensive 32-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Thirteen teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2016, through which teens are assigned special projects in Sharp HospiceCare administration, or assigned patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Teen volunteers perform grooming and hygiene tasks, or simple acts of kindness, such as sitting with patients, listening to their stories and holding their hand. In addition, 17 pre-medical students from PLNU, SDSU, UCSD and CSUSM volunteered their time supporting 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 and who do not have family members present. The volunteer offers comfort 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. Nearly 40 volunteers were trained through the 11th Hour Program in FY 2016. To expand their volunteers' skills, in FY 2016, Sharp HospiceCare trained 20 volunteers in integrative therapies to promote relaxation and restful sleep, and to enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and comfort hand massage. Sharp HospiceCare volunteers also participate in the organization's partnership with We Honor Veterans (WHV) - a national program developed by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide veteran-centric education and training that qualifies volunteers to identify and work</p>

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Form 990, Part III, line 4b (continued)	<p>k with veteran patients as well as provide weekly support for caregivers of veterans. This includes the Vet-to-Vet Volunteer Program, which aims to pair volunteers with military experience with veteran patients, as well as honoring veteran patients through special pinning ceremonies that present veterans with a WHV pin and certificate of appreciation for their services. In FY 2016, volunteers held nearly 70 pinning ceremonies for veterans receiving care at Sharp HospiceCare. In addition, Sharp HospiceCare continues to offer 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 individual's loved one. In FY 2016, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 280 families. Recognizing the valuable impact that volunteers have on the experience of its patients, family and caregivers, Sharp HospiceCare offers a monthly support group to enhance the skills of its volunteers. Sharp HospiceCare also honors its volunteers for their valuable contributions during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBH WN, SMV, SMC) Volunteer Programs Through the Community Care Partner (CCP) Program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends to support them during their hospital stay. In FY 2016, the CCP volunteers devoted hundreds of hours to comforting patients through conversation, reading, writing letters, taking walks and playing games. In addition, the CCP volunteers helped keep patients safe by notifying medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. 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 health care. The Health Information Ambassadors are hospital volunteers who receive specialized training through the Community Health Library. Once trained, the volunteers ask patients at SMH, the SMH Rehabilitation Center and the perinatal special care unit at SMBHWN, if they or their family members would like to receive additional resources on their diagnosis. Information requests are brought to the consumer health librarian who then prints consumer-oriented information from quality websites, and returns the information to the patients through the Health Information Ambassadors. Patients or family members who have already conducted their own research are offered online access to a database of reliable health information. Patients and fa</p>

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Form 990, Part III, line 4b (continued)	milies are welcome to keep in touch with the library after discharge to ensure they have access to quality health information at home In FY 2016, the Health Information Ambassador s visited approximately 2,000 patient rooms and filled approximately 700 information requests

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Form 990, Part III, line 4b (continued)	<p>At SMMC, the Arts for Healing Program uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and theater - to help improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, patients receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In FY 2016, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness Week in June, the annual Sharp Women's Health Conference, and Sharp's annual Disaster Preparedness Expo. Additionally, in collaboration with SMMC's social workers and palliative care nurses, Arts for Healing facilitated the donation of more than 220 blankets and quilts to patients receiving end-of-life care at SMH. Seventeen 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 those crafting and donating the blankets. In FY 2016, 38 volunteers, including students from various colleges and universities, facilitated art activities for patients and their loved ones through Arts for Healing. Since 2008, more than 83,000 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing team. Sharp Employee Volunteer Efforts. In FY 2016, Sharp staff volunteered 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 this past year. The SGH Engin</p>

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Form 990, Part III, line 4b (continued)	<p>Engineering Department engaged in a variety of volunteer initiatives in FY 2016. 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 2016, the team delivered three to five vases of flowers each day to patient rooms, with as many as 10 vases or more during peak flower season and upon additional requests. In addition, more than 30 vases of flowers were delivered to new mothers in the hospital on Mother's Day. The team also 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. Now in its sixth 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 SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets 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, and is delivered. In FY 2016, the team assembled up to eight Cheers Bouquets per month, as well as provided more than 40 bouquets to new fathers on Father's Day weekend. For the past six years, the SGH Engineering Department, landscape team, SGH Auxiliary and local businesses have collaborated to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2016, volunteers filled three trucks with donated food and other essential items, including 200 handmade sandwiches, 500 water bottles, clothing, socks, shoes, hygiene kits, pet food, children's toys, towels, blankets and other household items. The SGH landscape team also created the award-winning Heart 2 Heart project through which the team places stone hearts etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U.S. and Canada. As the Gold Level finalist - the company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of business. For more than 30 years, SGH has</p>

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Form 990, Part III, line 4b (continued)	<p>s provided its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family - who has been vetted and referred by local service agencies - and dedicate 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. Santa's Korner served 28 families - equivalent to 119 individuals - during the 2015 holiday season. In August, SGH nurses held their annual Backpack Drive in collaboration with Christie's Place, a non-profit that supports women, children and families affected by HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), to prepare children and teens for academic success. Nearly 300 backpacks were filled with school supplies and distributed to youth during a back-to-school party in Balboa Park. Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger through participation in the International Relief Team's (IRT) FSD'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 FSD'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 fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend. The backpacks are also filled 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 180 weeks of service to filling 4,500 backpacks for approximately 25 elementary school children and their families per school year. More than 467,000 people in SDC face the threat of hunger every day. Each month, the Food Bank distributes emergency food to approximately 400,000 children and families, active duty military, and fixed income seniors living in poverty. For nearly 10 years now, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2015 holiday season, Sharp demonstrated its commitment to fighting hunger by hosting a food drive to support the Food Bank. Through the food drive, team members donated nearly 1,600 pounds of food, which supplied more than 1,300 meals to those in need.</p>

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Form 990, Part III, line 4b (continued)	<p>All Ways Green Initiative As San Diego's largest private employer and leading health care provider, Sharp is committed to improving the health of the environment and therefore the communities it serves. Understanding that a healthy environment can influence individual well-being, Sharp helps minimize adverse impacts on the environment by creating healthy green practices for its employees, physicians and patients. 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 cost of green practices, and facilitate the implementation of sustainable initiatives. The All Ways Green(tm) logo was created in 2009 to brand Sharp's environmental activities and communicate sustainability throughout the organization and the San Diego community. Sharp's systemwide All Ways Green(tm) committee is charged with identifying, creating and evaluating opportunities and best practices in five distinct areas: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) commuter solutions, and (5) 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 employees to conserve natural resources and reduce, reuse and recycle.</p> <p>Energy Conservation The U.S. Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's 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 can 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 energy conservation initiatives, including the retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives, occupancy sensor installation, energy audits, elevator modernization, and energy-efficient motor and pump replacements. Sharp remains firmly committed to identifying energy conservation opportunities that bring value to the system and the community, as every dollar saved on green practices can support the provision of quality health care and community-based initiatives. Sharp's Energy Conservation Guideline helps manage energy utilization practices throughout the system. Since 2013, Sharp has successfully decreased energy utilization by one percent (on a per-square-foot basis), resulting in energy cost savings of nearly \$</p>

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Form 990, Part III, line 4b (continued)	<p>ix percent, despite an increase in energy fees. In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 18,000 metric tons of CO₂ each year. 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. This software program has been installed on more than 16,000 computers, resulting in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). This initiative earned Sharp a Certificate of Recognition from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software, an innovative system that identifies opportunities for replacing inefficient hardware with energy efficient hardware in Sharp's centralized data center. In addition, the software identifies underutilized hardware, which can be permanently shut down or put to rest during periods of non-utilization. In May 2014, Sharp was named San Diego's HealthCare Energy Champion by SDG&E in recognition of the innovative programs that have been implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp 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, in June 2016, Sharp joined other major San Diego hospitals in the inaugural San Diego Healthcare Sustainability Collaborative, led by SDG&E. This initiative creates a platform for San Diego health care providers to advance energy conservation practices through best practice-sharing and new technology validation, with a goal of reducing operating costs and improving the health care facility environment for patients and providers. Furthermore, SDG&E staff participate on Sharp's Natural Resource Sub-Committee to help Sharp identify opportunities to conserve energy as well as associated rebates and incentives to reduce the overall costs of these efforts. All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrificing comfort or quality. According to the EPA, buildings that qualify for the ES certification typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while S CVMC received ES certification in 2009, 2010, 2011, 2013 and 2015, and is expected to receive the award again for 2016.</p>

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Form 990, Part III, line 4b (continued)	<p>In addition, Sharp's SRS Downtown medical office building is one of the first medical office buildings in San Diego to meet Leadership in Energy and Environmental Design (LEED) silver certification specifications. In April 2016, SGH virtually eliminated dependency on electrical utility by replacing a 30-year-old cogeneration turbine generator with a new state-of-the-art Central Energy Plant (CEP). The CEP contains a 52-ton, 4.4-megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of SGH's electrical needs and reduces greenhouse gases by up to 90 percent. The CEP also converts heat to steam for the operation of medical equipment, space heating and air conditioning. The new CEP fully complies with state and local standards for air emissions. Table 3 below highlights Sharp's energy conservation projects.</p> <p>Table 3 Energy Conservation Projects by Sharp HealthCare Entity</p> <p>Establish energy use baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Energy audits - 2016 SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no</p>

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Form 990, Part III, line 4b (continued)	Energy Star participation SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Air handler projects SCHHC - yes SCVMC - no SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - yes SRS - no Cogeneration plant SCHHC - no SCVMC - no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no EVC stations SCHHC - no SCVMC - yes SGH - no Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Energy-efficient kitchen/caf appliances SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Energy-efficient chillers/ motors SCHHC - yes SCVMC - no SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no HVAC projects SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes

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Form 990, Part III, line 4b (continued)	<p>Light-emitting diode (LED) lighting SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Occupancy sensors SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes 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 35 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent helps cool Sharp's buildings, sterilize equipment, prepare food and water the landscape Below are some of the numerous infrastructure changes and monitoring efforts Sharp has implemented to reduce its water consumption * Installation of motion-sensing faucets and toilets in public restrooms * Low-flow showerheads and toilets in patient and locker rooms * Mist eliminators, micro-fiber mops and other water-saving devices * Installation of 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 To comply with mandatory water restrictions issued for California on April 1, 2015, Sharp made significant modifications to its landscape maintenance practices, including adjusting irrigation schedules, properly sizing sprinkler heads, installing water-sensing equipment and drip irrigation systems, xeriscaping, hardscaping, planting succulents and other drought-tolerant plants, and reducing watering times and frequency at all sites Each year Sharp uses over eight million pounds of textiles such as sheets, towels, scrubs and patient gowns Given the significant amount of laundry generated, Sharp selected Emerald Textiles as its environment-friendly laundry and linen provider Emerald Textiles operates a state-of-the-art plant designed to decrease utility consumption and preserve natural resources This includes a reduction of approximately 40 million gallons of water per year (50 percent of total usage) through an advanced water filtration system, savings of more than 71,000 kWh of electricity through energy-efficient lighting, and savings of more than 700,000 therms of gas by using energy-efficient laundry equipment Table 4 below highlights Sharp's water-saving initiatives Table 4 Water Conservation Initiatives by Sharp HealthCare Entity Establish water use baseline SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Drip irrigation systems SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes</p>

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Form 990, Part III, line 4b (continued)	Drought-tolerant plants and bark-covered ground SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic low-flow faucets SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Evaluation of water utilization practices SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes

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Form 990, Part III, line 4b (continued)	Faucet and toilet retrofits SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Hardscaping SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Mist eliminators SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Moisture-sensitive sprinkler controls SCHHC - yes SCVMC no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no

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Form 990, Part III, line 4b (continued)	Plumbing projects to address water leaks SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Rain water collection for use in fountains SCHHC - no SCVMC no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no Water dispensers to replace bottled water SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Water-efficient dishwashing/ equipment washing/ chemical dispensing system SCHHC - yes SCVMC yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no

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Form 990, Part III, line 4b (continued)	<p>Waste Minimization According to the Practice Greenhealth Healthier Hospitals Initiative (HHI), hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of this waste is considered hazardous material Sharp has created a comprehensive waste minimization program to significantly reduce waste at each entity and extend the lifespan of local landfills Overseen by a systemwide, multi-disciplinary Waste Minimization Committee, the program includes proper waste segregation and enhanced recycling efforts Sharp was an early adopter in the commitment to waste diversion and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs Sharp's waste minimization efforts have resulted in more than 4.7 thousand tons of waste diverted from the landfill (equivalent to the weight of 12 loaded Boeing 747 aircrafts) Sharp made the following achievements in waste minimization in FY 2016:</p> <ul style="list-style-type: none">* SCVMC and SGH generated nearly 44,000 pounds of green waste through the implementation of green waste recycling* More than 2.7 million pounds of trash were diverted from the landfill through recycling of non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers* Approximately 75,000 pounds of surgical instruments were collected, reprocessed and sterilized for further use* More than 153,000 pounds of plastic and cardboard were diverted from the landfill through the use of reusable sharps containers* More than 200,000 pounds of surgical blue wrap (recycled at all hospital entities) and disposable privacy curtains (recycled at SCVMC) were diverted from the landfill* Sharp continued to collaborate with Ssubi is Hope, a nonprofit charity organization that collects donated expired (though still safe and usable) medical equipment, to support a health center in rural Uganda Ssubi is Hope has collected more than 25 tons of supplies from Sharp facilities* Sharp continued to participate in Office Depot's GreenerOffice(tm) Delivery Service Through the program, paper bags composed of 40 percent postconsumer recycled material are used in place of small and midsized cardboard boxes The paper bags are then returned to Office Depot for reuse In addition, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities

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Form 990, Part III, line 4b (continued)	<p>* Sharp donated nearly 113,000 pounds of older computer equipment through the Technology Training Foundation of America, an organization that provides donated computers to schools and nonprofit organizations in underserved communities * Sharp employees and hospital visitors donated approximately 150 pairs of eyew ear to people in need, both locally and globally, through the Lion's Club Recycle Sight program As a result of its innovative waste minimization efforts, Sharp received the Recycler of the Year award in 2013 and 2015 through the City of San Diego Environmental Services Department's Waste Reduction and Recycling Awards Program See Table 5 for waste diversion rates, and Table 6 for specific waste minimization efforts, at Sharp in FY 2016 Table 5 Sharp HealthCare Waste Diversion - FY 2016 Sharp Chula Vista Medical Center Recycled Waste Per Year (lbs) 1,089,472 Total Waste Per Year (lbs) 3,138,051 Percent Recycled 35% Sharp Coronado Hospital and Healthcare Center Recycled Waste Per Year (lbs) 273,929 Total Waste Per Year (lbs) 1,347,238 Percent Recycled 20% Sharp Grossmont Hospital Recycled Waste Per Year (lbs) 2,263,496 Total Waste Per Year (lbs) 5,931,577 Percent Recycled 38%</p>

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Form 990, Part III, line 4b (continued)	Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & New borns Recycled Waste Per Year (lbs) 2,539,524 Total Waste Per Year (lbs) 7,177,426 Percent Recycled 35% Sharp Mesa Vista Hospital Recycled Waste Per Year (lbs) 437,214 Total Waste Per Year (lbs) 735,503 Percent Recycled 59% Sharp Rees-Stealy Medical Centers Recycled Waste Per Year (lbs) 1,360,812 Total Waste Per Year (lbs) 3,014,080 Percent Recycled 45% Sharp Corporate Sites Recycled Waste Per Year (lbs) 1,557,524 Total Waste Per Year (lbs) 2,441,115 Percent Recycled 64% Total Sharp HealthCare Recycled Waste Per Year (lbs) 9,521,971 Total Waste Per Year (lbs) 23,784,990 Percent Recycled 40% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Establish waste diversion baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes

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Form 990, Part III, line 4b (continued)	Single-stream recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Recycled paper SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Blue-wrap recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Composting SCHHC - no SCVMC - yes SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no

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Form 990, Part III, line 4b (continued)	Construction debris recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic caf menus SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Electronic patient bills and paperless payroll SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic and pharmaceutical waste recycling events SCHHC - no SCVMC - no SGH - no Sharp System Services - yes SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no

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Form 990, Part III, line 4b (continued)	Organic waste (green waste) recycling SCHHC - no SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no Recycle bins distribution SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Repurposing of unused medical supplies and equipment SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - yes Reusable sharps containers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no

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Form 990, Part III, line 4b (continued)	<p>Single serve paper napkins and plastic cutlery dispensers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - no Surgical instrument reprocessing SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Sustainable Food Practices</p> <p>Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. The goal of Sharp's Food and Nutrition Best Health Committee is to promote its food sustainability efforts throughout the health care system and within the greater San Diego community. This includes a focus on Sharp's Mindful food program to provide education and healthy food options to improve the health of Sharp's patients, staff, community and environment. The Mindful food program includes reducing meat consumption by promoting Meatless Mondays, increased purchasing of beef and poultry raised without the routine use of antibiotics, color-coded menu labeling to highlight the healthiest food options, participation in Community Supported Agriculture (CSA) - 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 - to increase the percentage of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, promotion of sugarless beverages, and use of post-consumer recycled packaging solutions. Additional food sustainability efforts at Sharp in FY 2016 are described below.</p> <ul style="list-style-type: none"> * In August, Sharp partnered with the SDRM and the Food Bank to begin an innovative food recovery program that donates imperfect, yet still edible and safe, food from its kitchens to nearly two dozen hunger relief organizations in SDC. An estimated average of 1,100 pounds of food will be donated to the community each week through the program. Sharp is the first health care system in SDC to donate food to those in need in San Diego on such a wide-scale level. * In February, Sharp launched a soup stock program which turns previously unused vegetable scraps into soup stock and saves an average of 174 pounds of food each week. * Each month, Sharp's imperfect produce program purchases an average of 700 pounds of surplus fruits and vegetables that are nutrient-rich and full of flavor but would otherwise be thrown away. * SCVMC started a food waste composting program through the Otay Landfill, joining SMH and SMV (participants throu

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Form 990, Part III, line 4b (continued)	<p>gh the Miramar Greenery site since 2015) Through the program, food waste is processed into a rich compost product and is provided to 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. In total, Sharp's composting efforts have diverted approximately 358,000 pounds of waste from landfills. According to the City of San Diego, such waste diversion programs help extend the lifespan of the landfill from 2012 to at least 2022. * Sharp's cooking oil recycling program collected 11,824 pounds of oil for conversion into safe biodiesel oil. * SCH HC, SMV and SMH continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafés. * Sharp increased purchasing of 100 percent recycled goods at all sites as well as continued its systemwide recycling campaign. * Sharp has implemented self-audit checklists to help kitchen teams be mindful of waste between food preparation and cleanup.</p>

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Form 990, Part III, line 4b (continued)	<p>In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo the inaugural 2016 EMIES Unwasted Food award. Named after the Emerson Good Samaritan Food Donation Act, the award was created to encourage food donation to nonprofit organizations by minimizing liability. Sharp was among five organizations in SDC to receive the award for demonstrating exemplary practices in waste prevention, food donation, and composting and recycling. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative and facilitated by Community Health Improvement Partners (CHIP). In December 2015, seven SDC hospital representatives experienced a "Mindful Meal" at SCHHC's newly renovated cafeteria to learn how they can implement similar best practice food initiatives at their organizations. Sharp participates in the Healthier Food Initiative sponsored by Practice Greenhealth's HHI. As a participant, Sharp manages and measures the impact of its food initiatives by (1) reducing the purchase of animal protein, (2) of the animal protein that is purchased, increasing the percentage that is sustainable, and (3) increasing the purchase of locally-grown food. The results of these efforts in FY 2016 are described below:</p> <ul style="list-style-type: none"> 1) Sharp reduced animal protein purchases by more than 150,000 pounds from FY 2015, and by more than 465,000 pounds from FY 2014. This represents an overall reduction in animal protein purchases of 25.5 percent since FY 2014. 2) Sharp and Sodexo have made a concerted effort to increase the amount of locally grown produce in order to support community-based farmers and reduce the time and miles required to receive these products in Sharp's kitchens. Approximately 303,000 pounds of locally sourced produce were used in Sharp's kitchens in FY 2016, representing an increase of 16,200 pounds of locally sourced produce compared to FY 2015 (an increase of 5.6 percent). Sharp expects to increase its focus in this area over the next five years as more farmers are identified and certified to provide locally sourced produce. 3) Sharp purchased approximately 102,000 pounds of sustainable animal protein (including beef and cage-free chicken that are grass-fed and antibiotic and hormone free), representing a two percent increase from FY 2015 and a 16.3 percent increase from FY 2014. <p>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 carpool parking spaces, designated bike racks and lockers, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 34 electric vehicle chargers (EVCs).</p>

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Form 990, Part III, line 4b (continued)	<p>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. The use of EVCs at Sharp has resulted in a reduction of approximately 20,000 pounds of CO2 and 3,700 gallons of fuel saved during FY 2016. Sharp will continue its efforts to expand EVCs at other entities. In its long-standing partnership with SANDAG, Sharp offers SANDAG's iCommuter free online ride-matching tool, RideMatcher, to help employees find convenient carpool and vanpool partners and promote sustainable commuting. In addition, employees can use iCommuter's TripTracker tool to log trips and monitor the cost and carbon savings resulting from their alternate commuting methods. In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommuter 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. Sixty-nine organizations in SDC, representing more than 178,000 employees, competed in the challenge in FY 2016. Sharp won the top spot in the Mega Employer category for the third year in a row and for the fourth time in five years. Through the challenge, Sharp employees logged more than 8,000 trips, reduced CO2 emissions by approximately 177 tons, and saved more than \$104,000 in commuting costs. To further reduce the number of cars on the road, Sharp's Commuter Solutions Subcommittee continuously works to develop innovative accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation. The committee has overseen the implementation of bike racks and designated car pool spots, as well as a Bicycle Commuter Benefit, which provides employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp participates in SANDAG's Bike to Work Day each year. In May 2016, Sharp employees were among nearly 10,000 San Diegans who opted to ride their bike to work. During the event, Sharp provided food and beverages at several pit stops located throughout SDC. Furthering Sharp's commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for nearly 500 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an onsite presence, such as information technology support, transcription, and human resources. Sharp also provides compressed work schedule options to eligible full-time employees enabling them to complete the basic eighty-hour biweekly work requirement in less than ten workdays, thus reducing commute costs, lowering parking demand, and helping the environment. Sharp's on</p>

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Form 990, Part III, line 4b (continued)	going efforts to promote alternative commute 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 2016

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Form 990, Part III, line 4b (continued)	<p>Education, Communication and Community Outreach Sharp conducted the following environmental community education and outreach activities in FY 2016 * Sharp shared e-newsletters with employees throughout the year to highlight the organization's recycling efforts and accomplishments, as well as to provide reminders for proper workplace recycling, carpooling, and energy and water conservation * In April 2016, Sharp held its annual systemwide All Ways Green(tm) Earth Week celebration, including Earth Fairs at each Sharp hospital and system office During the fairs, employees learned how to help preserve the planet and its precious resources Many of Sharp's key vendor partners participated in the fairs to help raise awareness of various green initiatives at Sharp * Sharp continued to participate in SDG&E's Major Customer Advisory panel and Health Care Collaborative to provide input and education relating to energy reliability, fees and cost structure and their impacts on the health care environment * In partnership with the County, Sharp hosted a complimentary community workshop on pharmaceutical waste management to educate medical providers, pharmacy and hospital personnel, and other participants about safe and proper pharmaceutical waste disposal, including pharmaceutical waste liability, regulatory compliance and cost-effective disposal strategies * Sharp provided confidential paper shredding through Shred-it(r), a secure paper shredding and document destruction service, at Sharp's annual Disaster expo * Sharp's corporate office location served as a drop-off location during National Drug Take Back Day, a day dedicated to curbing prescription drug theft and abuse by providing safe, convenient and responsible methods of drug disposal * Sharp continued to participate in San Diego's Gathering of Green Teams with other San Diego business leaders to identify and discuss sustainable best practices that can be replicated across industries * Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC * SCVMC is a member of the City of Chula Vista's CLEAN Business Program, demonstrating its commitment to reducing energy use, water use and waste, and purchasing more sustainable products Table 7 highlights Sharp's education and outreach to staff and the community Table 7</p> <p>Environmental Community Education and Outreach by Sharp HealthCare Entity America Recycles Day SCHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes</p>

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Form 990, Part III, line 4b (continued)	Bike to Work Day SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Earth Week activities SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Environmental policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Green Team SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes No smoking policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Organic farmer's market SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no

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Form 990, Part III, line 4b (continued)	<p>Organic gardens SCHHC - yes SCVMC - no SGH - no Sharp System Services - no SHP - no SMH/S MBHWN - yes SMV/SMC - no SRS - no Recycling education SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Rise share p romotion SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBH WN - yes SMV/SMC - yes SRS - yes Success Measurement All Ways Green utilizes a Sustainability Report Card to evaluate the annual benchmarks of each of its sustainability efforts ag ainst a baseline measurement Entity Green Teams use the Report Card to communicate strate gic sustainability initiatives, monitor results and gain input from staff in order to unde rstand and mitigate barriers and establish more effective sustainability practices In FY 2016, Sharp met over 90 percent of its sustainability goals All Ways Green(tm) remains co mmitted to establishing sustainable and healthy practices that minimize Sharp's impact on the environment and promote the health of patients, employees, physicians, and the broader community Emergency and Disaster Preparedness Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster-planning activities a nd services In FY 2016, Sharp continued to educate staff, community members and community health professionals and partnered w ith numerous state and local organizations to prepare for an emergency or disaster Sharp's emergency preparedness team offered educational cou rses to health care providers and first responders throughout SDC This included a standar dized, on-scene federal emergency management training for hospital management titled Natio nal Incident Management System/Incident Command System/Hospital Incident Command System, a nd training in Web Emergency Operations Center, a crisis information management system tha t provides secure real-time information sharing In FY 2016, Sharp's emergency preparednes s leadership donated their time to state and local organizations and committees including the San Diego County Civilian/Military Liaison Work Group, San Diego County Unified Disast er Council, County of San Diego Emergency Medical Care Committee (EMCC) and the California Hospital Association (CHA) Emergency Management Advisory Committee The leadership team a lso led the San Diego Healthcare Disaster Coalition Subcommittee, a countyw ide w ork group that review s hospital evacuation planning and identif ies and shares best practices In add ition, Sharp's emergency preparedness leadership continued to participate in the Statew ide Medical and Health Exercise Program - a w ork group of representatives from local, regiona l and state agencies including health departments, emergency medical services, environment al health departments, hospitals, law enforcement, fire services and more - to guide local emergency planners in developing, planning and conducting emergency responses Through pa rticipation in the U S Depart</p>

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Form 990, Part III, line 4b (continued)	<p>ment 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, UC San Diego Health, Palomar Health, 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</p>

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Form 990, Part III, line 4b (continued)	<p>Sharp supports safety efforts of California 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 de contamination 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. In September, Sharp hosted its fifth Annual 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. Held at Balboa Park, the free event provided approximately 500 community members with a variety of disaster exhibitors, demonstrations and displays, as well as education on personal and family disaster planning, and confidential document shredding from Shred-it. In recent years, global endemic events had the potential to impact public health in the local San Diego community. Sharp continues to partner with community agencies, SDC Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives 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. Each Sharp hospital as well as SRS has a dedicated Best Health committee that works to promote wellness at the individual work site. Team members are encouraged to participate in on-site fitness classes, meditation workshops, micro-stretch breaks, and relaxation and stress management workshops. In addition, Sharp Best Health offers web-based resources to help team members stay fit and healthy, including interactive blogging, recipes, as well as education on biometric screenings, health risk assessments, mindfulness, healthy eating and active lifestyle development. 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 2016, more than 10,000 employees received health screenings for blood pressure, cholesterol, Body Mass Index (BMI), blood sugar and tobacco use. Sharp Best Health hosted a variety of wellness programs and events in FY 2016 for its employees, family and friends, including walking and hiking clubs. The walking clubs varied by location with either structured meeting points or various small walking groups, and 15 systemwide hike</p>

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Form 990, Part III, line 4b (continued)	<p>s served more than 250 attendees over the past year. In February, Sharp's Best Health committees collaborated to host the 2nd annual 5K the Sharp Way Fun Family Walk/Run at Tideland's Park in Coronado, engaging approximately 300 employees and their families. 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, National Fresh Fruits & Vegetables Month, the ADA Tour de Cure bike ride and National Walking Day. Throughout 2016, Sharp continued its systemwide Mindful healthy food initiative in partnership with Sodexo. With 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 collaboration with Sodexo and Specialty Produce - a local produce wholesale distributor - Sharp Best Health offered the Green Grocers Delivered to You program at six Sharp work sites in FY 2016. Through the program, employees can order seasonally available, locally-grown and organic produce online and have it delivered to their workplace twice a month for a low cost. The program 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 considered a CSA service. Sharp Best Health's free nutrition education programs help support employees and their family members with developing healthier eating habits. In FY 2016, programs included classroom-style workshops with cooking demonstrations led by registered dietitians (RDs), and four grocery store tours facilitated by an RD to help participants understand nutrition labels and make healthier food choices. Sharp Best Health also hosted recipe-sharing and tasting events for employees, as well as provided healthy food options at system events.</p> <p>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 Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2016 (October 1, 2015, through September 30, 2016). 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 service.</p>

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Form 990, Part III, line 4b (continued)	<p>s of each Sharp hospital For details on Sharp's CHNA process please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2016 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report</p> <ul style="list-style-type: none">* 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 <p>Highlights of Community Benefit Provided by Sharp in FY 2016</p>

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Form 990, Part III, line 4b (continued)	<p>The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2016</p> <ul style="list-style-type: none"> * 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, the San Diego Food Bank (Food Bank), and Feeding San Diego (FSD), 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. Sharp executive leadership and staff also 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. <p>Economic Value of Community Benefit Provided in FY 2016: In FY 2016, Sharp provided a total of \$319,497,417 in community benefit programs and services that were unreimbursed. Table 8 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. In FY 2015 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through</p>

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Form 990, Part III, line 4b (continued)	<p>December 31, 2016 This resulted in an increased reimbursement of \$164.2 million and an assessment of a quality assurance fee and pledge totaling \$103.1 million in FY 2016. The net impact of the program totaling \$61.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2016 understated the true unreimbursed medical care services performed for the past fiscal year. Table 8 Sharp HealthCare Total Community Benefit - FY 2016 Note: The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Medical Care Services. Shortfall in Medi-Cal - \$79,239,017 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in Medicare - \$192,175,656 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in San Diego County Indigent Medical Services - \$6,332,460 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in CHAMPVA/TRICARE - \$6,642,585 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Charity Care - \$18,989,615 Note: Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Bad Debt - \$196,523 Note: Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Other Benefits for Vulnerable Populations: Patient transportation and other assistance for the needy - \$2,702,467 Note: Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supply.</p>

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Form 990, Part III, line 4b (continued)	ies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed cost s were estimated by each department responsible for providing the program or service Othe r Benefits for the Broader Community Health education and information, support groups, he alth fairs, meeting room space, donations of time to community organizations and cost of f undraising for community events - \$2,062,814 Note Unreimbursed costs may include an hourl y rate for labor and benefits plus costs for supplies, materials and other purchased servi ces Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department resp onsible for providing the program or service Health Research, Education and Training Prog rams Education and training programs for students, interns and health care professionals - \$5,019,420 Note Unreimbursed costs may include an hourly rate for labor and benefits pl us costs for supplies, materials and other purchased services Any offsetting revenue (suc h as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the progra m or service TOTAL \$319,497,417

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Form 990, Part III, line 4b (continued)	<p>Table 9 shows a listing of these unreimbursed costs provided by each Sharp entity Table 9 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2016 Estimated FY 2016 Unreimbursed Costs Sharp Chula Vista Medical Center - \$60,805,123 Sharp Coronado Hospital and Healthcare Center - \$13,791,050 Sharp Grossmont Hospital - \$98,464,086 Sharp Mary Birch Hospital for Women & Newborns - \$6,128,274 Sharp Memorial Hospital - \$125,218,185 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$15,015,699 Sharp Health Plan - \$75,000 TOTAL FOR ALL ENTITIES - \$319,497,417 Table 10 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2016, see tables presented in Section 4 Table 10 FY 2016 Detailed Economic Value of SB Bill 697 Categories Note Table shows Estimated FY 2016 Unreimbursed Costs and is presented by Sharp HealthCare entity and by SB 697 category Economic value is based on unreimbursed costs Sharp Chula Vista Medical Center Medical Care Services - \$59,362,219 Other Benefits for Vulnerable Populations - \$318,613 Other Benefits for the Broader Community - \$248,531 Health Research, Education and Training Programs - \$875,760 Total Estimated FY 2016 Unreimbursed Costs - \$60,805,123 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$13,346,669 Other Benefits for Vulnerable Populations - \$32,822 Other Benefits for the Broader Community - \$64,013 Health Research, Education and Training Programs - \$347,546 Total Estimated FY 2016 Unreimbursed Costs - \$13,791,050 Sharp Grossmont Hospital Medical Care Services - \$95,687,226 Other Benefits for Vulnerable Populations - \$850,000 Other Benefits for the Broader Community - \$627,388 Health Research, Education and Training Programs - \$1,299,472 Total Estimated FY 2016 Unreimbursed Costs - \$98,464,086 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - \$5,455,562 Other Benefits for Vulnerable Populations - \$51,104 Other Benefits for the Broader Community - \$300,746 Health Research, Education and Training Programs - \$320,862 Total Estimated FY 2016 Unreimbursed Costs - \$6,128,274 Sharp Memorial Hospital Medical Care Services - \$122,118,736 Other Benefits for Vulnerable Populations - \$828,317 Other Benefits for the Broader Community - \$549,428 Health Research, Education and Training Programs - \$1,721,704 Total Estimated FY 2016 Unreimbursed Costs - \$125,218,185 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$13,742,304 Other Benefits for Vulnerable Populations - \$608,878 Other Benefits for the Broader Community - \$213,934 Health Research, Education and Training Programs - \$450,583 Total Estimated FY 2016 Unreimbursed Costs - \$15,015,699 Sharp Health Plan Medical Care Services - \$- Other Benefits for Vulnerable Populations - \$12,733 Other</p>

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Form 990, Part III, line 4b (continued)	er Benefits for the Broader Community - \$58,774 Health Research, Education and Training Pr ograms - \$3,493 Total Estimated FY 2016 Unreimbursed Costs - \$75,000

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Form 990, Part III, line 4b (continued)	<p>ALL ENTITIES Medical Care Services - \$309,712,716 Other Benefits for Vulnerable Populations - \$2,702,467 Other Benefits for the Broader Community - \$2,062,814 Health Research, Education and Training Programs - \$5,019,420 Total Estimated FY 2016 Unreimbursed Costs - \$31 9,497,417</p> <p>Section 3 Community Benefit Planning Process An exceptional community citizen listens to their community's needs, barriers to service and vision of their future and helps them translate that into a reality through advocacy, outreach and action - Lisa Mills, Business Development Specialist, Sharp Mesa Vista Hospital For the past 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation</p> <p>Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers 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 special focus on vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&IC 2016 CHNA is available for public viewing and download at http://www.hasdic.org To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborn</p>

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Form 990, Part III, line 4b (continued)	<p>s (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 (OSHDP). As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities. This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs.</p> <p>CHNA Committee The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems:</p> <ul style="list-style-type: none"> * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California, San Diego Health <p>CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. Top 15 health needs based on 2013 initial quantitative analysis included:</p> <ul style="list-style-type: none"> * Acute Respiratory Infections * Asthma * Back Pain * Breast Cancer * Cardiovascular Disease * Colorectal Cancer * Dementia and Alzheimer's * Diabetes (Type 2) * High Risk Pregnancy * Lung Cancer * Mental Health/ Mental Illness * Obesity * Prostate Cancer * Skin Cancer * Unintentional Injuries <p>Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * 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.

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Form 990, Part III, line 4b (continued)	allenges for the community

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Form 990, Part III, line 4b (continued)	<p>Study Area Defined For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at http://hasdic.org. As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/ findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org. For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in Table 11 below; variables were analyzed at the ZIP code level wherever possible. Table 11 Data Variables in the HASD&IC and Sharp 2016 CHNAs: * Hospital Utilization Inpatient discharges, ED and ambulatory care encounters * Community Clinic Visits * Demographic Data (socio-economic indicators) * Mortality and Morbidity Data * Regional Program Data (childhood obesity trends and community resource referral patterns) * Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse). Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. The number and type of community engagement activities conducted as part of the collaborative HASD&IC 2016 CHNA, including</p>

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Form 990, Part III, line 4b (continued)	<p>key informant interviews, facilitated discussions with care coordinators (community partner discussions), and community resident input through a Health Access and Navigation Survey, are outlined below. HASD&IC 2016 CHNA Community Engagement Activities * 3 Behavioral Health Discussions * 19 Key Informant Interviews * 87 Community Partner Discussion Participants * 91 HHS Regional Live Well Surveys * 235 Health Access & Navigation Surveys. In addition, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members. This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members. In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients. More than 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts.</p> <p>Findings</p> <p>The collaborative HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria: 1. Magnitude or Prevalence 2. Severity 3. Health Disparities 4. Trends 5. Community Concern. Using these criteria, IPH created a summary matrix for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes, and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. As the HASD&IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes, and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community. In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&IC's and Sharp's CHNAs. The importance of these SDOH was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these SDOH. The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix. Rather, they will require time, persistence, collaboration and innovation. The entire Sharp</p>

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Form 990, Part III, line 4b (continued)	<p>system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Programs designed to address the needs identified in Sharp's 2016 CHNA are detailed in Sharp's FY 2017 - FY 2020 implementation plans, which are publicly available online at http://www.sharp.com/about/community/health-needs-assessments cfm. The findings of Sharp's 2016 CHNAs help inform the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below.</p> <p>Steps Completed to Prepare Sharp's Community Benefit Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report:</p> <ul style="list-style-type: none">* Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community.* Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs.* Reports on activities conducted in the prior fiscal year - FY 2016 Report of Activities.* Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2017 Plan.* Reports and categorizes the economic value of community benefit provided in FY 2016, 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.* Implement community benefit activities identified for the upcoming fiscal year. <p>Ongoing Commitment to Collaboration</p> <p>Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association (CHA), HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners.</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>Section 4 Sharp Health Plan Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123 SHP is not required to develop a community benefit plan as part of Senate Bill (SB) 697, nor are they required to participate in a community health needs assessment However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year (FY) 2016, a selection of which are highlighted in this section SHP services include health plans for both large and small employers FY 2016 Community Benefit Program Highlights SHP provided a total of \$75,000 in community benefit in FY 2016 See Table 41 in this section for a summary of unreimbursed costs for SHP based on the categories identified in Senate Bill (SB) 697 Table 41 Economic Value of Community Benefit Provided - Sharp Health Plan - FY 2016 Note The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Other Benefits for Vulnerable Populations Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank - \$12,733 Note Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education programs, donations to community organizations, meeting room space, and participation in community organizations - \$58,774 Note Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Health Research, Education and Training Programs Support of education and training programs for students, interns and health care professionals - \$3,493 Note Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service TOTAL - \$75,000 Key highlights * Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Ssubis Hope, Feeding San Diego and the San Diego Food Bank, donations to community health centers and other agencies to support low-income and underserved populations, an</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>d other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, including 2-1-1 San Diego (2-1-1), American Heart Association (AHA), BAME Renaissance, Inc (BAME CDC), Community Health Improvement Partners (CHIP), Family Health Centers of San Diego (FHCSD), Girl Scouts San Diego, SAY (Social Advocates for Youth) San Diego, Second Chance, The Arc of San Diego (The Arc) and the YMCA See Appendix A for a listing of Sharp's involvement in community organizations in FY 2016 * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Identified Community Need Support of Community Nonprofit Health Organizations Rationale Support of community nonprofit health organizations is an effective means to raise awareness of various health and social issues, collaborate to maximize community efforts without duplication of resources, and continue to share experiences and leadership capacity with others who have similar goals Further, the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment (CHNA) process, in which Sharp HealthCare and other San Diego hospitals played a key role, identified collaboration with community organizations as a critical factor in addressing community health needs Objective * Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions FY 2016 Report of Activities SHP supports San Diego's community-based organizations through a variety of activities, including participation, support and coordination assistance of community-sponsored events, financial support and fundraising for health- and social-related causes, and service on community boards and committees SHP assisted numerous organizations through financial support in FY 2016, including but not limited to 2-1-1, AHA, The Arc, Arms Wide Open, Asian Business Association, BAME CDC, Barney & Barney, Chicano Federation of San Diego County, City of San Diego, CHIP, FHCSD, Girl Scouts San Diego, Helen Woodward Animal Center, Home Start, Inc, Las Patronas, LightBridge Hospice Community Foundation, North San Diego Business Chamber, Pacific Arts Movement, Poway Valley Senior Citizens Corp, San Diego Blood Bank, San Diego Humane Society, San Diego Rescue Mission, SAY San Diego, Second Chance, Southern Indian Health Council, St Paul's Retirement Home Foundation, the Japanese American Citizens League, Union of Pan Asian Communities and the YMCA Among the many community organizations supported by SHP in FY 2016, several are devoted to San Diego's most vulnerable populations, including the disabled, homeless and oth</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>er community members facing inequities in SDC According to the County of San Diego Health and Human Services Agency, there were more than 291,700 San Diegan's with a disability (9 5 percent of the SDC population) in 2014 For nearly 70 years, The Arc - one of the regio n's largest not-for-profit human-service agencies - has supported and empow ered children a nd adults with disabilities to achieve their life goals through the development of quality programs With more than 20 locations throughout SDC, The Arc's programs include advocacy for the disabled, early child development, parenting skills, residential options and job training SHP has proudly partnered w ith The Arc for many years through financial contribu tions including continued support of The Arc's Jew els of San Diego Gala, an annual fundrai sing event that leverages a fashion-themed setting w ith San Diego's philanthropic leaders The proceeds from the event support programs that make a difference in the lives of 2,500 children and adults w ith disabilities, w ho w ould otherw ise not have access to the service s they need to thrive and be visible, engaged and contributing members of the community</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>BAME CDC seeks to strengthen residents and businesses in Greater Logan Heights neighborhoods through community empowerment, education, economic growth and housing development. BAME CDC educates residents about community health, provides small business development assistance and programs related to youth and adult education literacy, beautifies neighborhoods to promote sustainable community development and safety, assists with career and financial advancement, stimulates early child development with the Future Achievers Preschool, and provides community transportation. In FY 2016, Sharp Health Plan sponsored BAME CDC's Imperial Avenue Street Festival, held on one of San Diego's oldest streets. The purpose of the festival is to celebrate culture and fuel the neighborhood's spirit of prosperity. At the event, SHP provided information about health and wellness topics, as well as information about benefit programs available for individuals seeking health care coverage. SAY San Diego partners with youth, adults, families and communities to help them reach their full potential. SAY San Diego's vision is opportunity, equity and well-being for all San Diegans. The organization engages the community to work collaboratively and works with systems including law enforcement, schools and local government to create positive change. SAY San Diego's main services include access to health care, employment, and self-sufficiency, alcohol, tobacco, and substance abuse prevention, before-and-after-school programs, preschools, and school readiness, child abuse prevention and family support, collaborative partnerships for military families, refugee/immigrant families, students and parents, juvenile delinquency prevention and diversion, and mental health counseling, case management, adult services and youth development. SAY San Diego serves more than 70,000 San Diegans annually. Since 2013, SHP has sponsored SAY San Diego through participation in Play 4 SAY, the organization's annual fundraiser at Liberty Station in Point Loma. Play 4 SAY provides a fun and meaningful way for professionals to be "kids for a day," by competing in a friendly tournament to raise funds for SAY San Diego's services. FY 2017 Plan SHP will do the following:</p> <ul style="list-style-type: none"> * Participate in community-sponsored events to address identified health needs for San Diegans and provide health information and education as requested by community partners * Provide coordination, financial support and fundraising-related activities for local nonprofit organizations, particularly those that support San Diego community members who face inequities * Continue to serve on various community boards that support the health and well-being of the community <p>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 2016. Community organizations are listed alphabetically.</p> <p>* 2-1-1 San Diego</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	go Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Disability Resource Connection * Aging and Independence Services * Alzheimer's San Diego * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego Client Advisory Board * American Academy of Nursing * 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 Heart Association * American Hospital Association * American Nurses Association * American Parkinson Disease Association * American Psychiatric Nurses Association * American Red Cross of San Diego * The Arc of San Diego * Arms Wide Open * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Bonita Business and Professional Organization * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Maternal Quality Care Collaborative * California Department of Public Health * California Dietetic Association, Executive Board * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association Center for Behavioral Health * California Hospital Association * California Hospital Association Emergency Management Advisory Committee * California Library Association * California Perinatal Quality Care Collaborative

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>* California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Caring Hearts Medical Foundation * Center for Community Solutions * Check Your Mood Committee * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Work Team * Chula Vista Chamber of Commerce * Chula Vista Police Foundation * City of Chula Vista Wellness Program * City of San Diego * City of San Diego Park & Recreation - Therapeutic Recreation Services Disabled Services Advisory Council * Combined Health Agencies * Community Center for the Blind and Visually Impaired * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Fire Department * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County of San Diego Emergency Medical Services * CVS MinuteClinics * Cycle EastLake * Downtown San Diego Partnership * East County Action Network * East County Senior Service Providers * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding San Diego * Gary and Mary West Senior Wellness Center * Girl Scouts San Diego * Girls With Goals * Greater San Diego East County Advisory Board * Grossmont College * Grossmont Health Occupations Center * Grossmont Healthcare District * Grossmont Imaging LLC Board * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helen Woodward Animal Center * Home Start, Inc. * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Kiwanis Club of Chula Vista * 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 * Life Rolls On Foundation * Lightbridge Hospice Community Foundation * March of Dimes * Meals on Wheels Greater San Diego * Mended Hearts * Mental Health America * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	<p>* 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 * North San Diego Business Chamber * Pacific Arts Movement * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University * Professional Oncology Network * Public Health Nurse Advisory Board * Regional Perinatal System * Residential Care Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community College District * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Civilian/Military Liaison Work Group * 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 Medical Society Bioethics Commission * San Diego County Older Adult Behavioral Health System of Care Council * San Diego County Older Adult 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 County Unified Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Health Committee * San Diego Eye Bank Nurses Advisory Board * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Habitat for Humanity * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Coalition * San Diego History Project Committee * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Humane Society * San Diego Hunger Coalition * San Diego Immunization 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 Mesa College Advisory Board * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHIE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition /San Diego Coalition for Compassionate Care * San Diego Regional Chamber of Commerce * San Diego Regional Home Care Council</p>

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	cil * San Diego Rescue Mission * San Diego River Park Foundation * San Diego State Univers ity * San Diego Workforce Partnership

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Return Reference	Explanation
Form 990, Part III, line 4b (continued)	* San Diego Workforce - Work Well Committee * San Ysidro High School * Santee Chamber of Commerce * SAY San Diego * Second Chance * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture Board * Sigma Theta Tau International Honor Society of Nursing * South Bay Community Services * South County Action Network * South County Economic Development Council * SuperFood Drive * Susan G Komen Breast Cancer Foundation * Sweetwater Union High School District * The Meeting Place * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * VA Mental Health Council * VA San Diego Healthcare System * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Women, Infants and Children Program * YMCA * YWCA Becky's House(r) * 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

2015

Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

1a

No

b

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

1b

Yes

c

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

1c

Yes

d

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

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

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

1j

No

k

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

1k

Yes

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

No

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

Yes

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

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

1r

Yes

s

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

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Sharp Memorial Hospital	M	168,914,542	Accrual
(2)Grossmont Hospital Corporation	M	833,227	Accrual
(3)Sharp HealthCare Foundation	C	1,200,000	Accrual
(4)Continuous Quality Insurance SPC	R	2,711,020	Accrual

Schedule R (Form 990) 2015

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.

[illegible]

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: 33-0519730
Name: Sharp Health Plan

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

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