

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493214003197

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year begini	ning 10-01-2015 ,and ending 09-30-20	16			
B Ch	eck ıf a	pplicable	C Name of organization SHARP HEALTHCARE FOUNDATION	N		D Emplo	yer ide	entification number
		change				95-3	49246	1
_	ame ch	-	Doing business as			_		
	nitial ret	urn				Γ Tolomb		a ha r
Fi eturn,	ınaı /termın	ated		f mail is not delivered to street address) Room/s	uite	E Teleph	one nun	nder
An	nended	return	8695 SPECTRUM CENTER BLVD			(858)	499-	5150
Ap	plicatio	n pending	City or town, state or province, co SAN DIEGO, CA 921231489	ountry, and ZIP or foreign postal code				
						G Gross	receipts	\$ 19,210,689
			F Name and address of princ WILLIAM S LITTLEJOHN	cipal officer	H(a) Is	s this a group	returi	n for
			8695 SPECTRUM CENTER	BLVD	1	ubordinates? No		⊤ Yes √
			SAN DIEGO, CA 92123148	89		re all subord	ınates	Evan E Na
I ⊤a	x-exen	npt status	√ 501(c)(3)	《 (Insert no)	in	icluded?		□Yes □ No
J W	ebsite	e: ► HT	TPS //GIVE SHARP COM/SHA	ARP-FOUNDATION		· ·		(see instructions)
						Group exemp		
K For	m of or	ganızatıor	Corporation Trust Asso	ociation Other ►	L Year o	of formation 19	979 1	State of legal domicile CA
Da	rt I	Sun	ımary					
				on or most significant activities				
			SUPPORT AND ASSISTANC					
e C	_							
Governance	_							
eH.	2 (Check th	nis box • 🗀 if the organization	discontinued its operations or disposed	of more tha	an 25% of its	s net a	ssets
O.		0110011 11	no box r in the organization	and contemporation of an appeared	or more en	411 25 75 51 16		55015
	3 1	Number	of voting members of the gover	rning body (Part VI, line 1a)			3	31
ů.	4 1	Number	of independent voting members	s of the governing body (Part VI, line 1b)		4	28
<u> </u>	5	Total nu	mber of individuals employed ii	n calendar year 2015 (Part V , line 2a)			5	17
Activities &	6	Total nu	mber of volunteers (estimate if	necessary)			6	100
•	7a 1	Total un	related business revenue from	Part VIII, column (C), line 12			7a	0
	b N	et unrel	ated business taxable income	from Form 990-T, line 34			7b	0
					ı	Prior Year		Current Year
	8	Contr	ibutions and grants (Part VIII,	, line 1h)		5,659,	986	9,161,156
Ę	9	Progr	am service revenue (Part VIII	, line 2g)		3,142,	229	3,832,104
Ravenue	10	Inves	tment income (Part VIII, colui	mn (A), lines 3, 4, and 7d)		3,881,	213	1,347,258
æ	11	Other	revenue (Part VIII, column (A	x), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,	068	-3,971
	12	Total	revenue—add lines 8 through 1	11 (must equal Part VIII, column (A), lii	ne	12,752,	496	14,336,547
		12)					_	
	13		·	art IX, column (A), lines 1-3)		6,647,	-	7,920,418
	14		·	t IX, column (A), line 4)	•		0	0
SS.	15	Saları 5–10		oyee benefits (Part IX, column (A), lines		2,291,	252	2,835,955
Expenses	16a			[X, column (A), line 11e)		16.	500	37,500
be	ь		undraising expenses (Part IX, column		•			3,7500
ă			, , ,			777	014	907.706
	17 18		•), lines 11a-11d, 11f-24e) nust equal Part IX, column (A), line 25)	•	777, 9,732,		807,796 11,601,669
	19			nust equal Part 1x, column (A), line 25) ne 18 from line 12		3,019,		2,734,878
ب	19	Kevel	ine less expelises. Subtract III	ic to nom mic 12		· · · · · · · · · · · · · · · · · · ·		
ince ince					Beginnii	ng of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			92,450,	693	98,433,241
χ. Z. Z. Z.	21	Total	liabilities (Part X, line 26) .			40,627,	641	42,106,984
žį	22	Neta	ssets or fund balances Subtra	ct line 21 from line 20		51,823,	052	56,326,257
	rt II		nature Block					
ny k	nowle	dge and		examined this return, including accompa omplete Declaration of preparer (other t	, -			•
		T				2017-08-01		
Sigr	,	Sign	ature of officer			Date		
Her		\ \	LIAM S LITTLEJOHN SVP/CEO FOUNDA	ATION				
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	4270
Paid	d					self-employed	P0063	43/8
	- pare	9r ⊢	Firm's name 🕨 ERNST & YOUNG US			Firm's EIN ► 3	4-6565	596
	On		Fırm's address ► 4370 LA JOLLA VILLA	GE DR SUITE 500		Phone no (858	3) 535-7	200
J 30	. 011	۱.	SAN DIEGO, CA 921	.22				

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		N1 -
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No_
	Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V		٠,		. 🗸
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	67	\dashv	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
		<u> </u>			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<u> </u> :	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3	3b		
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)?	4	1 a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_		
		_ !	5c		
	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?		5a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or g were not tax deductible?		5b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?		7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?		7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	3			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes	
В	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9b		
)	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions f additional information the organization must report on Schedule O		3a		
b	Enter the amount of reserves the organization is required to maintain by the states	<u> -</u>			
	In which the organization is licensed to issue qualified health plans	\dashv			
	Did the organization receive any payments for indoor tanning services during the tax year?	╣.	ا ا مه		N.o.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4a 4b		No
_	In 183, has remed a rotti 720 to repore these payments In 190, provide an explanation in schedule O		70		

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.

Se	ction 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 31			
	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 28			
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	Yes	
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		Νο
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	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?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record TIM HANDGIS 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 (858) 499-5150	s		

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) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion (han d on is	one l both	oox, an d	officer stee)	Former	(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
See Additional Data Table										_
										Form 990 (2015)

Form 990 (2015)					
Part VII	Section A. Officers	Directors, Trustee	s, Key Employees	and Highest Comp	ensated Employees	(continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more to person	on is	one both	box, an c r/trus	unless officer stee)		Repor comper from organiza 2/1099	table sation the tion (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	/- ·	(F) Estima mount o compens from (ated fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		rganizat relat organiza	ed
See	Addıtıonal Data Table						-					+		
												+		
												-		
												_		
							L					\perp		
1b	Sub-Total	c to Bort VII C			•		. •							
c d	Total (add lines 1b and 1c) .	•			٠.	٠.	•			0	3,036,223			241,272
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	se l	listed	d abov	e) w	ho receive	d more th	nan			
													Yes	No
3	Dia the organization not any it									t compen	sated employee			
	on line 1a? If "Yes," complete S											3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual				•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ								_					
	services remuered to the organ	112441011-17 763,	compr	ic sc	near	11031	101 340	n pc	.13011			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz												tay your	
	· · ·	(A)	•	ation	101	tile c	alellu	al ye	ar enumy		(B)		, (C)
	N	lame and business	address							Des	scription of services	+	Comper	sation
												+		
	Total number of independent coi \$100,000 of compensation fron			not	lımıt	ed to	those	e list	ted above)	who rece	ived more than			

Part V	1 1 1	Statement o	f Revenue					
		Check If Sched	ule O contains a respon	se or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a	918				
unt	ь	Membership du	ies 1b					
Gr.	c	Fundraising ev	ents 1c	559,295				
fts. ir A	d	Related organiz	zations 1d	727,820				
nj G	e	Government grant		713,375				
Sir	f	_	ons, gifts, grants, and 1f	7,159,748				
uti her	'	sımılar amounts no	ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	192,911				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f	▶	9,161,156			
				Business Code				
re mu	2a	FUNDRAISING ACT	TIVITIES	900099	3,342,418	3,342,418		
á	b	HEALTHCARE EDU	CATION	900099	489,686	489,686		
¥C€	C .	-						
₹	d							
ram	e f	All other progra	am service revenue					
Program Service Revenue								
	g 3		s 2a-2f		3,832,104			
		and other simil	ar amounts)	▶	1,356,429			1,356,429
	4		stment of tax-exempt bond p	· · ·				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	(i) Keui	(II) I CISOIIUI				
	ь	Less rental						
	۰	expenses Rental income						
		or (loss)	me or (loss)					
	d	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,562,861	4,836				
	b	Less cost or other basis and sales expenses	4,570,468	6,400				
	С	Gain or (loss)	-7,607	-1,564				
	d		ss)		-9,171			-9,171
Other Revenue	8a	events (not inc \$559	luding 0,295 s reported on line 1c)					
ier			a	284,363				
ot			penses b (loss) from fundraising e	296,307	-11,944			-11,944
	c 9a	Gross income f	from gaming activities ne 19	vents •	11,544			11,544
	 L	Lace direct	a penses b	8,940				
	l		(loss) from gaming activ	967 Ities	7,973			7,973
		Gross sales of		•				
	IVA	returns and allo						
	b c	Net income or	oods sold b (loss) from sales of inve					
	11a	Miscellaneou	s Kevenue	Business Code				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	•	14,336,547	3,832,104	0	1,343,287

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								

	ot include amounts reported on lines 6b, o, 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	7,818,725	7,818,725		
2	Grants and other assistance to domestic individuals See Part IV, line 22	101,693	101,693		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	101,033	101,033		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	507,546	25,377	147,188	334,981
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,841,158	92,058	533,936	1,215,164
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	91,006	4,550	26,392	60,064
9	Other employee benefits	258,575	12,929	74,987	170,659
10	Payroll taxes				
		137,670	6,883	39,924	90,863
11	Fees for services (non-employees)				
а	Management	43,731	2,187	12,682	28,862
b	Legal	1,365		464	901
c	Accounting	4,390		4,390	
d	Lobbying	155	8	45	102
е	Professional fundraising services See Part IV, line 17	37,500			37,500
f	Investment management fees	75,063		75,063	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	85,937	4,297	24,922	56,718
12	Advertising and promotion	7,503	375	2,176	4,952
13	Office expenses	176,139	8,807	51,080	116,252
14	Information technology	64,451	3,223	18,691	42,537
15	Royalties				
16	Occupancy				
17	Travel	18,275	914	5,300	12,061
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,759	788	4,570	10,401
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	83,392	4,170	24,184	55,038
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES, FOOD & OTHER	231,636	11,582	67,174	152,880
b		1			
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,601,669	8,098,566	1,113,168	2,389,935
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	orm 990 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lin	e ın thı	s Part X			· · · · <u>· · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			<u> </u>	1	· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments			1,228,699	2	1,434,462
	3	Pledges and grants receivable, net			5,833,777	3	6,718,042
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Consciently and the compensated employees.	mplete			5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see institute of Schedule L	c)(3)(B ection	5), and 501(c)(9)		6	
SS	_	Natas and lague resourchie not				7	
Ø	7	Notes and loans receivable, net				8	
	8	Inventories for sale or use			25.939	_	31,454
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis	 10a	258,122	20,909	9	31,434
	ь	Complete Part VI of Schedule D	10a	76,606	169,420	10c	181,516
		Less accumulated depreciation			30,899,421		34,589,067
	11	Investments—publicly traded securities			30,099,421	11	34,009,007
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .				13 14	
	14	Intangible assets			54,293,437		55,478,700
	15 16	Other assets See Part IV, line 11			92,450,693	15 16	98,433,241
	17	Accounts payable and accrued expenses			442,989	17	521,508
		• •			442,909	18	321,300
	18	Grants payable			56.937		111.676
	19	Deferred revenue			50,957	19	111,070
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability Complete Part IV o				21	
Liabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis	qualifi	ed			
qе		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pai				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,			
		[.]			40,127,715	25	41,473,800
	26	Total liabilities. Add lines 17 through 25			40,627,641	26	42,106,984
Ses		Organizations that follow SFAS 117 (ASC 958), check hellines 27 through 29, and lines 33 and 34.	re ▶ [√ and complete			
alanc	27	Unrestricted net assets			8,484,456	27	11,097,911
ă	28	Temporarily restricted net assets			38,033,909	28	39,693,137
Ĕ	29	Permanently restricted net assets			5,304,687	29	5,535,209
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	eck he	re ▶			
ets	30	Capital stock or trust principal, or current funds				30	
\$\$(31	Paid-in or capital surplus, or land, building or equipment i	fund			31	
t A	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32	
Š	33	Total net assets or fund balances			51,823,052	33	56,326,257
	34	Total liabilities and net assets/fund balances			92,450,693	34	98,433,241

orm	990 (2015)			F	Page 12
Par	t XI Reconcilliation 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		14.3	336,547
2	Total expenses (must equal Part IX, column (A), line 25)	2			501,669
3	Revenue less expenses Subtract line 2 from line 1	3			734,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> </u>
5	Net unrealized gains (losses) on investments	5			323,052 377,957
6	Donated services and use of facilities	6		1,0	77,337
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	109,630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		56,3	326,257
Part	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ـــــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?	t	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	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?	9	3a		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		3b		

Additional Data

Software ID:

Software Version: **EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

Form 990, Part III, Line 4a

4a (Code

8.098,566

PROVIDED SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

) (Expenses \$

including grants of \$

7.920.418) (Revenue \$

3.832.104)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation from the

organization and related organizations

19,198

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs						ı
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion (han c n is b	ne b ooth	ox, an o	unles s ifficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
DAVE BARKER	2 00	.,							
DIRECTOR	10 00	X						0	0
BOB BERNABA MD DIRECTOR	1 00	×						0	0
PUJA CHITKARA MD DIRECTOR	0 50	×						0	0
ROBERT DEROSE DIRECTOR	3 00	Х						0	0
ELIZABETH GILDRED VICE CHAIR	2 00	×		x				0	0
PHIL GILDRED DIRECTOR	5 00	х						0	0
DINECTOR	0 00	l	I	I	1	1	I		1

0 00 10 00

10 00 2 00

> 0 00 2 00

> 0 00 2 00

> 2 00

Χ

Χ

Χ

......

.

GIL HARRISON

SIAVASH JABBARI MD

DIRECTOR

DIRECTOR

DIRECTOR

BOB KELLY

DIRECTOR

STEVE KAVY MD

.....

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

104,766

1,679,369

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs						
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b ooth	ox, i an o	unles s fficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
JC KYRILLOS DIRECTOR	2 00	×						0	0
MIKE LABELLE SECRETARY	2 00	×		х				0	0
RONALD MACINTYRE DIRECTOR	1 00	×						0	8,000
ERIC MANESE DIRECTOR	1 50 0 00	×						0	0
MIKE MARTIN MD DIRECTOR	2 00	×						0	0

2 00

0 00 2 00

0 00 2 00

0 00 4 00

60 00 1 00

0 00

......

.

.

Х

Χ

Χ

Χ

Х

KATHRYN MCCOY-O'NEILL

BRIDGET MCDONALD

MICHAEL W MURPHY

ERIC NORTHBROOK

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LINDA MILLER

.....

.....

PRESIDENT & CEO, SHARP HEALTHCARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other

> compensation from the

organization and

related organizations

0

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	itracto	rs						•
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	ne b ooth	ox, i an o	unles s fficer	6	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
RALPH PESQUEIRA	2 00								
DIRECTOR	0 00	X						0	0
JIM REOPELLE CHAIR	1 00	×		x				0	634
VALERIE ROBBINS DIRECTOR	2 00	×						0	0
TOM SMISEK DIRECTOR	2 00	X						0	0
JEROME STENEHJEM MD DIRECTOR	2 00	×						0	126,925
TODD STICHLER	2 00								

Χ

Χ

Χ

Χ

Х

0 00 5 00

0 00 2 00

0 00 2 00

0 00 1 00

0 00

.

.

.

.....

DIRECTOR

DIRECTOR

DIRECTOR

TREASURER

DIRECTOR

TROY STORK

TOM TOURTELLOTT

REBECCA TUGGLE

JANET VOHARIWATT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable more than one box, unless hours per compensation compensation

.....

SR VP/CEO FOUNDATION

ELIZABETH MORGANTE

VP PHILANTHROPY

SHAWNA FALLON

DIR DEVELOPMENT

PAMELA BARNETT

JAMES SARDINA

STEVEN GEORGE

DATABASE SPEC

MGR ANNUAL GIVING

MGR DONOR RELATIONS

(F)

Estimated amount

of other

34,588

29,918

17,523

16,349

24,991

13,137

	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
CARTER WAHL MD	0 50									
DIRECTOR	0 00	X						0	0	0
RAY WILLENBERG	2 00									
DIRECTOR	0 00	X						0	0	0
JEAN YOUNG DIRECTOR	2 00	×						0	0	0
WILLIAM LITTLEJOHN	40 00									

Х

Х

Х

Х

432,807

253,513

142,643

139,479

122.070

111,585

0

0

0

0

0

	0 00						
RAY WILLENBERG	2 00						
		Х			l	0	
DIRECTOR	0 00						
JEAN YOUNG	2 00						
		x				0	
DIRECTOR	0 00	^					
	40.00						

0 00 30 00

10 00 40 00

0.00 40 00

0 00 40 00

0 00 49 00

0.00

.

.

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

As Filed Data -

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

DLN: 93493214003197 OMB No 1545-0043

Open to Public

Inspection

Treasury Internal Revenue Service Name of the organization SHARP HEALTHCARE FOUNDATION

SCHEDULE A

(Form 990 or

990EZ)

2

Department of the

Employer identification number

95-3492461

Name of	supported organization		organization (described on lines 1-9 above (see instructions))	Is the orga listed in your docume	governing	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
Name of	supported organization		organization (described on lines 1-9 above (see	listed in your docume	governing ent?	monetary support	A mount of other support (see
Name of	supported organization		organization (described on lines 1-9 above (see	listed in your	governing	monetary support	A mount of other support (see
	(i)	(ii)EIN	(iii) Type of	(iv)		(v)	
	(1)	(III) E I N	/:::\	411.43		()	()
g	Provide the following in						
f Ente	integrated, or Type III er the number of support		, , , , , , , , , , , , , , , , , , , ,	0 0			
e _		organization re	ceived a written deter	mination from t	he IRS that it	ıs a Type I, Type II, T	ype III functionally
d	not functionally integr	ated The orga	ınızatıon generally mu:	st satisfy a dis	trıbutıon requ	n with its supported org irement and an attentiv	
- 1	supported organization	n(s) (see instr	uctions) You must co	mplete Part IV	, Sections A,	D, and E.	
c —	must complete Part IN Type III functionally i			n operated in c	onnection wit	h, and functionally integ	irated with, its
ь Г	management of the su	pporting organ	nization vested in the s			oorted organization(s), t manage the supported	
	organization You mus	t complete Pa	rt IV, Sections A and I	B	•		5
а Г	Type I. A supporting o	rganization op	erated, supervised, or	controlled by	ıts supported	organization(s), typical ctors or trustees of the	ly by giving the
						n 509(a)(2) See sectio d complete lines 11e, 1	
11	An organization organi	zed and opera	ted exclusively for the	e benefit of, to	erform the fu	nctions of, or to carry o	
10 —	receipts from activitie	es related to it it income and i e 30,1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2). (ubject to certa kable income (I (Complete Part	iin exceptions ess section 5 : III)	, and (2) no more than 1 11 tax) from businesse	331/3% of its suppor
9	•			• •	,	tributions, membership	fees, and gross
8 9	described in section 1 A community trust des	70(b)([´] 1)(A)(v	/i). (Complete Part II)	,	nental unit or from the g	eneral public
7	A						

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014(e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 6,705,135 5,245,467 11,745,986 5,634,986 38,492,730 9,161,156 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 6,705,135 5,245,467 11,745,986 5,634,986 9,161,156 38,492,730 The portion of total contributions by each person (other than a governmental unit or publicly 3,563,246 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 34,929,484 from line 4 Section B. Total Support Calendar year (f)Total (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (or fiscal year beginning in) 6,705,135 5,245,467 11,745,986 5,634,986 9,161,156 38,492,730 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 1,336,302 1,298,080 1,253,580 1,928,196 1,356,429 7,172,587 royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of -13,555 2.802 34,493 69,069 -3.971 88,838 capital assets (Explain in Part VI) 11 Total support. Add lines 7 45,754,155 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 17.784.408 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 76 340 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 73 800 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III
Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organizatio	n fails to qualify	y under the tes	ts listed below	, please comple	ete Part 1	I.)	
Se	ction A. Public Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20)15	(f) ⊤otal
•	iscal year beginning in) ▶	(4)2011	(5)2012	(6)2010	(4)2011	(5)2		(1)
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt							
_	purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either							
	paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified persons							
h	Amounts included on lines 2 and							
_	3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
-50	from line 6) ction B. Total Support	<u> </u>						
		1			T	1		
(or f	Calendar year iscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e)20	15	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)							
14	First five years.If the Form 990 is	for the organization	on's first, second	, thırd, fourth, or	fifth tax year as a	section 5	601(c)(3	3) organization,
	check this box and stop here							▶┌
Se	ction C. Computation of Pub	lic Support Pe	ercentage					
15	Public support percentage for 201!	(line 8, column ((f) dıvıded by lıne	13, column (f))		15		
16	Public support percentage from 20	14 Schedule A, P	art III, line 15			16		
	ction D. Computation of Inv	<u> </u>	·	ne		1 10		
	Investment income percentage for			<u> </u>	mn (f))			
17	· -	•	* *	•	IIII (1 <i>))</i>	17		
18	Investment income percentage fro	n 2014 Schedule	A, Part III, line 1	. 7		18	<u> </u>	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	x on line 14, and	d line 15 is more t	han 33 1/	3% , and	l line 17 is not
	more than 33 1/3%, check this box	and stop here. The	he organization q	ualıfıes as a pub	licly supported or	ganızatıor	1	▶□
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	e 19a, and line 16	ıs more t	han 33	1/3% and line
	18 is not more than 33 1/3%, chec	k this box and st c	op here. The organ	nızatıon qualıfıes	as a publicly sup	ported or	ganızatı	on ▶ [
20	Private foundation.If the organizat							▶ ┌ `

Part IV Supporting Organizations

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

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

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

11c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how these activities directly is identify those supported organizations, and how the station determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

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

Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Type III non-functionally integrated supporting organizations must complete 9	Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
			•
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
A verage monthly value of securities	1a		
A verage monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

DLN: 93493214003197

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

lf th line	, , , , ,			• • • •	•
Na	ime of the organization	·		Employer iden	tification number
SHA	ARP HEALTHCARE FOUNDATION			95-3492461	
Par	t I-A Complete if the or	ganization is exempt under	section 501(organization.
1	Provide a description of the org	ganization's direct and indirect polit	ıcal campaıgn act	civities in Part IV	
2	Political expenditures	•		>	\$
3	Volunteer hours				
Par	t I=3 Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization ur			\$
2	,	e tax incurred by organization manage			\$
3	·	ection 4955 tax, did it file Form 47			Yes No
4 a	Was a correction made?	,	•		Yes No
b	If "Yes," describe in Part IV				165 110
	•	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to o	ther organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F e	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th for received that were promptly and o political action committee (PAC) II	ne amount paid fro directly delivered	om the filing organization's to a separate political orga	s to which the filing funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Scl	nedule C (Form 990 or 990-EZ) 2015						Page :		
P	complete if the organization under section 501(h)).	n is ex	empt under	section 501(c)(3) and fil	ed Form 5768			
A	Check Fifthe filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI expenses, and share of excess lobbying expenditures)								
В	Check ► ☐ If the filing organization checked	box A ar	nd "limited contro	ol" provisions ap	ply				
	Limits on Lobb (The term "expenditures" r					(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public	opinion	(grass roots						
lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying)									
c	Total lobbying expenditures (add lines 1a and	1b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines	1c and 1	.d)						
f	Lobbying nontaxable amount Enter the amoun	t from th	e following table	ın both columns					
	If the amount on line 1e, column (a) or (b) is:		obbying nontaxal						
	Not over \$500,000	20%	of the amount on lir	ne 1e					
	Over \$500,000 but not over \$1,000,000	\$100,	000 plus 15% of the	e excess over \$500,0	000				
	Over \$1,000,000 but not over \$1,500,000	\$175,	000 plus 10% of the	e excess over \$1,000	0,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,	000 plus 5% of the	excess over \$1,500,	000				
	Over \$17,000,000	\$1,00	0,000						
		<u> </u>	·						
g	Grassroots nontaxable amount (enter 25% of	line 1f)							
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -			_				
i	Subtract line 1f from line 1c If zero or less, en	Subtract line 1f from line 1c If zero or less, enter -0-							
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h d	or line 11, did the	organization file	Form 4720	·			
				Γ	Yes N	o			
	4-Year A (Some organizations that made a columns below. See	a sectio	on 501 (h) ele		have to cor		ne five		
	Lobbying Ex	pendit	ures During 4	4-Year Avera	ging Period				
	Calendar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) Total		
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
				I		I			

c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2015

PART II-B, LINE 1

	filed Form 5768 (election under section 501(h)).	(a)		(b)	
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No	<u> </u>	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	165				
a	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	_		
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	Yes	NO			
i	Total Add lines 1c through 1i	1 65		-		15: 15:
ر 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			15:
za b	If "Yes," enter the amount of any tax incurred under section 4912		INO	-		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-01/-	\	3	<u> </u>	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	Ì			
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	ort IV Supplemental Information					
	• • •					
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groups and Part II-B, line 1, Also, complete this part for any additional information	ıp lıst)	, Part I	I-A,	ines 1	and
۷ (see instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	Return Reference Explanation					

SHARP HEALTHCARE FOUNDATION (SHF) PAYS ANNUAL DUES TO THE ASSOCIATION OF

PHILANTHROPY (AHP) AFP AND AHP HAVE DETERMINED THAT A PORTION OF THEIR DUES

FUNDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FOR HEALTHCARE

ARE USED FOR LOBBYING PURPOSES

DLN: 93493214003197

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.

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

	ne of the organization RP HEALTHCARE FOUNDATION			Emplo	yer identification number
	<u></u>				192461
Ра	rt I Organizations Maintaining Dono Complete if the organization answer			ınds o	r Accounts.
		(a) Donor advised funds		(b)⊦	unds and other accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ŀ	Aggregate value at end of year				
•	Did the organization inform all donors and donor funds are the organization's property, subject to			or advis	ed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		_		purpose Yes No
Pai	t II Conservation Easements. Comple	ete if the organization a	inswered "Yes" o	n Form	990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	ne organization (check all t	hat apply)		
	Preservation of land for public use (e g , recr	reation or			
	education)				cally important land area
	Protection of natural habitat	I	Preservation of a	certified	historic structure
	Preservation of open space	h - -		6	
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neid a qualified conservati	on contribution in ti	ne rorm	or a conservation
	·				Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	ents		2b	
C	Number of conservation easements on a certified		` '	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06,	and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extingu	ished, or terminate	d by the	organization during the
	tax year ▶				
ŀ	Number of states where property subject to cons	ervation easement is locat	red ▶		
5	Does the organization have a written policy regai	rding the periodic monitorir	ng, inspection, hand	ling of	
	violations, and enforcement of the conservation	easements it holds?			Yes No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viol	lations, and enforcii	ng cons	ervation easements during the
•	A mount of expenses incurred in monitoring, insp ▶ \$	ecting, handling of violation	ns, and enforcing co	nservat	ion easements during the year
3	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the r	equirements of sec	tion 170	(h)(4)
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation earlier.	t of the footnote to the orga		•	· · · · · · · · · · · · · · · · · · ·
ar	Complete if the organization answer	ctions of Art, Historic		or Oth	er Similar Assets.
La	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to rassets held for public exh	o report in its reven libition, education, o	r resea	rch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exh			
(i) Revenue included on Form 990, Part VIII, line	1		▶ \$	
(i) Assets included in Form 990, Part X		•		
2	If the organization received or held works of art, following amounts required to be reported under:		er sımılar assets fo		
а	Revenue included on Form 990, Part VIII, line 1				> \$
b	Assets included in Form 990, Part X				▶ \$
	•				

Part	• • • •	Organizations Maintaining (continued)	Collections of A	rt, Historio	al Tre	asures,	or Ot	her Similar	Ass	ets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other reco	ords, check a	ny of the	e following t	hat ar	e a significant	use of	its	
а		Public exhibition		d [Loan o	r exchange	progra	ims			
b	F :	Scholarly research		e	Other						
c	Γ	Preservation for future generations									
4	Provide Part >	de a description of the organization	's collections and exp	laın how they	further	the organız	atıon's	exempt purpo	se in		
5	asset	g the year, did the organization sol s to be sold to raise funds rather th						_	⁄es	No	<u> </u>
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990,	Part IV	, line 9, o	r repo	rted an amo	unt o	n Forr	n 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intern	nediary for co	ntributi	ons or othe	rasse	ts not	⁄es	┌ No	•
b	If"	Yes," explain the arrangement in P	art XIII and complete	the following	table			A	moun	t	
c		jinning balance	·	-			1 c				
d	-	ditions during the year					1d				
e		tributions during the year					1e				
f		ding balance					1f				
2a		ne organization include an amount o	n Form 990. Part X. lı	ne 21. for es	crow or	ı custodial a	ccount	liability?			
	Dia ci	ie organization merade an amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 22, 101 03		c ao to arar a	ccoam	masility 1	res	No	•
b	If"Ye	s," explain the arrangement in Par	XIII Check here if th	ne explanatio	n has be	en provide	d in Pa	rt XIII			
Par	t V	Endowment Funds. Comple									
			(a)Current year	(b)Pnor year		Two years b		I)Three years bac) Four ye	ars back
1a	Begin	ning of year balance	11,038,968	10,924,	047	9,322	,834	7,998,3	40		7,221,406
b	Contr	ibutions	1,079,700	290,	400	981	.542	487,5	23		93,034
c	Net ir losse	nvestment earnings, gains, and s	1,364,048	-129,	887	724	,823	946,84	42		927,635
d	Grant •	s or scholarships	22,118	43,	342	103	,706	102,6	50		105,600
e		r expenditures for facilities rograms • • • • • • • •	33,992	2,	250	1,	,446	7,23	21		138,135
f	A dmı	nistrative expenses									
g	End o	f year balance · · · ·	13,426,606	11,038,	968	10,924	.047	9,322,8	34		7,998,340
2	Provid	de the estimated percentage of the	current year end bala	nce (line 1g,	column	(a)) held as	i				
а	Board	designated or quasi-endowment >	. 22 000 %								
b	Perma	anent endowment ► 78 000 %									
С		orarily restricted endowment ►	0 %								
-		ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a	A re th	nere endowment funds not in the po ization by	·	zation that a	re held a	and adminis	tered	for the		Yes	No
	_	related organizations							3a(i)	1.05	No
	• •	lated organizations						_	3a(ii)		No
b		s" on 3a(II), are the related organiz		ed on Sched	ule R?				3b		
4	Desci	ribe in Part XIII the intended uses	of the organization's e	ndowment fu	nds			_			
Par	t VI	Land, Buildings, and Equip	ment.								
		Complete if the organization	answered 'Yes' to F								
		Description of property		Cost or d	a) other basis stment)	Cost or oth	ner basis	Accumulat (c)depreciati		(d)Boo	ok value
1 a l	and						168,408				168,408
b E	Buildin	gs									
c l	_easeh	nold improvements									
		nent					89,714	76	5,606		13,108
	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

181,516

XIII 🔽

	(a) Description of security or categor	гу	(b) Book value		d of valuation year market value
1) Financi	(including name of security) lal derivatives			Cost or end-or	-year market valu
2) Closely	y-held equity interests				
) O ther					
tal. (Colu rt VII	Investments—Program Related.	•			
	Complete if the organization answere	ed 'Yes' on Form 990	, Part IV, line 11c. _{Se}	ee Form 990, Part	X, line 13.
	(a) Description of investment		(b) Book value	(c) Metho	d of valuation year market valu
				Cost of cha of	year market fala
	mn (b) must equal Form 990, Part X, col (B) line 13)	•			
	Other Assets. Complete if the organizat	-	orm 990, Part IV, line		Part X, line 15 ook value
) DEFER	Other Assets. Complete if the organizat (a) Des RRED PLANNED GIFTS	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57
DEFER	Other Assets. Complete if the organizate (a) Des	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57 6,108,10
DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X	ion answered 'Yes' on F	orm 990, Part IV , line		ook value 19,129,57 6,108,10 874,01 29,319,00
DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57 6,108,10 874,01 29,319,00
DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57 6,108,10 874,01 29,319,00
art IX) DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X	ion answered 'Yes' on F	orm 990, Part IV , line		ook value 19,129,57 6,108,10 874,01 29,319,00
DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57 6,108,10 874,01 29,319,00
DEFER) PLANN) OTHER) LOAN	Other Assets. Complete if the organizate (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X	ion answered 'Yes' on F	orm 990, Part IV, line		ook value 19,129,57 6,108,10 874,01 29,319,00
art IX) DEFER) PLANN) OTHE) LOAN) OTHE	Other Assets. Complete if the organizat (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT	tion answered 'Yes' on F		(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00
DEFER) PLANN) OTHE) LOAN) OTHE	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or	cion answered 'Yes' on F		(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00
) DEFER) PLANN) OTHEI) LOAN) OTHEI	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15) ganization answered		(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00
) DEFER) PLANN) OTHEI) LOAN) OTHEI	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or	cion answered 'Yes' on F		(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00
DEFER) PLANN) OTHE) LOAN) OTHE	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15) ganization answered		(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00
DEFER) PLANN) OTHE) LOAN) OTHE	Other Assets. Complete if the organizate (a) Desired PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answered	· · · · · · · · · · · · · · · · · · ·	(b) B	00k value 19,129,57 6,108,10 874,01 29,319,00 48,00 55,478,70
DEFER) PLANN) OTHE) LOAN) OTHE OTHE Part X	Other Assets. Complete if the organizat (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES	ganization answered (b) Book value	'Yes' on Form 990,	(b) B	00k value 19,129,57 6,108,10 874,01 29,319,00 48,00 55,478,70
tal. (Col	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	00k value 19,129,57 6,108,10 874,01 29,319,00 48,00 55,478,70
DEFER	Other Assets. Complete if the organizat (a) Des RRED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES	ganization answered (b) Book value	'Yes' on Form 990,	(b) B	ook value 19,129,5,7 6,108,10 874,01 29,319,00 48,00 55,478,70
DEFER) PLANN) OTHE) LOAN) OTHE DATA Colored Colore	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	ook value 19,129,5,7 6,108,10 874,01 29,319,00 48,00 55,478,70
DEFER) PLANN) OTHE) LOAN) OTHE DATA Colored Colore	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	00k value 19,129,5: 6,108,10 874,0: 29,319,00 48,00 55,478,70
) DEFER) PLANN) OTHE) LOAN) OTHE Otal. (Col Part X	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	ook value 19,129,5,7 6,108,10 874,01 29,319,00 48,00 55,478,70
DEFER) PLANN) OTHE) LOAN) OTHE DATA Colored Colore	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	00k value 19,129,5: 6,108,10 874,0: 29,319,00 48,00 55,478,70
DEFERENCE OF CO	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	ook value 19,129,5,7 6,108,10 874,01 29,319,00 48,00 55,478,70
Part IX DEFER PLANT DEFER DEF	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	00k value 19,129,57 6,108,10 874,01 29,319,00 48,00 55,478,70
Part IX L) DEFER PLANN B) OTHER L) LOAN COLUMN C	Other Assets. Complete if the organizat (a) Des RED PLANNED GIFTS NED GIVING RESERVES (ANNUITIES, PIF) R RECEIVABLES RECEIVABLE-SHC INVESTMENT FUND X R INVESTMENTS LT Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability come taxes D PLANNED GIFT LIABILITIES CREDIT (SHC)	(b) Book value	'Yes' on Form 990,	(b) B	ook value 19,129,57 6,108,10 874,01 29,319,00 48,00

Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	8,067,936
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 1,877,95	,	
b	Donated services and use of facilities	.	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
		-	
е	Add lines 2a through 2d	2e	2,105,878
3	Subtract line 2e from line 1	3	5,962,058
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 73,964	-	
b	Other (Describe in Part XIII)	<u> </u>	
c	Add lines 4a and 4b	4 c	8,374,489
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,336,547
Pari	Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per	Return.
1	Total expenses and losses per audited financial statements	1	5,454,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	7	
e	Add lines 2a through 2d	2e	337,551
3	Subtract line 2e from line 1	3	5,116,930
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 73,96	4	
b	Other (Describe in Part XIII)	5	
c	Add lines 4a and 4b	4c	6,484,739
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,601,669
Door	- VIII Complemental Information		
	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and : V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		de any additional
	rmation	to provi	ac any additional
	Return Reference Explanation		
See A	additional Data Table		
	1		

Page 5		dule D (Form 990) 2015	chedule D (F
	ormation <i>(continued)</i>	t XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Ref

Additional Data

Software ID: Software Version:

LIBRARY, AND MORE **EIN:** 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	SHARP HEALTHCARE FOUNDATION HAS 29 BOARD DESIGNATED AND PERMANENT ENDOWMENTS RESTRICTED FO R A VARIETY OF PURPOSES, SUCH AS REHABILITATION, EMERGENCY SERVICES, WOMEN'S RESEARCH, ONC OLOGY, NURSING EDUCATION, LABORATORY, HOSPITAL EQUIPMENT AND TECHNOLOGY, HOSPITAL

Return Reference	Explanation
PART X, LINE 2	SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY T HAN 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 LIABI
	LITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENT S IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RE COGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE
	FINANCI AL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATIN G 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

Supplemental Information

RECORDED

Supplemental Information	
Return Reference	Explanation
2D - OTHER	DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 297,274 UNCOLLECTIBLE PLEDGES A
ADJUSTMENTS	ND RETURN OF CONTRIBUTIONS -109,630 DIRECT EXPENSE NON-EVENT 103

<u>Supplemental Information</u>	
Return Reference	Explanation
PART XI, LINE	TEMPORARILY RESTRICTED REVENUE 8,071,567 PERMANENTLY RESTRICTED REVENUE 230,522 LOSS

PART XI, LINE

4B - OTHER

ON SALE OF ASSETS -1,564

ADJUSTMENTS

Cupalamantal Information

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES 297,274 DIRECT EXPENSE NON EVENT 103

Supplemental Information								
Return Reference	Explanation							
PART XII, LINE 4B - OTHER ADJUSTMENTS	TEMPORARILY RESTRICTED EXPENSES 6,412,339 LOSS ON SALE OF ASSETS -1,564							

DLN: 93493214003197

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** SHARP HEALTHCARE FOUNDATION 95-3492461 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (v) A mount paid to (ii) Activity (iii) Did (iv) Gross receipts (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING **RBM & ASSOCIATES** SUPPORT 750 B STREET 33RD Nο 0 37,500 -37,500 FLOOR SAN DIEGO, CA 92101 10 Total 37,500 -37,500 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000.		· · · · · · · · · · · · · · · · · · ·				
		(a)Event #1 SMH GOLF (event type)	(b)Event #2 CV GOLF (event type)	(c)O ther events 5 (total number)	(d) Total events (add col (a) through col (c))		
Reversie	1 Gross receipts	206,430 133,084 73,346	204,222 136,667 67,555	433,006 289,544 143,462	843,658 559,295 284,363		
	4 Cash prizes	73,340	07,333	143,402	204,303		
	5 Noncash prizes	33,123	18,674	64,018	115,815		
S	6 Rent/facility costs	16,800	19,207	13,250	49,257		
Expenses	7 Food and beverages	21,466	14,603	90,186	126,255		
Expe	8 Entertainment		800	500	1,300		
Direct	9 Other direct expenses		2,000	1,680	3,680		
ă	10 Direct expense summary Add lines 4	through 9 ın column (d)		296,307		
	11 Net income summary Subtract line 10	0 from line 3, column (d)		-11,944		
Par	Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on		
Revenue	_	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))		
	1 Gross revenue						
Expenses	2 Cash prizes						
Ä	3 Noncash prizes						
Direct	4 Rent/facility costs						
<u> </u>	5 Other direct expenses						
	6 Volunteer labor						
7 Direct expense summary Add lines 2 through 5 in column (d)							
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)	.			
9 a	Enter the state(s) in which the organizat	5 5			Yes No		
b	If "No," explain						
10a b	Were any of the organization's gaming li		nded or terminated during) the tax year?	├Yes ├No		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493214003197 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number SHARP HEALTHCARE FOUNDATION 95-3492461 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Return Reference

Explanation

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
(1) CONE GRANT	3	24,000								
SHARP MEMORIAL DAY TREATMENT (2) SCHOLARSHIPS	7	55,763								
(3) HUBBARD NURSING SCHOLARSHIPS	1	8,000								
(4) HEADNORTH GRANT	2	13,930								
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										

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

PART I, LINE 2	THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO THE SHARP HEALTHCARE SYSTEM THE FUNDS
	RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED SHARP HEALTHCARE, SHARP
	MEMORIAL HOSPITAL, SHARP HEALTHPLAN, SHARP GROSSMONT HOSPITAL AND SHARP CHULA VISTA MEDICAL CENTER SUBMIT
	REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS FUNDS MAY ALSO BE DISPERSED
	TO GROSSMONT HOSPITAL CORPORATION AND SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER TO AFFECT A SYSTEM-WIDE
	INITIATIVE THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES,
	A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING
	AND DETERMINES WHICH PROJECTS TO FUND ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS
	FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION AFTER AMOUNTS ARE
	FUNDED THERE IS NO ADDITIONAL MONITORING THAT TAKES PLACE SHARP HEALTHCARE FOUNDATION PROVIDES SCHOLARSHIP
	ASSISTANCE TO INDIVIDUALS SEEKING TO ADVANCE THEIR EDUCATION INTERESTED EMPLOYEES SUBMIT AN APPLICATION WITH THE
	REQUIRED DOCUMENTATION AND A SCHOLARSHIP SELECTION COMMITTEE OVERSEES THE AWARD PROCESS FUNDS AVAILABLE FOR
	ALLOCATION ARE REVIEWED AND DECISIONS ARE MADE ABOUT THE NUMBER OF SCHOLARSHIPS TO BE AWARDED BY DEGREE
	REVIEWERS INDEPENDENTLY USE A RUBRIC TO SCORE THE APPLICATIONS AND ENTER THE INFORMATION INTO A SPREADSHEET
	ORGANIZED BY DEGREE REVIEWERS MEET, REVIEW APPLICATION SUBMISSION MATERIALS AND SCORES AND SELECT THE FINAL
	APPLICANTS TO RECEIVE A SCHOLARSHIP AWARD SHARP HEALTHCARE FOUNDATION PROVIDES GRANTS THROUGH THE HEADNORTH
	FUND FOR SPINAL CORD INJURY SURVIVORS THIS GRANT PROVIDES FUNDING AND SUPPORT FOR EQUIPMENT AND SERVICES GRANTS
	ARE PROVIDED TO PATIENTS OVERCOMING A TRAUMATIC SPINAL CORD INJURY WHO ARE LEGAL SAN DIEGO COUNTY RESIDENTS WITH
	A DEMONSTRATED FINANCIAL NEED AN APPLICATION IS COMPLETED AND SUBMITTED TO THE SHARP REHABILITATION SOCIAL
	WORKER FOR REVIEW ONCE IT IS DETERMINED THAT THE APPLICANT QUALIFIES FOR THE GRANT, IT IS SUBMITTED TO THE SHARP
	REHABILITATION DIRECTOR AND FUND MANAGER FOR FINAL APPROVAL

Additional Data

921231489

Software ID: Software Version:

EIN: 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance	
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-3782169	501(C)3	2,159,266	14,470		EQUIPMENT, ARTWORK, AND SUPPLIES	PROGRAM SUPPORT	
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-6077327	501(C)3	1,539,373	77	FMV	FABRIC	PROGRAM SUPPORT	
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA	95-2367304	501(C)3	2,865,824	2,860	FMV	HOUSEHOLD GOODS	PROGRAM SUPPORT	

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) SHARP HEALTH PLAN 33-0519730 501(C)4 1,200,000 PROGRAM SUPPORT 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 GROSSMONT HOSPITAL 33-0449527 501(C)3 6.289 PROGRAM SUPPORT CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA

7,000

THEY WILL SURF

AGAIN SPONSORSHIP

921231489

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

501(C)3

LIFE ROLLS ON FOUNDATION

400 CORPORATE POINTE

CULVER CITY, CA 90230

STE 525

74-3032829

DLN: 93493214003197

Employer identification number

Schedule J (Form 990)

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. OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

SHARP HEALTHCARE FOUNDATION 95-3492461 **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Yes 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 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 40 Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III 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 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page **2**

4 SHAWNA FALLON

DIR DEVELOPMENT

5 PAMELA BARNETT

MGR DONOR RELATIONS

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)(for each listed individu		amount of Form 990,	Part VII, Section A, lin	e 1a, applicable colui	nn (D) and (E) amount	s for that individual (F) Compensation in	
(A) Name and Title		Base (i) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 MICHAEL W MURPHY PRESIDENT & CEO, SHARP	(i)	0	0	0	0	0	0	0	
HEALTHCARE	(ii)	1,278,042	330,001	71,326	84,109	20,657	1,784,135	0	
2 WILLIAM LITTLEJOHN SR VP/CEO FOUNDATION	(i)	0	0	0	0	0	0	0	
	(ii)	331,917	64,144	36,746	15,359	19,229	467,395	0	
3 ELIZABETH MORGANTE VP PHILANTHROPY	(i)	0	0	0	0	0	0	0	
	(ii)	215,580	35,940	1,993	11,216	18,702	283,431	0	

397

2,173

0

4,926

8,749

0

12,597

7,600

Ω

17,640

12,806

124,606

0

124,500

(ii)

(i)

(ii)

160,166

155,828

Schedule J (Form 990) 2015

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

Return Reference **Explanation** PART I, LINE 1A THE ORGANIZATION PAYS UNIVERSITY CLUB DUES FOR WILLIAM S LITTLEJOHN, SVP/CEO FOUNDATIONS, FOR BUSINESS PURPOSES, AND THEREFORE, THE AMOUNT WAS NOT REPORTED AS TAXABLE COMPENSATION NON-MANAGEMENT STAFF WERE PAID SUPERIOR

PART I, LINE 4B

PERFORMANCE AWARDS WHICH WERE GROSSED UP SO THE NET PAYMENT WOULD BE A SPECIFIED AMOUNT BASED ON EACH STAFF MEMBER'S PRODUCTIVE HOURS WORKED DURING THE YEAR $\,$ THE NET PAYMENTS PER STAFF MEMBER RANGED FROM \$100 TO \$350 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 $|\mathsf{PARTICIPANT}$ 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 IPLAN 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") ${ t TO}$ 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

IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Noncash Contributions

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

► Attach to Form 990.

SCHEDULE M

Department of the Treasury

(Form 990)

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

OMB No 1545-0047

DLN: 93493214003197

2015

Open to Public Inspection

Interr	nal Revenue Service						TIE	SGUIU	
	e of the organization				Emplo	yer identifica	ation nu	mber	
SHAR	P HEALTHCARE FOUNDATION				05-3/	192461			
Pa	rt I Types of Property				33-34	192401			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)	(b)	(c)	T		(d)		
		Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method of oncash contr	determi	_	ts
1	Art—Works of art	Х	9	3,000	DON	OR VALUAT:	ION		
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		64,176	DON	OR VALUAT:	ION		
6	Cars and other vehicles	X	4	6,400	SALE	PRICE			
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	6	45,455	5 FMV				
10 11	Securities—Closely held stock . Securities—Partnership, LLC,				-				
	or trust interests				┿				
	Securities—Miscellaneous				+				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles	X	3			OR VALUAT			
19	Food Inventory	X	1			OR VALUAT			
20	Drugs and medical supplies .	Х	2	8,270	DONG	OR VALUAT	ION		
21	Taxidermy				+				
22	Historical artifacts Scientific specimens				+				
	Archeological artifacts				+				
	Other ► (Х	3	36.456	PRES	SENT VALUE			
	ERRED PLANNED	^		30,130	7 1123	LIVI VILOL			
GIF	ΓS)								
	Other ► (X	10	19,594	I DO N	OR VALUAT	ION		
	T CERTIFICATES) Other ▶ (X	1	g 75	5 DO NO	OR VALUAT:	ION		
	ICE EQUIPMENT)	^	<u> </u>	0,733		JK VALOAT.	1011		
28	Other ▶ ()								
29	Number of Forms 8283 received for which the organization comple				29				3
						•		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ough 28, that	: [
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to	be used			
	for exempt purposes for the enti	re holding p	period?				30a)	No
b	If "Yes," describe the arrangem	ent in Part I	II						
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	l contri	butions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part		·			32a	Yes	
b	If "Yes," describe in Part II						324	162	
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is c	hecked,			

describe in Part II

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or

990-EZ)

Treasury

Service

Department of the

Internal Revenue

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

DLN: 93493214003197

2015

Open to Public Inspection

	Employer identification number
SHARP HEALTHCARE FOUNDATION	
	95-3492461

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ELIZABETH GILDRED, SHARP HEALTHCARE FOUNDATION BOARD VICE CHAIR, HAS A FAMILY RELATIONSHIP WITH BOARD DIRECTOR PHIL GILDRED

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 HEALTHCARE FOUNDATION

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS SHARP HEALTHCARE ALSO RETAINS THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E.G. DISSOLUTION OR SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS)

Return Reference	Explanation
FORM 990, PART VI.	THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY. THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF
SECTION B,	REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL COMPRISED OF THE DIRECTOR OF
LINE 11	TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY CHIEF EXECUTIVE OFFICER. ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM. FOR REVIEW OF THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SHARP HEALTHCARE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE FOUNDATION GOVERNING BOARD SHARP HEALTHCARE FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOY EES 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 EMPLOY EES FROM SHARPS LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD, AND TO THE MEMBERS OF THE COMMITTEE WITH THE BOARD DESIGNATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT UPON DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICERS,

FORM 990, PART VI, SECTION B, THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIR REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO	
LINE 15 SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT. THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHY SICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION TO 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 THIP PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOTED THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS. THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL. THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2015	NT OF OF THE OF

Poturn

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

Evolunation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PLEDGE WRITE OFF/RETURN OF CONTRIBUTION -109,630

990 Schedule O, Supplemental Information

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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 DIEGANS' 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 IM PROUD THAT WE ARE ALWAYS STRIVING TO MA KE OUR PATIENTS, THEIR FAMILES AND OUR COMMUNITY OUR HIGHEST PRIORITIES - MICHAEL W MUR PHY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, SHARP HEALTHCARE (SHARP OR SH C) 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, INVEURGENT CARE CENTERS, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABILITATION CENTERS, HOME HEALTH, HOSPICE, AND HOME INPUSION PROG RAMS, 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 CA RE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE, REHABILITATION AND URGENT CARE SHARP ALS O HAS A KNOX-KEENE-LICENSED CARE SERVICE FLAN, SHARP HEALTH HAN (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-AFFILLATED PHYSICIANS AND 18,000 BIMLOYES FOUR ACUTE CARE HOSPITALS SHARP CHULA VISTA MEDICAL CENTER (343 LICENS ED BEDS) THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SDC'S RAPIDLY EXPANDING SOUTH BAY, SHARP HEALTH HAN (SHP) SERVINGS OF PENALTE 12,084 BEDS AND HAS MORE THAN 2,900 SHARP-AFFILLATED PHYSICIANS AND 18,000 BIMLOYES. FOUR ACUTE CARE HOSPITALS SHARP CHULA VISTA MEDICAL CENTER (343 LICENSE DO DO SEPTEMBER 30, 2017 FLARGEST PROVIDER OF HEALTH CARE SERVICES I

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SPECIALTY CARE HOSPITALS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (206 LICENSED BED S) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGY ONC OLOGY 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 (15 8 LICENSED BEDS) AS THE LARGEST PRIVATELY OPERATED PSYCHIATRIC HOSPITAL IN SAN DIEGO, SHAR P MESA VISTA HOSPITAL (5MV) IS A PREMIER PROVIDER OF BEHAVIORAL HEALTH SERVICES SHARP MCD ONALD CENTER (16 LICENSED BEDS) SHARP MCDONALD CENTER (5MC) 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 REPOR TED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SMH AND ARE REFERRED TO HERSIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPERATIONS OF SHARP, THE PARENT OR GANIZATION THE OPERATIONS OF SHARP REESSTEALY (SRS) ARE INCLUDED WITHIN THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SHARP, THE PARENT OR GANIZATION THE OPERATIONS OF SHARP REESSTEALY (SRS) ARE INCLUDED WITHIN THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SHARP, THE PARENT OR GANIZATION THE OPERATIONS OF SHARP RESONS THAT SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE IT S BRVES 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 SHARPS VISION IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE SHARP WILL ATTAIN THIS POSITION BY TRANSFORMING THE HEALTH CARE EACH THOUGH A CULTURE OF CARING, QUALITY, SAFETY, SERVICE THAT SET COMMUNITY AS THE BEST PLACE TO PRACTICE MEDI

Return Reference	Explanation
FORM 990, PART III, LINE 4A	FFECTIVE, ACCOUNTABLE 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, PHY SICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE-AND-EXPERIENCE-IMPROVE MENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURP OSEFUL, WORTHWHILE WORK AND CREATING THE KIND OF HEALTH CARE PEOPLE WANT AND DESERVE THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATION'S TOP-RANKED HEALTH CARE SYSTEMS SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION. THE PEOPLE THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALTH CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE. * THE BEST PLACE TO WORK ATTRACTING AND RETAINING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE FOCUSED ON PROVIDING QUALITY HEAL TH 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. CR EATING AN ENVIRONMENT IN WHICH PHYSICIANS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS, HAVE ACC ESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, AND ENJOY THE CAMARADERE OF THE HIGHEST-CALBER 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, CO MPASSION AND RESPECT, AND CREATING HEALING ENVIRONMENTS THAT ARE PLEASANT, SOOTHING, SAFE, IMMACULATE, AND EASY TO ACCESS AND NAVIGATE THROUGH THIS TRANSFOR

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PILLARS OF EXCELLENCE IN SUPPORT OF SHARPS ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEA LTH CARE EXPERIENCE, SHARPS PILLARS OF EXCELLENCE SERVE AS A GUIDE FOR ITS TEAM MEMBERS, PROVIDING FRAMEWORK AND ALIGNMENT FOR EVERYTHING SHARP DOES IN 2014, SHARP HEALTHCARE MAD E AN IMPORTANT DECISION REGARDING THESE PILLARS AS PART OF ITS CONTINUED JOURNEY TOWARD EX CELLENCE EACH YEAR, SHARP INCORPORATES CYCLES OF LEARNING INTO ITS STRATEGIC PLANNING PRO CESS IN 2014, SHARPS EXECUTIVE STEERING AND BOARD OF DIRECTORS ENHANCED SHARPS SAFETY F OCUS, FURTHER DRIVING THE ORGANIZATION'S EMPHASIS ON ITS CULTURE OF SAFETY AND INCORPORATI NG THE COMMITMENT TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO) IN ALL ASPECTS OF THE OR GANIZATION AT THE CORE OF HROS ARE FIVE KEY CONCEPTS O SENSITIVITY TO OPERATIONS O A REL UCTANCE TO SIMPLIFY O PREOCCUPATION WITH FAILURE O DEFERENCE TO EXPERTISE O RESILIENCE APP LYING 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, SERVI CE, PEOPLE, FINANCE, GROWTH AND COMMUNITY THE FOUNDATIONATION LEMENTS OF SHARPS STRATEGIC PLAN HAVE BEEN ENHANCED TO EMPHASIZE SHARPS DESIRE TO DO NO HARM THIS STRATEGIC PLAN CON TINUES SHARPS 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 SHARPS COMMITMENT TO BECOME THE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE IN THESE AREAS QUALITY DEMONSTRATE AND MITROVE CLINICAL EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCEED CUSTOM EXPECTATIONS SAFETY KEEP PATIENTS. EMPLOYEES AND PHYSICIANS AND PARTIMERS BY DEMONSTRATE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE FROM HARM SERVICE CREATE A VALUES-DRIVEN CULTURE THAT A TITRACTS, RETAINS AND PROMOTES THE BEST HA

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NG 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 NEWCOMER'S LIST SHARP WAS NAMED "BEST HOSPITAL GROUP" BY U-T SAN DIEGO "READERS PARTICIPAT ING 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 AN D THIRD, RESPECTIVELY, AS SAN DIEGOS" "BEST MEDICAL GROUP" IN 2016, SMH AND SMBHWN WERE N AMED ON THE LEAPFROG GROUP'S TOP 115 HOSPITALS LIST RECOGNIZING FACILITIES THAT MEET THE H IGHEST STANDARDS OF PATIENT SAFETY, CARE QUALITY AND EFFICIENCY SGH AND SMH HAVE BOTH REC EVED MAGNET(R) DESIGNATION FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CE NTER (ANCC) THE MAGNET RECOGNITION FROGRAM IS THE HIGHEST LEVEL OF HONOR BESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLENCE SMH WAS REDESI GNATED 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 USIN G TECHNOLOGY TO ENHANCE QUALITY OF CARE FOR BOTH PATIENTS AND STAFF PLANETREE IS A COALLT ION 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 DO TO IMPROVING MEDICAL CARE FROM THE PATIENT'S PERSPECTIVE IN 2007 SCHHC BECAME A DESIGNATED PLANETREE DO TO SHARD STALL WITH DISTINCTION FOR TIS LEADERSHIP AND INNOVATION IN PATIENT-CENTERED CORTERED HOSPITAL WITH DISTINCTION AND WAS REDESIGNATED TO SEE ADERSHIP AND INNOVATION IN PATIENT-CENTERED DESIGNATION WITH DISTINCTION AND WAS REDESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL IN 1015 IN 2014, SCHH CAND SCHILC AND SCHILC AND SCHILC AN

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	G AWARDS PROGRAM FOR A SUCCESSFUL AND EXTENSIVE RECYCLING PROGRAM SMH AND SMBHWN WERE HON ORED FOR THEIR COMPREHENSIVE WASTE REDUCTION PROGRAMS IN 2013 SHARP WAS ONE OF FIVE AWARD EES IN SAN DIEGO TO RECEIVE A 2016 EMIES UNWASTED FOOD AWARD BY THE SAN DIEGO FOOD SYSTEM ALLIANCE FOR DEVEL OPING BEST PRACTICES FOR PREVENTING WASTE, COMPOSTING, RECYCLING, FOOD D ONATION AND SOURCE REDUCTION EFFORTS IN PARTNERSHIP WITH THE SODEXO FOOD AND NUTRITION TEAM IT HE 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 LIST HONORS THOSE ORGANIZATIONS THAT HAVE CREATED A SUPPORTIVE ENVIRONMENT FOR THEIR EMPLOYE ES AND FOSTERED A WORK/LIFE BALANCE FOR THEIR FAMILIES IN 2015, SHARP BEST HEALTH RECEIVE D THE AMERICAN HEART ASSOCIATION(R) (AHA) FIT-FRIENDLY WORKSITES HONOR ROLL AWARD (GOLD CA TEGORY) FOR THE THIRD CONSECUTIVE YEAR, WHICH RECOGNIZES EMPLOYERS THAT PROMOTE A CULTURE OF HEALTH AND PHYSICAL ACTIVITY IN THE WORK/PLACE OR COMMUNITY FROM 2013 TO 2016, THE PRESS S 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 SURVE YS OR CLINICAL QUALITY AWARDED SHC ENTITIES INCLUDED SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH OUTPATIENT PAVILION (OPP), SMY, SHC, SHARP HOSPICECARE, SRS, SCMG AND SHARP HOME HEALTH FO R EMPLOYEE ENGAGEMENT, SMBHWN AND THE SHARP SENIOR HEALTH CENTERS AT SMH FOR PATIENT SATIS FACTION, AND SCHHC, SMBHWN AND SMY FOR PHYSICIAN ENGAGEMENT PRESS GANEY ALSO RECOGNIZED MULTIPLE SHC ENTITIES WITH THE PINNACLE OF EXCELLENCE OVER THREE YEARS IN THE PRESS SCANEY ALSO RECOGNIZED MORE FROM SHARP HOME HEALTH FOR EMPLOYEE ENGAGEMENT, PHYSICIAN ENGAGEM

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 (NCOA) PRIVATE HEALTH INSURANCE RANKINGS 20 14-2015, WHICH RATED HEALTH INSURANCE PLANS BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCOA ACCREDITATION SURVEY RESULTS. SHP ALSO RECEIVED THE HIGHEST LEVEL "EXCELLENT" AC CREDITATION STATUS FROM THE NCOA FOR THE THIRD YEAR IN A ROW (2013-2015). THE NCOA AWARDS ACCREDITATION STATUS FROM THE NCOA FOR THE THIRD YEAR IN A ROW (2013-2015). THE NCOA AWARDS ACCREDITATION STATUS BASED ON COMPLIANCE WITH RIGOROUS REQUIREMENTS AND PERFORMANCE ON HEA LTHCARE EFFECTIVENESS DATA AND INFORMATION SET AND CONSUMER ASSESSMENT OF HEALTH-CARE PROVI DERS AND SYSTEMS (CAHPS) MEASURES SHP WAS ALSO RATED HIGHEST IN CALIFORNIA AMONG REPORTIN G 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 NCOA'S 2015 QUALITY COMPA SS/CAHPS SURVEY, WHICH PROVIDES STATE, REGIONAL AND NATIONAL BENCHMARKS AS WELL AS INDIVID UAL PLAN PERFORMANCE FROM 2013 TO 2016, SHARP HAS RANKED IN THE TOP 10 OF THE LARGE EMPLO YERS CATEGORY AS ONE OF THE "BEST PLACES TO WORK" FOR INFORMATION TECHNOLOGY PROFESSIONALS BY THE INTERNATIONAL DATA GROUP'S (IGO) COMPUTETWORLD 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 AWAR DIR, AS 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 IN 2016 IN 2015, SMBHWN RECEIVED THE AWARD AS 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 IN 2016 IN 2015, SMBHWN RECEIVED THE AWARD AS ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS THE WOMEN'S CHOICE AWARDING IN THE TOP THE HEADA AS ONE OF AMERICA'S BEST HOSPITAL

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HROUGH SHARPS FINANCIAL ASSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRING E MERGENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVING CA RE 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, BNROLLMENT AND REPORTING TECHNOLOGY DESIGNED TO PROVIDE COMMUNITY MEMBERS WITH HEALTH COVERAGE AND FINANCIAL ASS ISTANCE OPTIONS AT SHARP, PATIENTS USE A SIMPLE ONLINE QUESTIONNAIRE THROUGH POINTCARE TO GENERATE PERSONALIZED COVERAGE OPTIONS THAT ARE FILED IN THEIR ACCOUNT FOR FUTURE REFEREN CE AND ACCESSIBILITY THE RESULTS OF THE QUESTIONNAIRE ALLOW SHARP STAFF TO HAVE AN INFORM ED 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 THROU GH THE MAZE OF GOVERNMENT HEALTH COVERAGE PROGRAMS WHILE ENSURING THAT EACH PATIENTS DIGN ITY WAS MAINTAINED THROUGHOUT THE PROCESS IN 2014, SHARP HOSPITALS IMPLEMENTED AN ON-SITE PROCESS FOR REAL-TIME MEDI-CAL ELIGIBILITY DETERMINATIONS (PRESUMPTIVE ELIGIBILITY), MAKI MS SHARP THE FIRST HOSPITAL SY STEM IN SDC TO PROVIDE THIS SERVICE IN FY 2016, SHARP SECURE DTHIS BENEFIT FOR APPROXIMATELY 1,990 UNFUNDED PATIENTS IN THE ED IN SUPPORT OF COVERED CALIFORNIA'S ANNUAL OPEN ENGLLMENT PERFORD. 22 MEMBERS OF SHARPS REGISTRATION STAFF HAVE BECOME CERTIFIED APPLICATION COUNSELORS IN ORDER TO BETTER ASSIST BOTH PATIENTS AND THE GE BERFAL COMMUNITY WITH NAVIGATING THE COVERED CALIFORNIA WEBSITE (COVEREDCA COM) AND PLAN ENGLLMENT IN COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, SHARP OFFERS A MO RE AFFORDABLE ALTERNATIVE FOR PATIENTS SRUGGLING 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 THER MEDICAL BILLS IN LOW MONTHLY INSTALLM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THE TEAM MEMBERS RESEARCH ALL AVAILABLE OPTIONS, INCLUDING PROGRAMS OFFERED BY DRUG MANU FACTURERS, GRANT-BASED PROGRAMS OFFERED BY FOUNDATIONS, COPAY ASSISTANCE AND OTHER LOW-COS T ALTERNATIVES ALSO IN 2016, SHARP SUPPORTED AND PROVIDED PAYMENT OPTIONS TO HIGH-RISK, U NINSURED AND UNDERINSURED PATIENTS AT ALL SHARP HOSPITALS WITH AN INABILITY TO PAY THEIR F INANCIAL RESPONSIBILITY AFTER HEALTH INSURANCE. THROUGH THE MAXIMUM OUT OF POCKET PROGRAM, SHARP PROVIDED PATIENTS WITH EDUCATION DURING THEIR HOSPITAL STAY, AND ALSO HE PED 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 EXTR A GUIDANCE ON AVAILABLE FUNDING OPTIONS THE PUBLIC RESOURCE SPECIALISTS PERFORMED FILE OC VERAGE 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 PA TIENTS FOR CALFRESH/SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) BENEFITS PRIOR TO HOS PITAL DISCHARGE, DRAMATICALLY INCREASING THE LIKELIHOOD THAT PATIENTS COMPLETE CALFRESH AP PLICATIONS AND RECEIVE BENEFITS IN FY 2016, SGH'S PFS TEAM COMPLETED 227 CALFRESH APPLICA TIONS AND 125 PATIENTS WERE GRANTED CALFRESH BENEFITS AS A RESULT OF THE SUCCESS FROM THIS PRICATION. IN TERMALPY 2017 SHARPS 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 PRO VIDE 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 EVALUAT ING THOSPITAL PUBL IC RESOURCE SPECIALISTS HAVE ASSISTED MORE THAN 60 FAMILIES THROUGH THE PROCESS OF APPLYING FOR SI

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IN A TARGETED EFFORT TO PROVIDE EXCEPTIONAL CARE FOR VULNERABLE POPULATIONS, SINCE 2013, S HARP 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 PARTISIONS PARTISESHIP (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 BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO PROVIDE COMPREHENSIVE PATIENT-CENTERED, HOSPITAL AND COMMUNITY-BASED SERVICES THE GOALS OF CCTP INCLUDED.* IMP ROVE TRANSITION FROM THE INPATIENT HOSPITAL SETTING TO COMMUNITY MIPROVE QUALITY OF CARE.* REDUCE READMISSIONS FOR HIGH RISK BENEFICIARIES.* DOCUMENT MEASURABLE SAVINGS TO THE ME DICARE PROGRAM CCTP IMPROVES TRANSITION FROM HOSPITAL TO HOME BY PROVIDING PATIENTS WITH TOOLS AND SUPPORT THAT PROMOTE KNOWLEDGE AND SELF-MANAGEMENT OF THEIR CONDITION. SHARPS TR ANSITION COACHES FUNCTIONED AS FACILITATORS, COACHING PATIENTS, CAREGIVERS IN ORD ER TO DECOURAGE SELF-MANAGEMENT AND DIRECT COMMUNICATION BETWEEN PATIENTS. CAREGIVERS AND PROVIDERS THE PROGRAM EXTENDED FOR 30 DAYS PER PATIENT AND INCLUDED A HOSPITAL VISIT, A HOME VISIT AND FOLLOW-UP PHONE CALLS THE CCTP PROGRAM CONCLUDED IN FY 2016 WITH THE ENDING OF THE PROGRAM IS GRANT FUNDING, AND MORE THAN 40,000 PATIENTS WERE SERVED COLLECTIVELY THROUGH THE PROGRAM 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 A SSISTANCE WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS TO COMMUNITY RESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT AND MEDICATIONS SCHE, SCH AND SMH WORK WITH THE SAN DIEGO RESCUE MISSION (SDRM) TO IDENTIFY HOMELESS PATIENTS, OR PATIENTS MEDICAL TORS PROVIDES REFERRED TO THE SORMS FROM THE STREE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 PY 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 PROFESS IONAL EDUCATIONAL PROGRAMS SHARP PROVIDED EDUCATION AND TRAINING PROGRAMS FOR NURSING STU DENTS (E.G., CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEALTH, WOMEN'S SERVICES, CARDIAC SERVICES AND HOSPICE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITATION THERAPIES (SPE ECH, PHY SICAL AND OCCUPATIONAL THERAPY), PHARMACY, RESPIRATORY THERAPY, IMAGING, CARDIOVAS CULAR, DIETETICS, LAB, RADIATION THERAPY, SURGICAL TECHNOLOGY, PARAMEDIC, SOCIAL WORK, RSY CHOLOGY, BUSINESS, HEALTH INFORMATION MANAGEMENT AND PUBLIC HEALTH STUDENTS CAME FROM LOC AL 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 (FLNU), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF CALIFORNIA, SAN DIEGO (USCS), AND AVOCATIONAL SCHOOLS SUCH AS CONCORDE CAREER COLLEGE TABLE 1 PRESENTS THE TOTAL NUMBER OF STUDENTS AND STUDENT HOURS AT EACH SHARP ENTITY IN FY 2016 TABLE 1 SHARP HEALTH-CARE INTERNSHIPS - FY 2016 SH ARP CHULA VISTA MEDICAL CENTER NURSING 532 STUDENTS 39,642 GROUP HOURS SHARP CORONADO HOSPITAL AND HEALTH-CARE CENTER NURSING 559 STUDENTS 86,102 GROUP HOURS 3,958 PRECEPTED HO URS ANCILLARY 73 STUDENTS 20,778 HOURS TOTAL 676 STUDENTS 10,083 ROUPS SHARP GROSSMONT HOSPITAL NURSING 737 STUDENTS 22,078 HOURS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING 183 STUDENTS 14,098 GROUP HOURS 4,262 PRECEPTED HOURS ANCILLARY 12 ST UDENTS 3,420 HOURS SHARP CORONADO HOSPITAL AND HEALTH-CARE CENTER NURSING 559 STUDENTS 110,838 HOURS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING 183 STUDENTS 174,098 GROUP HOURS 4,262 PRECEPTED HO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 (HSHMC) TO PROVIDE HIGH SCHOOL STUDENTS BROAD EXPOSURE TO HEALTH CARE CAREE RS THROUGH THIS PARTNERSHIP, HSHMC STUDENTS CONNECT WITH SHARP TEAM MEMBERS THROUGH JOB S HADOWING 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 C URRICULUM PROVIDES STUDENTS WITH A VARIETY OF SERVICE-LEARNING PROJECTS AND INTERNSHIPS FO CUSED ON CAREERS IN HEALTH CARE STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE COLLEGE ENTR ANCE REQUIREMENTS AND HAVE OPPORTUNITIES TO EARN COMMUNITY COLLEGE CREDITS, DEGREES OR VOC ATIONAL 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, SCHHC IN 2010, AND SCVMC IN 2011 STUDENTS ALSO DEVOTE TIME TO VARIOUS SRS SITES STUDENTS BEGIN THEIR INTERNSHIP EXPERIEN CE WITH A SYSTEMWIDE ORIENTATION TO SHARP AND THEIR UPCOMING JOB-SHADOWING ACTIVITIES, WHI CH 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 STUD ENTS SHADOW RIMARILY NON-NURSING AREAS OF THE HOSPITAL AS WELL AS COMPLETE ADDITIONAL COU RSEWORK IN INFECTION CONTROL, MEDICAL ETHICS, AND INTRODUCTION TO HEALTH PROFESSIONS LEVE L II IS DESIGNED FOR STUDENTS IN GRADES 10 THROUGH 12 AND INTRODUCTION TO HEALTH PROFESSIONS LEVE L II IS DESIGNED FOR STUDENTS IN GRADES 10 THROUGH 12 AND INTRODUCTION TO HEALTH PROFESSIONS LEVE L II IS DESIGNED FOR STUDENTS IN GRADES 10 THROUGH 12 AND INTRODUCTION TO HEALTH PROFESSIONS, AND HE ALTH AND SOCIAL INJUSTICE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IN FY 2016, A PPROXIMATELY 450 HSHIMC STUDENTS - INCLUDING 280 LEVEL I STUDENTS AND 150 LEVEL II STUDENTS - WERE SUPERVISED FOR A PPROXIMATELY 57,600 HOURS ON SHARP CAMPUSES STUDENTS ROTATED THROUGH INSTRUCTIONAL PODS IN SPECIALTY AREAS, INCLUDING BUT NOT LIMITED TO NURS ING, EMERGENCY SERVICES, OBSTETRICS AND GYNECOLOGY (OB/GYN), OCCUPATIONAL THERAPY, PHYSICA L THERAPY, BEHAVIORAL HEALTH, PEDIATRICS, MEDICAL/SURGICAL, REHABILITATION, LABORATIORY SERVICES, PHARMACY, PATHOLOGY, RADIOLOGY, RADIOLOGY, PRODIOSCOPY, ENGINEERING, NUTRITI ON, INFECTION CONTROL, PULMONARY SERVICES, AND OPERATIONS STUDENTS NOT ONLY HAD THE OPPOR TUNITY TO OBSERVE PATIENT CARE, BUT ALSO RECEIVED GUIDANCE FROM SHARP STAFF ON CAREER LADD ER DEVELOPMENT AS WELL AS JOB AND EDUCATION REQUIREMENTS IN MAY 2016, THE HSHIMC PROGRAM G RADUATED 153 STUDENTS IN ITS SIXTH FULL CLASS EACH YEAR, SHARP REVIEWS AND EVALUATES ITS COLLABORATION WITH HSHIMC, INCLUDING OUTCOMES OF STUDENTS AND GRADUATES, TO PROMOTE LONG-TERM SUSTAINABILITY ALTHOUGH MANY HSHIMC STUDENTS FACE FINANCIAL HARDSHIP - THE FREE AND RED UCED-PRICE MEAL ELIGIBILITY RATE IS HIGHER THAN THE AVERAGES FOR SDC AND CALIFORNIA - THE CHARTER SCHOOL EXCLES IN REPARKING STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHIMC HAS A 100 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHIMC HAS A 100 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHIMC HAS A 100 PERCENT GRADUATION RATE, WHICH IS HIGHER THAN CALIFORNIA SB 23 PERCENT STATE AVERAGE HSHIMC HAS A 100 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHIMC HAS A 100 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHIMC HAS A 100 PERCENT OF THE ADAPT OF THE FUTURE FOUNDATION AS THE MOST INNOVATE, INSPIRE, ACHIEVE AND IMPACT HSHIMC IS ALSO A 2016 U.S. NEWS & WORLD REPORT BEST HIGH SCHOOLS BRONZE AWARD WINNER THE CALIFORNIA DEPARTMENT OF EDUCATION PROGRAMS ACROSS SDC IN F

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	MICHOURS IN LECTURES, COURSES AND PRESENTATIONS ON NUMEROUS COLLEGE AND UNIVERSITY CAMPUS ES THIS INCLUDED GUEST LECTURES ON HEALTH INFORMATION TECHNOLOGY AT UCSD AND MESA COLLEGE, ADVANCED HEALTH POLICY AT UCSD, DIABETES, HEALTH LITERACY AND SPIRITUAL CARE IN THE HEAL TH CARE SETTING AT SOSU, ADVANCE CARE PLANNING, PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREAT MENT (POLST), HOSPICE, BIOETHICS AND GOALS OF CARE AT AZUSA PACIFIC UNIVERSITY (APU), SDSU, CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), UNIVERSITY OF SOUTHERN CALIFORNIA (USC) AND MESA COLLEGE, SPINAL CORD INJURY (SCI) TO PHYSICIAL THERAPY STUDENTS AT THE UNIVERSITY OF STA AUGUSTINE IN SAN MARCOS, GRIEF, LOSS AND BEREAVEMENT TO RSYCHATRIC NURSING STUDENTS FROM CSUSM, AND A VARIETY OF HEALTH ADMINISTRATION LECTURES TO PUBLIC HEALTH GRADUATE ST UDENTS AT SDSU SHARP'S CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO PROVIDE CONTINUING MEDICAL EDUCA TION, AS WELL AS BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO PROVIDE CONTINUING MEDICAL EDUCATION SHARPS CIVE DEPARTMENT PROVIDES EVIDENCE BASED AND CLINICALLY RELEVA INT PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO HELP PRACTICING PHYSICANS AND PHARMACYSTS IM PROVE PATIENT SAFETY AND ENHANCE CLINICAL OUTCOMES IN FY 2016, SHARP'S CME DEPARTMENT INV ESTED MORE THAN 1,500 HOURS TO NUMEROUS CIVE ACTIVITIES FOR SAN DIEGO HEALTH CARE PROVIDERS THIS INCLUDED CONFERENCES ON PRIMARY CARE. VASCULAR DISEASE AND STROKE, MELAMOMA, OSTEOP ATHIC MEDICINE, AND ADVANCES IN OB/GYN, AS WELL AS PRESENTATIONS ON SEPSIS, HIP ARTHINGSCOPY, INFECTION PREVENTION AND CLINICAL DOCUMENTATION MIPROVEMENT RESEARCH SHARP CENTER FOR RESEARCH INNOVATION IS CRITICAL TO THE SAN DIEGO HEALTH CARE COMMUNITY. AND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS THE CENTER FOR RESEARCH INITIATIVES THAT PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE COMMUNITY. AND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS THE CENTER FOR RESEARCH SICE OF A PRO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ESEARCH FOR THE GREATER GOOD OF THE COMMUNITY ALL PROPOSED ENTITY RESEARCH STUDIES WITH H UWAN PARTICIPANTS MUST BE REVIEWED BY THE IRB IN ORDER TO PROTECT PARTICIPANT SAFETY AND M AINTAIN RESPONSIBLE RESEARCH CONDUCT IN FY 2016, A DEDICATED IRB COMMITTEE OF 17 - INCLUD ING PHYSICIANS, PSY CHOLOGISTS, RESEARCH CONDUCT IN FY 2016, A DEDICATED IRB COMMITTEE OF 17 - INCLUD ING PHYSICIANS, PSY CHOLOGISTS, RESEARCH ONDUCTED DURING SITE OF THE REVIEW AND ANALYSIS OF BOTH NEW AND ONGOING RESEARCH STUDIES RES EARCH IS CONDUCTED DURING ALL PHASES OF DRUG AND DEVICE DEVELOPMENT AND SPANS ACROSS THE LIFE CY CLE - 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 A PPROXIMATELY 250 CLINICAL TRIALS AT ANY GIVEN TIME, COVERING MANY AREAS OF MEDICINE, INCLUDING MENTAL HEALTH, EMERGENCY CAR E, INFECTIOUS DISEASE, NEWBORN CARE, HEART AND VASCULAR, NEUROLOGY, ORTHOPEDICS AND ONCOLOGY - THE LATTER OF WHICH COMPRISES THE MAJORITY OF SHARPS CLINICAL TRIALS THE HRP PROVI DESE EDUCATION AND SUPPORT FOR RESEARCHERS ACROSS SHARP AS WELL AS THE BROODER SAN DIEGO HE ALTH 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 I NUCLUDED 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 E ANALYSIS OUTCOMES RESEARCH INSTITUTE (ORI) SHARPS ORI BEGAN IN 2010 AS A PLOT INITIAT IVE FUNDED BY THE SHARP HEALTH-CARE FOUNDATION THE ORI MEASURES THE LONG-TERM RESULTS OF CARE TO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 NE TWORKING HAS RESULTED IN COLLABORATIVE RESEARCH PARTNERSHIPS WITH INVESTIGATORS AT SDSU AN D NATIONAL UNIVERSITY BEGINNING IN SEPTEMBER 2016, THE ORI EXPANDED ITS CAPABILITIES BY A DDING A FULL-TIME POST-DOCTORAL CLINICAL RBY CHOLOGY FILLOWSHIP POSITION AND A HALF-TIME RR ACTICUM PLACEMENT FOR A REDOCTORAL GRADUATE STUDENT EVIDENCE-BASED PRACTICE INSTITUTE SHARP PARTICIPATES IN THE EVIDENCE-BASED PRACTICE INSTITUTE (EBP), 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 SOLUE 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, PA LOMAR HEALTH, RADY CHILDREN'S HOSPITAL - SAN DIEGO, LO SAN DIEGO HEALTH, VA SAN DIEGO HEAL THCARE 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 FULLDAY CLASS SESSIONS FEATURING GROUP ACTIVITIES, SELF-DIRECTED LEAR NING PROGRAMS OUTSIDE OF THE CLASSROOM AND STRUCTORS AND MENTORSHIP THROUGHOUT THE PROGRAM THE BBP 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 HOSPI TALL LEADERSHIP PERSONNEL THE NINE-MONTH PROGRAM CUNTING THE FELLOWS HARDOLDS THE FULLOWS GRADUATION CEREWONY IN NOVEMBER, AT WHICH THE PROJECT RESULTS OF ALL EBP FELLOWS WERE SHARED THIRTY FELLOWS GRADUATED FROM THE EBP PROGRAM IN FY 2016, COMPLETING PR

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AN 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, SPECIA L OLYMPICS, HABITAT FOR HUMANITY, FEDDING 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 FOUNDATIONS FOI INT LOMA NATIVE PLANT GARDEN, SAN DIEGO RIVER GARDEN, COASTAL HABITAT RESTORATION AND RIVER KIDS DISCOVERY DAYS MORE THAN 2,000 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEE RED OVER 6,570 HOURS IN SUPPORT OF THESE PROJECTS WITH MORE THAN 100,000 WALKERS ACROSS 9 5 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 REFRES HMENT BOOTH BY VOLUNTEERING THEIR TIME, SLAH PARTICIPANTS HELPED TO ENSURE THAT MORE FUND S GO TOWARD THE ADA'S MISSION TO PREVENT, CURE AND IMPROVE THE LIVES OF ALL PEOPLE AFFECTE D BY DIABETES SLAH VOLUNTEERS PARTICIPATED HIT HE ADA TOR THE LIVES OF ALL PEOPLE AFFECTE D BY DIABETES SLAH VOLUNTEERS PARTICIPATED HIT HE ADA TOR THE LIVES OF ALL PEOPLE AFFECTE D BY DIABETES SLAH VOLUNTEERS PARTICIPATED HIT HE ADA TOR TWO BE CURE 2016 TO SUPPORT THE MO RE THAN 2.4 MILLION SAN DIEGANS WITH DIABETES OR REDIABETES AND RAISE CRITICAL FUNDS FOR DIABETES RESEARCH, EDUCATION AND ADVOCACY IN SUPPORT OF THE ADA FOR TWO DAYS IN APRIL, AP PROXIMATELY 25 SLAH VOLUNTEERS ASSISTED WITH PREEVENT PACKET PICK-UP, DAY-OF EVENT REGIST RATION, T-SHIRT DISTRIBUTION AND FIRST AID THE SSUBI FOUNDATIONS GREENING FOR GOOD PROJECT COLLECTS DISCARDED BUT SAFE AND USABLE SUPPLIES FROM U SHOUNDATIONS GREENING FOR GOOD PROJECT COLLECTS DISCARDED BUT SAFE AND USABLE SUPPLIES FROM U SHOUNDATE. THE WITH PREEVENT PACKET PICK-UP, DAY-OF EVENT REGIST RATION, T-SHIRT DISTRIBUT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	N PARTNERSHIP WITH LOCAL PEOPLE IN NEED, SAN DIEGO HABITAT FOR HUMANITY OPERATES TWO RESTO RE RETAIL CENTERS WITH A WIDE VARIETY OF NEW OR GENTLY USED BUILDING MATERIALS AND HOME FU RNISHINGS FOR PUBLIC PURCHASE. THE RESTORE CENTERS PROVIDE AFFORDABLE MERCHANDISE TO CUSTO MERS 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 MIS SION VALLEY RESTORE RETAIL CENTER THE FOOD BANK FEEDS 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 AUGUS T 2016, MORE THAN 330 SLAH VOLUNTEERS INSPECTED, CLEANED AND SORTED DONATED FOOD, ASSEMBLE D 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 S AN DIEGO HALF MARATHON THIS PREMIER RACE RAISES MONEY FOR LOCAL COMMUNITY SERVICE PROJECT S AND CHARITABLE CAUSES IN SAN DIEGO, INCLUDING THE SKINNY GENE PROJECT, ALS ASSOCIATION G REATER 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

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IN APRIL, SLAH PARTNERED WITH I LOVE A CLEAN SAN DIEGO FOR THE 14TH ANNUAL CREEK TO BAY CL EANUP APPROXIMATELY 25 SLAH VOLUNTEERS PARTICIPATED IN THIS COUNTY WIDE EFFORT TO BEAUTIFY SAN DIEGO'S BEACHES, BAYS, TRAILS, CANYONS AND PARKS IN SEPTEMBER, MORE THAN 120 VOLUNTE ERS 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 BLUO STATE BEACH, MIRAMAR LAKE, MISSION BAY, PACIFIC BEACH, LAKE MURRAY, MAST PARK, E ASTLAKE 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 S ERVICES TO VETERANS WITHOUT A PERMANENT RESIDENCE. ON SEVEN DAYS IN JUNE, APPROXIMATELY 15 0 VOLUNTEERS SORTED AND ORGANIZED CLOTHING DONATIONS AND SET UP THE EVENTS CLOTHING TENT DURING THE TWO-DAY EVENT IN JULL, 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 A ND LICENSED PHARMACY TECHNICIANS - PROVIDED MEDICAL AND PHARMACY ENVIRENCE STRICES THE LIFE ROLLS ON FOUNDATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR YOUNG PEOPLE AFFECTE D BY SCI THROUGH THE ORGANIZATION'S AWARD-WINNING PROGRAM, THEY WILL SURF AGAIN, PARAPLEG ICS AND QUADRILEGICS CAN EXPERIENCE MOBILITY THROUGH SURFING WITH SUPPORT FROM ADAPTIVE E QUIPMENT AND VOLUNTEERS IN SEPTEMBER, AN ESTIMATED 70 SLAH VOLUNTEERS ASSISTED THEY WILL SURF AGAIN WITH EVENT SET-UP AND BREAKDOWN, REGISTRATION, EQUIPMENT DISTRIBUTION, LUNCH SE RVICE AND HELPING SURFERS ON LAND AND IN SHALLOW WATER FSD, PART OF THE FEDING AMERICA N ETWORK, IS COMMUNITY GROUPS TO SUSTAIN CRITICAL HUNGER BY EFFICIENTLY PROVIDING ACCESS TO FOOD AND NUTTING MEALS FSD RELIES ON THE GENEROUS SUPPORT OF INDIVIDUALS, CORPORATIONS, FOUNDATIONS AND COMMUNITY GROUPS TO SUSTAIN CRITICAL HUNGER RY EFF

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RESTORE ONE OF THE LAST REMAINING COASTAL DUNE AND WETLAND HABITATS IN SAN DIEGO BY REMOVI NG 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 SA N DIEGO RIVER PARK FOUNDATIONS SECOND ANNUAL RIVER KIDS DISCOVERY DAYS THIS FREE EVENT P ROVIDED RIVER EDUCATION AND SERVICE EVENTS TO TEACH MORE THAN 1,000 KIDS AND FAMILIES ABOUT PROTECTING THE EARTH'S NATURAL RESOURCES SHARP HUMANITARIAN SERVICE PROGRAM IN FY 2016, THE SHARP HUMANITARIAN SERVICE PROGRAM FUNDED MORE THAN 50 SHARP BMPLOYEES 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 THEW ORLD A SHARP PHARWACIST PARTICIPATED IN TWO MEDICAL MISSIONS THROUGH THE PERUVIAN AMERICA IN 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 MEDICAL TIONS FOR APPROXIMATELY 75 TO 100 VILLAGERS DAILY FOR ONE WEEK PROJECT COMPASSION IS A SAN DIEGO-B ASED MEDICAL MISSION ORGANIZATION THAT ATTENDS TO THE PHYSICAL AND SPRITULAL NEEDS OF INDIVIDUALS THROUGHOUT THE WORLD FOR ONE WEEK IN FEBRUARY. A SHARP CHAPLAIN JOINED PROJECT CO MPASSION ON A MISSION TO PUERTO ESCONDIDO, OAXACA IN MEXICO, ALONG WITH A TEAM OF PHYSICIA NS, PHARMACISTS, NURSES, EDUCATORS AND INTERPRETERS THE TEAM PROVIDED ORAL AND MEDICAL CARE, MEDICATION, GLASSES AND DESECRETOR THE PUED ON THE PHYSICAL OR PROJECT COMPASSION ON A MISSION TO PUERTO ESCONDIDO, OAXACA IN MEXICO, ALONG WITH A TEAM P

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 ORGANIZAT ION DEDICATED TO PROTECTING AND RESTORING HEARING THE TEAM INCLUDED A DEAF EDUCATION TEAC HER, 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 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 ORGAN IZATION 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 MIS SION, 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 SOC IAL SERVICES FAIR SINCE 2009, EXPERIENCE CAMP HAS PROVIDED ONE-WEEK CAMPS FOR YOUTH THROU GHOUT 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 ALL OWS YOUTH TO NAVIGATE THEIR GRIEF THROUGH FRIENDSHIP, TEAMWORK, ATHLETICS AND THE COMMON B OND OF LOSS IN FY 2016, A SHARP TEAM MEMBER SERVED AS A CLINICAN WITH EXPERIENCE CAMP TO HELP DEVELOP PROGRAMS TO MEET THE EMOTIONAL NEEDS OF THE CAMPS YOUTH AND PROVIDES SUPPORT FOR OTHER VOLUNTEER CLINICANS AND CABIN COUNSELORS COMMUNITY WALKS HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE U S FOR THE PAST 20 YEARS, SHARP HAS PROVIDLY 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 RAI

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SHARP VOLUNTEERS VOLUNTEERS ARE A CRITICAL COMPONENT OF SHARPS DEDICATION TO THE SAN DIEG O COMMUNITY SHARP PROVIDES MANY VOLUNTEER OPPORTUNITIES FOR INDIVIDUALS TO ASSIST WITH A WIDE VARIETY OF PROGRAMS A CROSS THE SHARP SYSTEM VOLUNTEERS OF ALL AGES AND SKILL LEVEL. DE VOTE THEIR TIME AND COMPASSION TO PATIENTS AS WELL AS THE GENERAL PUBLIC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHARPS PROGRAMS, EVENTS AND INITIATIVES SHARP VOLUNTEERS SPEND THEIR TIME WITHIN HOSPITALS AND OUT IN THE COMMUNITY AS WELL AS IN SUPPORT OF THE FOUNDATION SO 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 INI TATIVES THROUGHOUT THE YEAR THIS INCLUDED MORE THAN 1,900 AUXILIARY MEMBERS AND THOUSAND SOF INDIVIDUAL VOLUNTEERS FROM THE YEAR THIS INCLUDED MORE THAN 1,900 AUXILIARY MEMBERS AND THOUSAND SOF INDIVIDUAL VOLUNTEERS FROM THE SAN DIEGO COMMUNITY, INCLUDING VOLUNTEERS FOR SHARPS 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 TABLE 2 SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 2016 AVERAGE ACTIVE VOLUNT EERS PER MONTH SHARP CHULA VISTA MEDICAL CENTER 374 SHARP CORONADO HOSPITAL AND HEALTHCARE FOUNDATION, GROSSMONT HOSPITAL 647 SHARP HOSPICECARE 76 SHARP METROPOLITAN MEDICAL CAMPUS 81, 426 TOTAL 264,999 IN SUPPORT OF SHARP S FOUNDATIONS - INCLUDING THE SHARP HEALTHCARE FOUNDATION, GROSSMONT HOSPITAL FOUNDATION A ND CORONADO HOSPITAL FOUNDATION, SHARP OFFERS A SYSTEMWIDE JUNIOR VOLUNTEER PROGRAM FOR HIGH SCHOOL STUDENTS INTERESTED IN GIVING BACK TO THEIR COMMUNITIES AND EXPLORING FUTURE HEALTH CARE CENTERS PROGRAM REQUIREMENTS VARY, HOWEVER ALL REQUIRE HIGH GRADE POINT AVER AGES AND LONG-TERM C

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SMBHWN, 169 JUNIOR VOLUNTEERS WHO DEDICATED NEARLY 18,000 HOURS OF SERVICE AT SCVMC, AND 2 85 JUNIOR VOLUNTEERS WHO CONTRIBUTED NEARLY 34,000 HOURS OF SERVICE AT SCH VOLUNTEERS ON SHARPS VARIOUS ENTITY BOARDS PROVIDE PROGRAM OVERSIGHT, ADMINISTRATION AND DECISION MAKIN G REGARDING FINANCIAL RESOURCES IN FY 2016, NEARLY 120 VOLUNTEERS CONTRIBUTED THEIR TIME TO SHARPS BOARDS SHARP EMPLOYEES ALSO DONATE TIME AS VOLUNTEERS FOR THE SHARP ORGANIZATI ON, INCLUDING SERVICE ON THE CABRILLO CREDIT UNION SHARP DIVISION BOARD, THE SHARP AND CHI LDREN'S MIRI BOARD, THE GROSSMONT IMAGING ILLC BOARD, AND THE SHARP AND CHI LDREN'S MIRI BOARD, WHICH OVERSEES THE OPERATIONS OF THEIR JOINT LIVER TRANSPLANTATION AND BONE MARROW TRANSPLANT RYGGRAMS THIS SECTION DESCRIBES THE ACHIEVEMENTS OF VARIOUS SHARP VOLUNTEER PROGRAMS IN FY 2016 SHARP HOSPICECARE VOLUNTEER PROGRAMS SHARP HOSPICECARE PROVIDED VARIOUS VOLUNTEERS 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 THEE DIO OF LIFE SUPPORT FOR FAMILIES A ND CAREGIVERS, AND HELP WITH COMMUNITY OUTREACH APPROXIMATELY 80 NEW HOSPICE VOLUNTEERS WERE TRAINED IN FY 2016 FOR DAMILIES IN SHARP HOSPICECARES TEEN VOLUNTEER PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMPAINONSHIP 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 FOR AND EXCENSIVE SPECIAL PROJECTS IN SHARP HOSPICE CARE PROR TO BEGINNING THEIR VOLUNTEERS WERE TRAINED IN FY 2016, THROUGH WHICH TEENS ARE ASSIGNED SPECIAL PROJECTS IN SHARP HOSPICE CARE PROR TO BEGINNING THE PROGRAM TO FINITE SHAPP HOSPICE ARE SEEN VOLUNTEERS PERFORM GROOMING AND HOSPICE TASKS, OR SIMPLE ACTS OF KINDN ESS, SUCH AS SITTING WITH PATIENTS. LISTENING TO THEIR STORIES AND HOLDING THEIR HAND IN ADDITION

 ${\bf 990 \; Schedule \; O, \; Supplemental \; Information } \\$

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	TO HELP MANAGE PHYSICAL, EMOTIONAL OR SPIRITUAL PAIN, REIKI, A JAPANESE ENERGY HEALING THE RAPY 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 A LSO 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 USED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) IN COLLABORATION WITH THE USED OF DEPARTMENT OF VETERANS AFFAIRS (VA) TO EMPOWER HOSPICE PROFESSIO NALS TO MEET THE UNIQUE END-OF-LIFE NEEDS OF VETERANS AND THEIR FAMILIES AS A WHY PARTNER, SHARP HOSPICECARE IS EQUIPPED TO PROVIDE VETERAN-CENTRIC EDUCATION AND TRAINING THAT QUALLIFIES VOLUNTEERS TO IDENTIFY AND WORK WITH VETERAN PATIENTS AS WELL AS PROVIDE WEEKLY SUP PORT FOR CAREGIVERS OF VETERANS THIS INCLUDES THE VET-TO-VET VOLUNTEER PROGRAM, WHICH AIM S TO PAIR VOLUNTEERS WITH MILITARY EXPERIENCE WITH VETERAN PATIENTS, AS WELL AS HONORING VETERAN PATIENTS THROUGH SPECIAL PINNING CEREMONIES THAT PRESENT VETERANS WITH A WHY PIN AN D 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 HOSP ICECARE 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 HOUR S TO SEWING MORE THAN 740 BEARS FOR APPROXIMATELY 280 FAMILIES RECOGNIZING THE VALUABLE I MPACT 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 VALUABL

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THROUGH THE COMMUNITY CARE PARTNER (CCP) PROGRAM AT SMH, HOSPITAL VOLUNTEERS ARE HAND-SELE CTED AND TRAINED TO SERVE AND COMFORT PATIENTS WITHOUT FAMILY OR FRIENDS TO SUPPORT THEM D URING THEIR HOSPITAL STAY IN 1FY 2016, THE CCP VOLUNTEERS DEVOTED HUNDREDS OF HOURS TO COM FORTING PATIENTS THROUGH CONVERSATION, READING, WRITING LETTERS, TAKING WALKS AND PLAYING GAMES IN ADDITION, THE CCP VOLUNTEERS HELPED KEEP PATIENTS SAFE BY NOTIFYING MEDICAL STAF F WHEN NEEDS ARISE - A TASK THAT IS USUALLY PERFORMED BY A FAMILY MEMBER OR FRIEND BUT OFT EN OVERLOOKED FOR PATIENTS WHO LACK A COMPANION SINCE FEBRUARY 2010, THE CUSHIMAN 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 THE BRAINLISS, AND EMPOWER THEM TO BECOME INVOLVED IN THEIR HEALTH CARE. THE HEALTH HISFORMATION AMBASSADORS ARE HOSPITAL VOLUNTEERS WHO RECEIVE SPECALIZED TRAINING THROUGH THE COMM UNITY HEALTH LIBRARY ONCE TRAINED, THE VOLUNTEERS ASK PATIENTS AT SMH, THE SMH REHABILITA TION CENTER AND THE PERINATAL SPECIAL CARE UNIT AT SMBHWN, IF THEY OR THEIR FAMILY WEBSITES, AND RETURNS THE INFORMATION AT THEN PATIENTS THROUGH THE REQUESTS ARE B ROUGHT 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 FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION FROM QUALITY WEBSITES, AN

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	EPTIBLE TO STRESS AND LONELINESS DURING EXTENDED HOSPITAL STAYS PRIOR TO CHILDBIRTH MUSIC THERAPY IS ALSO PROVIDED IN THE NICU TO PROMOTE DEV ELOPMENT IN PREMATURE BABIES AT SMV A NO SMC, ARTS FOR HEALING OFFERS SEVERAL ART AND MUSIC THERAPY GROUPS, INCLUDING GROUPS FOR PATIENTS RECOVERING FROM DRUG ADDICTION, PATIENTS RECEVING TREATMENT FOR MOOD AND ANXIETY DISORDERS, AND OLDER ADULTS RECEVING TREATMENT FOR DEMENTIA AND DEPRESSION IN FY 2016, ARTS FOR HEALING LED ART AND MUSIC ACTIVITIES FOR HUNDREDS OF PATIENTS AND COMMUNITY MEMB ERS IN RECOGNITION OF VARIOUS HOLIDAYS AND SHARP EVENTS, INCLUDING SATURDAY WITH SANTA, A PUBLIC EVENT HOSTED EACH DECEMBER BY THE SMH AUXILARY, VALENTINE'S DAY, NATIONAL HOSPITA L 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 MO RE THAN 220 BLANKETS AND QUILTS TO PATIENTS RECEIVING END-OF-LIFE CARE AT SMH SEVENTEEN OF THE BLANKETS WERE KNITTED AND CROCHETED BY PATIENTS A TSM'S EAST COUNTY OUTPATIENT PROG RAM, AN ACTIVITY THAT COULD ALSO REDUCE ANXIETY AND DEPRESSION FOR THOSE CRAFTING AND DONA TING THE BLANKETS IN FY 2016, 38 VOLUNTEERS, INCLUDING STUDENTS FROM VARIOUS COLLEGES AND UNIVERSITIES, FACILITATED ART ACTIVITIES FOR PATIENTS AND THER LOVED ONES THROUGH ARTS FOR HEALING SINCE 2008, MORE THAN 83,000 PATIENTS, GUESTS AND STAFF HAVE BENEFITTED FROM THE TIME AND LENT 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 SCOMMITMENT TO THE HEALTH AND WELFARE OF SAN DIEGANS BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP SHAPS COMMITMENT TO THE HEALTH AND WELFARE OF SAN DIEGANS BELOW ARE JUST FOR YOUR SEPECIAL PROGRAM THAT DELIVERS HAND PICKED THE COMMUNITY THIS PAST YEAR THE SEGH ENG INJERTING DEPARTMENT ENGAGED IN A VARIETY OF VOLUNTEER THO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	- 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 V ENDOR - A BOUQUET IS QUICKLY ASSEMBLED WITH BALLOONS, RIBBON, A TEDDY BEAR OR SODEXO FOOTB ALL AND AN INSPIRATIONAL QUOTE, AND IS DELIVERED IN FY 2016, THE TEAM ASSEMBLED UP TO EIG HT 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 TE AM, 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 LOWINCO ME CHILDREN AND ADULTS IN FY 2016, VOLUNTEERS FILLED THREE TRUCKS WITH DONATED FOOD AND O THER ESSENTIAL ITEMS, INCLUDING 200 HANDMADE SANDWICHES, 500 WATER BOTTLES, CLOTHING, SOCK S, SHOES, HY GIENE KITS, PET FOOD, CHILDREN'S TOYS, TOWELS, BLANKETS AND OTHER HOUSEHOLD IT EMS

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THE SGH LANDSCAPE TEAM ALSO CREATED THE AWARD-WINNING HEART 2 HEART PROJECT THROUGH WHICH THE TEAM PLACES STONE HEARTS ETCHED WITH REPLECTIONS AROUND THE HOSPITAL CAMPUS FOR PATIENTS, VISITORS AND STAFF TO SEARCH FOR AND REPLECT UPON THE HEART 2 HEART PROJECT EARNED THE TEAM THE 2016 RISPIRT OF SODEXO AWARD FOR NORTH AMERICA AFTER COMPETING AGAINST 1,100 NOM INATIONS FROM ACROSS ALL SODEXO BUSINESS UNTS IN THE U.S. AND CANADA. AS THE GOLD LEVEL, FINALIST - THE COMPANY'S HIGHEST HONOR - THE SGH LANDSCAPE TEAM DEWONSTRATES SODEXO'S COMMITMENT TO CLIENTS AND CUSTOMERS AS THE HEART OF BUSINESS FOR MORE THAN 30 YEARS, SGH HAS P ROVIDED ITS ANNUAL SANTA'S KORNER GIVING EVENT TO PROVIDE FOR THOSE IN NEED DURING THE HOLL DAY'S THROUGH THIS EFFORT, VARIOUS HOSPITAL DEPARTMENTS ADOPT A FAMILY - WHO HAS BEEN VET TED AND REFERRED BY LOCAL SERVICE A GENCIES - AND DEDCATE PERSONAL TIME TO MAKING THE HOLL DAY'S THE BEST THEY CAN BE FOR EACH FAMILY SPECIAL HOLIDAY GIFTS, INCLUDING GROCERY GIFT C ARDS, CLOTHING, TOILETRIES, HOUSEHOLD ITEMS, MOVIE TICKETS, BICYCLES, CHILDREN'S TOY'S AND A HOLIDAY MEAL, ARE PURCHASED FOR THE FAMILIES BY HOSPITAL STAFF USING PRIMARILY THEIR PERSONAL RESOURCES AND THROUGH OCCA SIONAL FUNDRA RISERS SANTA'S KORNER SERVED 28 FAMILIES - EQ UYALENT TO 119 INDIVIDUALS - DURING THE 2015 HOLIDAY SEASON IN AUGUST, SGH NURSES HELD THEIR ANNUAL BACKPACK DRIVE IN COLLABORATION WITH CHRISTIES PLACE, A NON-PROFIT THAT SUPPORTS WOMEN, CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIR ED IMMUNODEFICIENCY SYNDROME), TO PREPARE CHILDREN AND FAMILIES AND FAMILIES AFFECTED BY HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIR ED IMMUNODEFICIENCY SYNDROME), TO PREPARE CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIR ED IMMUNODEFICIENCY SYNDROME), TO PREPARE CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS (HUMAN IMMUNODEFICIENCY DIRUS AND DISONES BOTH SHORT THROUGH PARTICIPATION IN THE INTERNATIONAL RELIEF TEAMS (RIT, FSD'S KIDS, NORTH IN BALBDOA PARK SIMILARLY, THE LAB

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NAND FAMILIES, ACTIVE DUTY MILITARY, AND FIXED INCOME SENIORS LIVING IN POVERTY FOR NEAR LY 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 MEMB ERS DONATED NEARLY 1,600 POUNDS OF FOOD, WHICH SUPPLIED MORE THAN 1,300 MEALS TO THOSE IN NEED ALL WAY'S 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 THEREFOR E THE COMMUNITIES IT SERVES UNDERSTANDING THAT A HEALTHY ENVIRONMENT CAN INFLUENCE INDIVIDUAL WELL-BEING, SHARP HELPS MINIMIZE ADVERSE IMPACTS ON THE ENVIRONMENT BY CREATING HEALT HY GREEN PRACTICES FOR ITS EMPLOYEES, PHYSICIANS AND PATIENTS SHARP PROMOTES A CULTURE OF ENVIRONMENTAL HEALTH OF THE PROMOTES A CULTURE OF ENVIRONMENTAL HEALTH OF SERVES UNDERSTANDING THAT A HEALTHY ENVIRONMENT BY CREATING HEALT HY GREEN PRACTICES FOR ITS EMPLOYEES, PHYSICIANS AND PATIENTS SHARP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSBILITY THROUGH EDUCATION, OUTREACH, AND COLLABORATION WITH SAN DIEG O 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 SHARPS ENVIRONMENTAL ACTIVITIES AND COMMUNICATE SUSTAINABILITY THROUGHOUT THE ORGANIZATION AND THE SAN DIEGO COMMUNITY SHARPS SYSTEMWIDE ALL WAYS GREEN(TM) COMMUTTEE IS CHARGED WITH DENTIFYING, 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 AND IMPLEMENTING OR PRACTICES WITHIN THE HEALTH CARE SYSTEM ESTABLISHED GREEN TEAMS AT EACH SHARP ENTIFY ARE RESPONSIBLE FOR DEVLOPING NEW PROGRAMS

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	CONSERVATION OPPORTUNITIES THAT BRING VALUE TO THE SYSTEM AND THE COMMUNITY, AS EVERY DOLL AR SAVED ON GREEN PRACTICES CAN SUPPORT THE PROVISION OF QUALITY HEALTH CARE AND COMMUNITY -BASED INITIATIVES SHARPS ENERGY CONSERVATION GUIDELINE HELPS MANAGE ENERGY UTILIZATION BY ONE PERCENT (ON A PERSYSTEM SINCE 2013, SHARP HAS SUCCESSFULLY DECREASED ENERGY UTILIZATION BY ONE PERCENT (ON A PERSYSTEM SINCE 2013, SHARP HAS SUCCESSFULLY DECREASED ENERGY UTILIZATION BY ONE PERCENT (ON A PERSOURE FOOT BASIS), RESULTING IN ENERGY COST SAVINGS OF NE ARLY SIX 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 T ONS 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 SHARPS 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 FOOT PRINT FURTHERING ITS DEDICATION TO ENERGY EFFICIENCY, SHARP PARTICIPATES IN SDG&ES MAJOR CUSTOMER ADVISORY PANEL, A GROUP OF SDG&E'S LARGEST CUSTOMERS WHO MET QUARTERLY TO RECEIVE ENERGY UPDATES FROM SDG&E AND PROVIDE FEEDBACK ON IMPORTANT REGIONAL ENERGY IS SUES IN ADDITION, IN JUNE 2016, SHARP JOINED OTHER MAJOR SAN DIEGO HOSPITALS IN T

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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, IN DICATING THAT THE BUILDING PERFORMS BETTER THAN AT LEAST 75 PERCENT OF SIMILAR BUILDINGS NATIONWIDE WITHOUT SACRIFICING COMPORT OR QUALITY ACCORDING TO THE EPA'S ENIERGY PERFORMANCE SCALE, IN DICATING THAT THE BUILDING PERFORMS BETTER THAN AT LEAST 75 PERCENT OF SIMILAR BUILDINGS NATIONWIDE WITHOUT SACRIFICING COMPORT OR QUALITY ACCORDING TO THE EPA'S BUILDINGS THAT QUA LIFY FOR THE ES CERTIFICATION TYPICALLY USE 35 PERCENT OR LESS ENERGY THAN BUILDINGS OF SIMILAR SUZE AND FUNCTION AS A RESULT OF SHARPS 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 SCYMC RECEIVED ES CERTIFICATION IN 2009, 2010, 2011, 2013 AND 2015, AND IS EXPECTED TO RECEIVE THE AWARD AGAIN FOR 2016 IN ADDITION, SHARPS SRS DOWNTOWN MEDICAL OFFICE BUILDING IS ONE OF THE FIRST MEDICAL OFFICE BUILDINGS IN SAN DIEGO TO MEET LEADERSHIP IN ENERGY AND BOY IRONMENTAL DESIGN (LEED) SILVER CERTIFICATION SPECIFICATIONS IN ARRIL 2016, SGH VIRTUALLY ELIMINATED DEPENDENCY ON ELECT RICAL 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 T URBINE GENERATOR. WHICH GENERATES ENOUGH ELECTRICITY TO MEET UP TO 95 PERCENT OF SGH'S ELE CTRICAL 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 BWISSIONS TABLE 3 BELOW HIGH FILIENTS ENABLISH HERERGY USE BASELINE SCHHC. YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SH- YES SHARP SYSTEM SERVICES - YES SH- YES SHA

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	BHWN - YES SMV/SMC - YES SRS - YES LIGHT-EMITTING DIODE (LED) LIGHTING SCHHC - YES SCWC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMW/SMBHWN - YES SMW/SMC - YES SRS - YES OCCUPANCY SENSORS SCHHC - YES SCWC - YES SGH - YES SHP - YES SMW/SMBHWN - YES SMW/SMC - YES SRS - YES SWW/SMC - YES SRS - YES WATER CONSERVATION ACCORDING TO THE EPA, HO SPITAL 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, A PPROXIMATELY 35 PERCENT IS USED FOR DOMESTIC PURPOSES SUCH AS SINKS, T OILETS AND SHOWERS, WHILE THE REMAINING 75 PERCENT HELPS COOL SHARPS BUILDINGS, STERILIZE EQUIPMENT, PREPARE FOOD AND WATER THE LANDSCAPE BELOW ARE SOME OF THE NUMEROUS INFRASTRU CTURE CHANGES AND MONITORING EFFORTS SHARP HAS IMPLEMENTED TO REDUCE ITS WATER CONSUMPTION * INSTALLATION OF MOTION-SENSING FAUCETS AND TOLLETS IN PUBLIC RESTROOMS * LOW-FLOW SHOW ERHEADS AND TOLLETS IN PATIENT AND LOCKER ROOMS * MIST ELIMINATORS, MICRO-FIBER MOPS AND O THER WATER-SAVING DEVICES * INSTALLATION OF HIGH-EFFICIENCY, LOW WATER USE DISHWASHERS * I NSTALLATION OF WATER-SETILET SHALLATION OF LOW-WATER STERLLE PROCESSING EQUIPMENT TO COMPLY WITH MANDATORY WATER RESTRICTIONS ISSUED FOR CALIFORNIA ON ARRILL, 2015, SHARP MADE SIGNIFICANT MODIFICATIONS SPRINKLER HEAD S, INSTALLATION OF LOW-WATER STERLLE PROCESSING EQUIPMENT TO COMPLY WITH MANDATORY WATER RESTRICTIONS ISSUED FOR CALIFORNIA ON ARRILL, 2015, SHARP MADE SIGNIFICANT MODIFICATIONS SPRINKLER HEAD S, INSTALLING WATER-SENSING EQUIPMENT AND DRIP IRRIGATION SYSTEMS, XERISCAPING, HARDSCAPI NG, PLANTING SUCCULENTS AND OTHER DROUGHT-TOLERANT PLANTS, AND REDUCING WATERING TIMES AND FREDENCY OF A LIGHT STRUCK OF WATER FROM THE AND TOLD FROM THE AND THE PROVIDE R. EMERALD TEXTILES SOUTH A SHEETS, TOWELS, SCRUBS AND PATIENT GOMNS GIVEN THE SIGNIFICANT MOUNT OF LAUNDRY GENERAL

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 PRA CTICES SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES FAUCET AND TOILET RETROFITS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SHARP SYSTEM SERVICES - YES SHP - YES SHARP SYSTEM SERVICES - YES SHOISTURE-SENSITIVE S PRINKLER CONTROLS SCHHC - YES SCVMC - NO SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SM H/SMBHWN - YES SMV/SMC - NO SRS - NO 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

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	RAIN WATER COLLECTION FOR USE IN FOUNTAINS SCHHC - NO SCYMC - NO SGH - YES SHARP SYSTEM S ERVICES - NO SHP - NO SMH/SMBHWN - NO SMY/SMC - NO SRS - NO WATER DISPENSERS TO REPLACE BO TITLED WATER SCHHC - YES SCYMC - YES SHARP SYSTEM SERVICES - YES SWATER-EFFICIENT DISHWASHING EQUIP WASHING / CHEMICAL DISPENSING SYSTEM SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO S MH/SMBHWN - YES SM/SMC - NO SRS - NO WASTE MINIMIZATION ACCORDING TO THE PRACTICE GREENH EALTH 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 HAZAR DOUS MATERIAL SHARP HAS CREATED A COMPREHENSIVE WASTE MINIMIZATION PROGRAM TO SIGNIFICANT LY REDUCE WASTE AT EACH ENTITY AND EXTEND THE LIFESPAN OF LOCAL MOPFILLS OVERSEEN BY A SYSTEM/DISPLANT LY REDUCE WASTE AT EACH ENTITY AND EXTEND THE LIFESPAN OF LOCAL MOPFILLS OVERSEEN BY A SYSTEM/DISPLANT WASTE MINIMIZATION COMMITTEE. THE PROGRAM INCLUDES PROPER WAS STE SEGREGATION AND ENHANCED RECYCLING EFFORTS SHARP WAS AN EARLY ADOPTER IN THE COMMITME NT TO WASTE DIVERSION AND NOW DIVERTS MORE THAN 40 PERCENT OF WASTE THROUGH RECYCLING, DON ATING, COMPOSTING, REPROCESSING, AND REUSING PROGRAMS SHARPS WASTE MINIMIZATION EFFORTS HAVE RESULTED IN MORE THAN 47 THOUSAND TONS OF WASTE DIVERTED FROM THE LANDFILL (EQUIVALE NT OTHE WEIGHT OF 12 LOADED BOEING 747 AIRCRAFTS). SHARP MADE THE FOLLOWING ACHIEV MENTS IN WASTE MINIMIZATION IN FY 2016 * SCYMC AND SGH GENERATED NEARLY 44,000 POUNDS OF TRASH WERE DIVERTED FROM THE LANDFILL THROUGH RECYCLING OF NON-CONFIDENTIAL PAPER, CAR DBOARD, EXAM TABLE PAPER, PLASTIC, ALUMINUM CANS AND GLASS CONTAINERS * APPROXIMATELY 75, 000 POUNDS OF SURGICAL INSTRUMENTS WERE COLLECTED, REPORD WASTE RECYCLING OF NON-CONFIDENTIAL PAPER, CAR DBOARD, EXAM TABLE PAPER, PLASTIC, ALUMINUM CANS AND GLASS CONTAINERS * APPROXIMATELY 75, 000 POUNDS OF

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	TION OF AMERICA, AN ORGANIZATION THAT PROVIDES DONATED COMPUTERS TO SCHOOLS AND NONPROFIT ORGANIZATIONS IN UNDERSERVED COMMUNITIES.* SHARP EMPLOY EES AND HOSPITAL VISITORS DONATED APPROXIMATELY 150 PAIRS OF EY EWEAR TO PEOPLE IN NEED, BOTH LOCALLY AND GLOBALLY, THROUGH THE LION'S CLUB RECYCLE SIGHT PROGRAM AS A RESULT OF ITS INNOVATIVE WASTE MINIMIZATION EFF ORTS, SHARP RECEVED THE RECYCLER OF THE YEAR AWARD IN 2013 AND 2015 THROUGH THE CITY OF S AN 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 VI STA MEDICAL CENTER RECYCLED WASTE FER YEAR (LBS) 1,089,472 TOTAL WASTE PER YEAR (LBS) 3,138,051 PERCENT RECYCLED 35% SHARP CORONAD OHOSPITAL AND HEALTHCARE CENTER RECYCLED WASTE PER YEAR (LBS) 1,318,051 PERCENT RECYCLED 35% SHARP CORONAD OHOSPITAL 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% SHARP MENORIAL HOSPITAL AND SHARP MARY BIRCH HOSPITAL FOR W OMEN & NEWBORNS RECYCLED WASTE PER YEAR (LBS) 2,539,524 TOTAL WASTE PER YEAR (LBS) 7,177,426 PERCENT RECYCLED WASTE PER YEAR (LBS) 3,014,080 PERCENT RECYCLED WASTE PER YEAR (LBS) 1,360,812 TOTAL 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 46% TOTAL SHARP HEALTHCARE RECYCLED WASTE PER YEAR (LBS) 9,521,971 TOTAL WASTE PER YEAR (LBS) 23,784,990 PERCENT RECYCLED 46% TOTAL SHARP HEALTHCARE RECYCLED WASTE PER YEAR (LBS) 9,521,971 TOTAL WASTE PER YEAR (LBS) 1,557,524 TOTAL WASTE PER YEAR PERCENT RECYCLED 64% TOTAL SHARP HEALTHCARE RECYCLED 64% TOTAL SHARP HEALTHCARE RECYCLED WASTE PER YES SIMILY

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	YCLING EVENTS SCHHC - NO SCVMC - NO SGH - NO SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMB HWN - NO SMV/SMC - NO SRS - NO 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 REC YCLE 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/SMBH WN - 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 SINGLE SERV E PAPER NAPKINS AND PLASTIC CUTLERY DISPENSERS SCHHC - YES SCVMC - YES SGH - YES SHARP SY STEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - NO SURGICAL INSTRUMENT REPROCESSING SCHHC - YES SCVMC - YES SGH - YES SMV/SMC - YES SRS - NO SMH/SM BHWN - YES SMV/SMC - YES SRS - NO SMH/SM BHWN - YES SMV/SMC - YES SRS - NO SMH/SM BHWN - YES SMV/SMC - YES SRS - NO SMH/SM BHWN - YES SMV/SMC - YES SRS - NO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SUSTAINABLE FOOD PRACTICES SHARP BELIEVES THE PROMOTION OF HEALTHY FOOD CHOICES IS NECESSA RY 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 A GO WITH A ST RATEGY TO INCREASE THE AVAILABILITY OF HEALTHY FOOD OPTIONS AT SHARP FACILITIES SINCE THA T TIME, SHARP, IN COLLABORATION WITH SODEXO - SHARP'S FOOD SERVICE PARTNER - HAS BEEN AN I NINOVATOR AND EARLY ADOPTER OF A VARIETY OF SUSTAINABLE, HEALTHY PRACTICES TO HELP EDUCATE AND MOTIVATE CONSUMERS TO A DOPT HEALTHIER EATING HABITS, COMBAT OBESITY AND MINIMIZE WASTE. THE GOAL OF SHARP'S FOOD AND NUTRITION BEST HEALTH COMMITTEE IS TO PROMOTE ITS FOOD SUST AINABILITY EFFORTS THROUGHOUT THE HEALTH CARE SYSTEM AND WITHIN THE GREATER SAN DIEGO COMM UNITY. THIS INCLUDES A FOCUS ON SHARP'S MINIBFUL FOOD PROGRAM TO PROVIDE EDUCATION AND HEAL THY FOOD OPTIONS TO IMPROVE THE HEALTH OF SHARP'S PATIENTS, STAFF, COMMUNITY AND ENVIRONMENT THE MINIBFUL FOOD PROGRAM INCLUDES REDUCING MEAT CONSUMPTION BY PROMOTING MEATLESS MOND AYS, INCREASED PURCHASING OF BEEF AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, COLOR-CODED MENU LABELING TO HIGHLIGHT THE HEALTHEST FOOD OPTIONS, PATIENTS, STAFF, COMMUNITY SUPPORTED AGRICULTURE (CSA) - A COMMUNITY OF INDIVIDUALS WHO PLEDGE SUPPORT TO A FARM OPERATION IN ORDER FOR IT TO BECOME THERE LEGALLY OR SPRITUALLY, THE COMMUNITY'S FA RM. TO INCREASE THE PERCENTAGE OF LOCALLY SOURCED FRESH, ORGANIC AND SUSTAINABLE FOOD, FO OD COMPOSTING, INCREASED RECY CLING ACTIVITIES, PROMOTION OF SUGARLESS BEVERAGES, AND USE OF POST-CONSUMER RECY CLED PACKAGING SOLUTIONS ADDITIONAL FOOD SUSTAINABILITY EFFORTS AT SHARP IN FY 2016 ARE DESCRIBED BELOW.* IN AUGUST, SHARP PARTNERED WITH THE SDRM AND THE FOOD DEON FROM ITS KITCHENS TO NEARLY TWO DOZEN HUNGER RELIEF ORGANIZATIONS IN SDC. AN ESTIMATED AVERAGES, AND USE OF POST-CONSUMER RECY CLED PACKAGING SOLUTIONS ADDITIONAL FOOD SUSTAINABILITY EFFORTS AT SHARP IN FY 2016 ARE DESCRIBED BELOW.*

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	COMMERCIAL FERTILIZERS, INCREASING THE SOIL'S ABILITY TO RETAIN WATER AND HELPING THE ENVI RONMENT BY RECYCLING VALUABLE ORGANIC MATERALS. IN TOTAL, SHARP'S COMPOSTING EFFORTS HAVE DIVERTED APPROXIMATELY 358,000 POUNDS OF WASTE FROM LANDFILLS ACCORDING TO THE CITY OF S AN DIEGO, SUCH WASTE DYVERSION PROGRAMS HELP EXTEND THE LIFESPAN OF THE LANDFILL FROM 2012 TO AT LEAST 2022 "SHARP'S COKING OIL RECYCLING PROGRAM COLLECTED 11,824 POUNDS OF OIL FOR CONVERSION INTO SAFE BIODIESE. OIL "SCHIC, SMY AND SMH CONTINUED TO OPERATE THE FIRST COUNTY-APPROVED HOSPITAL BASED ORGANIC GARDENS PRODUCE FROM THE GARDENS IS USED IN MEAL S SERVED AT THE HOSPITAL CAFES." SHARP INCREASED PURCHASING OF 100 PERCENT RECYCLED GOODS AT ALL SITES AS WELL AS CONTINUED ITS SYSTEMMIDE RECYCLING CAMPAIGN." SHARP HAS IMPLEMENT ED SELF-AUDIT CHECKLISTS TO HELP KITCHEN TEAMS BE MINDFUL OF WASTE BETWEEN FOOD PREPARATI ON AND CLEANUP IN RECOGNITION OF THESE INTROHENTED. TEAMS BE MINDFUL OF WASTE BETWEEN FOOD PREPARATI ON AND CLEANUP IN RECOGNITION OF THESE INTROHENTED. TO ENCOURAGE FOOD DONATION TO NONPROFIT ORGANIZATION SHY MINIMIZING LIABILITY. SHARP WAS AMONG FIVE ORGANIZATIONS BY MINIMIZING LIABILITY SHARP WAS AMONG FIVE ORGANIZATIONS IN SOLT OR RECEVE THE AWARD FOO DEAD ATTION ORGANIZATIONS BY MINIMIZING LIABILITY. SHARP WAS AMONG FIVE ORGANIZATIONS IN OR 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 INITIA TIVE AND FACILITATED BY COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) IN DECEMBER 2015, SE VEN SDC HOSPITAL REPRESENTATIVES EXPERIENCED A SUNDSCIENCE FOOD INITIATIVES AT THEIR OR GANIZATIONS SHARP PARTICIPATED IN THE HEALTHER FOOD INITIATIVE SPONSORED BY PRACTICE OR EINHEALTH'S HILL SO PATISTS FOOD INITIATIVE SE OF LOCALLY-GROWN FOOD THE RESULTS OF THESE EFFORTS IN PY 2016 ARE DESCRIBED BELOW 1) SHA RP REDUCED ANIMAL PROTEIN THAT IS PURCHASED, INCREASING THE PERCENTAGE THAT IS SUSTAINABLE, AND (3) INCREASING THE PURCHASE OF L

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ERS ARE IDENTIFIED AND CERTIFIED TO PROVIDE LOCALLY SOURCED PRODUCE 3) SHARP PURCHASED AP PROXIMATELY 102,000 POUNDS OF SUSTAINABLE ANIMAL PROTEIN (INCLUDING BEEF AND CAGE-FREE CHI CKEN 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 COMMUTER SOLUTIONS SHARP SUPPOR TS RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS TO REDUCE TRANSP ORTATION EMISSIONS GENERATED BY SHARP AND ITS EMPLOYEES SHARP REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPROXIMATELY FIVE MILES PER GAL LON SHARPS EMPLOYEE PARKING LOTS OFFER CARPOOL PARKING SPACES, DESIGNATED BIKE RACKS AND LOCKERS, AND MOTORCY CLE SPACES BIMPLOYEES CAN ALSO PURCHASE DISCOUNTED MONTHLY BUS PASSES AS PART OF THE NATIONWIDE ELECTRIC VEHICLE PROJECT, SHARP INSTALLED 34 ELECTRIC VEHICLE CHARGERS (EVCS) AT ITS CORPORATE OFFICE LOCATION, SCYMC AND SMMC SHARP WAS THE FIRST HEAL TH CARE SYSTEM IN SAN DIEGO TO OFFER EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTRU CTURE REQUIRED FOR THE PROMOTION OF EVCS TO REDUCE CARBON EMISSIONS AND DEPENDENCE ON FORE IGN OIL THE USE OF EVCS AT SHARP HAS RESULTED IN A REDUCTION OF APPROXIMATELY 20,000 POUN DS 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 OFFE RS SANDAG'S ICOMMUTE FREE ONLINE RIDE-MATCHING TOOL, RIDEMATCHER, TO HELP EMPLOYEES FIND C ONVENIENT CARPOOL AND VANPOOL PARTNERS AND PROMOTE SUSTAINABLE COMMUTING IN A DDITION, EMPLOYEES CAN USE ICOMMUTE'S TRIPTRACKER TOOL TO LOG TRIPS AND MONITOR THE COST AND CARBON SA VINGS RESULTING FROM THER SOLO DRIVE WITH A GREENER CORPORATE CHALLENGE WHERE EMPLOYEES EARN POINTS FOR REPLACING THER SOLO DRIVE WITH A GREENER COMMUTIC RIDESHARE COMMUTING METHODS IN RECOGNITION OF RIDESHARE MONTH EVERY OCTOBER, SHARP PARTICIPATES IN SANDAG'S ICOMMUTE RIDESHARE COMMUTING METHODS IN RECOGNITION OF RIDESHARE MONTH

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 ED UCATE 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 S POTS, AS WELL AS A BICY CLE COMMUTER BENEFIT, WHICH PROVIDES EMPLOYEES WHO BIKE TO WORK UP TO \$20 PER MONTH TO USE TOWARD QUALIFIED COSTS A SSOCIATED WITH BICY CLE PURCHASE, IMPROVEMENT, REPAIR AND STORAGE SHARP PARTICIPATES IN SANDAG'S BIKE TO WORK DAY EACH YEAR IN MAY 2016, SHARP EMPLOY ESS 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 TH ROUGHOUT SDC FURTHERING SHARPS COMMITMENT TO BETTER COMMUTING SOLUTIONS FOR ITS EMPLOYEES, SHARP SUPPLIES AND SUPPORTS THE HARDWARE AND SOFTWARE FOR NEARLY 500 BMPLOYEES WHO ARE ABLE TO EFFICIENTLY AND EFFECTIVELY TELECOMMUTE TO WORK THESE EMPLOYEES WORK IN AREAS THA T 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 BIMEEKLY WORK REQUIREMENT IN LESS THAN TEN WORKDAYS, THUS REDUCING COMMUTE COSTS, LOWERING PARKING DEMAND, AND HIL PING THE BUYRONMENT SHARPS ONGOING EFFORTS TO PROMOTE ALTERNATIVE COMMUTE CHOICES IN THE WORKFLACE HAS LED TO RECOGNITION AS A SANDAG ICOMMUTE DIAMOND AWARD WINNER CONSISTENTLY BETWEEN 2001 AND 2010, AND AGAIN FROM 2013 THROUGH 2016 EDUCATION, COMMUNICATION AND COMMUNITY OUTREACH SHARP CONDUCTED THE FOLLOWING ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREACH ACTIVITIES IN TY 2016 SHARP CONDUCTED THE FOLLOWING ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREACH ACTIVITIES IN TY 2016 SHARP CONDUCTED THE FOLLOWING ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREACH FROM STANLAD STREET.

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	OMPLIANCE AND COST-EFFECTIVE DISPOSAL STRATEGIES * SHARP PROVIDED CONFIDENTIAL PAPER SHRE DDING THROUGH SHRED-IT(R), A SECURE PAPER SHREDDING AND DOCUMENT DESTRUCTION SERVICE, AT S HARPS ANNUAL DISASTER EXPO * SHARPS CORPORATE OFFICE LOCATION DESCRICE, AT S HARPS ANNUAL DRAG TAKE BACK DAY, A DAY DEDICATED TO CURBING PRESCRIPTION DRUG THEF T AND ABUSE BY PROVIDING SAFE, CONVENIENT AND RESPONSIBLE METHODS OF DRUG DISPOSAL * SHARP PCONTINUED TO PARTICIPATE IN SAN DIEGO'S GATHERING OF GREEN TEAMS WITH OTHER SAN DIEGO BU SINESS LEADERS TO IDENTIFY AND DISCUSS SUSTAINABLE BEST PRACTICES THAT CAN BE REPLICATED A CROSS INDUSTRIES * SHARP CONTINUED TO PARTICIPATE IN SAN DIEGO COUNTY'S HAZMAT STAKEHOLDE R MEETINGS TO DISCUSS BEST PRACTICES FOR MEDICAL WASTE MANAGEMENT WITH OTHER HOSPITAL LEAD ERS IN SDC * SCYMC IS A MEMBER OF THE CITY OF CHULA VISTAS * CLEAN BUSINESS PROGRAM, DEMON STRATING ITS COMMITMENT TO REDUCING ENERGY USE, WATER USE AND WASTE, AND PURCHASING MORE S USTAINABLE PRODUCTS TABLE 7 HIGHLIGHTS SHARPS EDUCATION AND OUTREACH TO STAFF AND THE CO MMUNITY TABLE 7 ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREACH BY SHARP HEALTHCARE ENTITY Y AMERICA RECYCLES DAY SCHI-C * YES SCWIC * YES SHAP SYSTEM SERVICES * YES SHAP * YES SMA/SMC * YES SRA * YES SOM/SMC * YES SRA * YES SOM/SMC * YES SRA * YES SOM/

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	COMMITTED TO ESTABLISHING SUSTAINABLE AND HEALTHY PRACTICES THAT MINIMIZE SHARP'S IMPACT O N THE ENVIRONMENT AND PROMOTE THE HEALTH OF PATIENTS, EMPLOYEES, PHY SICIANS, AND THE BROAD ER COMMUNITY EMERGENCY AND DISASTER PREPAREDNESS SHARP CONTRIBUTES TO THE HEALTH AND SAFE TY OF THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER-PLANNING ACTIVITIES AND SERVICES IN FY 2016, SHARP CONTINUED TO EDUCATE STAFF, COMMUNITY MEMBERS AND COMMUNITY THEALTH PROFESSIONALS AND PARTNERED WITH NUMEROUS STATE AND LOCAL ORGANIZATIONS TO PREPA RE FOR AN EMERGENCY OR DISASTER SHARP'S EMERGENCY PREPAREDNESS TEAM OFFERED EDUCATIONAL C OURSES TO HEALTH CARE PROVIDERS AND FIRST RESPONDERS THROUGHOUT SDC THIS INCLUDED A STAND ARDIZED, ON-SCENE FEDERAL EMERGENCY MANAGEMENT TRAINING FOR HOSPITAL MANAGEMENT TITLED NAT IONAL INCIDENT MANAGEMENT SYSTEM/INCIDENT COMMAND SYSTEM/HOSPITAL INCIDENT COMMAND SYSTEM, AND TRAINING IN WEB EMERGENCY OPERATIONS CENTER, A CRISIS INFORMATION MANAGEMENT SYSTEM THAT PROVIDES SECURE REAL-TIME INFORMATION SHARING IN FY 2016, SHARP'S EMERGENCY PREPAREDN ESS 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 DISA STER COUNCIL, COUNTY OF SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC) AND THE CALIFORN IA HOSPITAL ASSOCIATION (CHA) EMERGENCY MANAGEMENT ADVISORY COMMITTEE THE LEADERSHIP TEAM ALSO LED THE SAN DIEGO HEALTHCARE DISASTER COALITION SUBCOMMITTEE, A COUNTYWIDE WORK GROUP THAT REVIEWS HOSPITAL EVACUATION PLANNING AND IDENTIFIES AND SHARES BEST PRACTICES IN A DDITION, SHARP'S EMERGENCY PREPAREDNESS LEADERSHIP CONTINUED TO PARTICIPATE IN THE STATEWIDE MEDICAL AND HEALTH EXERCISE PROGRAM - A WORK GROUP OF EPPRESENTATIVES FROM LOCAL, REGIO NAL AND STATE AGENCIES INCLUDING HEALTH DEPARTMENTS, EMERGENCY MEDICAL SERVICES, ENVIRONME NTAL HEALTH DEPARTMENTS, HOSPITALS, LAW ENFORCEMENT, FIRE SERVICES AND MORE - TO GUIDE LOC AL EMERGENCY PLANNERS IN DEVELOPING, PLANNING AND CONDUCT

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	THROUGH PARTICIPATION IN THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH EMER GENCY HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT, SHARP CREATED THE SHARP HEALTHCARE HPP DI SASTER PREPAREDNESS PARTNERSHIP THE PARTINERSHIP INCLUDES SCVMC, SCHIC, SGH, SMH, SRS URGE NT 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 HO SPITAL, UC SAN DIEGO HEALTH, PALOMAR HEALTH, THE COUNCIL OF COMMUNITY CLINICS, NAVAL AIR STATION NORTH ISLAND/NAVAL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFFS, MARINE CORR'S AIR STATION NORTH ISLAND/NAVAL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFFS, MARINE CORR'S AIR STATION MIRAMAR FIRE DEPARTMENT AND FRESSINUS MEDICAL CENTERS THE PARTNERSHIP SEEKS TO CONTINUALLY IDENTIFY AND DEVELOP RELATIONSHIPS WITH HEALTH CARE ENTITIES, NONFROFIT ORGANIZATI ONS, LAW BIFORCEMENT, MILITARY INSTALLATIONS AND OTHER ORGANIZATIONS THAT SERVE SDC AND ARE LOCATED NEAR PARTNERS HEALTH CARE FACILITIES THROUGH NETWORKING, PLANNING, AND THE SHARING OF RESOURCES, TRAININGS AND INFORMATION, THE PARTNERS WILL BE BETTER REPEARED FOR A COLL LABORATIVE RESPONSE TO AN EMERGENCY OR DISASTER AFFECTING SDC SHARP SUPPORTS SAFETY EFFOR TS OF CALIFORNIA AND THE CITY OF SAN DIEGO THROUGH MAINTENANCE AND STORAGE OF A COUNTY DEC ONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO A MASS DECONTAMINATION EVENT ADDITIONALLY, ALL SHARP HOSPITALS ARE PREPARED FOR A MASS DECONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO THROUGH MAINTENANCE AND STORAGE OF A COUNTY DEC ONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO THROUGH MAINTENANCE AND STORAGE OF A COUNTY DEC ONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO MASS DECONTAMINATION EVENT ADDITIONALLY, ALL SHARP HOSPITALS ARE PREPARED FOR AN EMERGENCY WITH BACKUP WATER SUPPLIES THAT LAST UP TO 96 HOURS IN THE EVENT THE SYSTEMS NORMAL WATER SUPPLY IS INTERRUPTED IN SEPTE MBER; SHARP HOSTED ITS FIFTH ANNUAL DISASTER PREPAREDINGSS EXPO TO EDUCATE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	WORKS TO PROMOTE WELLNESS AT THEIR INDIVIDUAL WORK SITE TEAM MEMBERS ARE ENCOURAGED TO PA RTICIPATE IN ON-SITE FITNESS CLASSES, MEDITATION WORK-SHOPS, MICRO-STRETCH BREAKS, AND RELA XATION AND STRESS MANAGEMENT WORK-SHOPS. IN ADDITION, SHARP BEST HEALTH OFFERS WEB-BASED RE SOURCES TO HELP TEAM MEMBERS STAY FIT AND HEALTHY, INCLUDING INTERACTIVE BLOGGING, RECIPES, AS WELL AS EDUCATION ON BIOMETRIC SCREENINGS, 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 ANN UAL EMPLOYEE HEALTH SCREENINGS TO RAISE AWARENESS OF IMPORTANT BIOMETRIC HEALTH MEASURES A ND 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, BOD Y MASS INDEX (BMI), BLOOD SUGAR AND TOBACCO USE. SHARP BEST HEALTH HOSTED A VARIETY OF WELL LINESS PROGRAMS AND EVENTS IN FY 2016 FOR ITS BUPLOYEES, FAMILY AND FRIENDS, INCLUDING WALK ING AND HIKING CLUBS THE WALKING CLUBS VARIED BY LOCATION WITH ETHER STRUCTURED MEETING POINTS OR VARIOUS SMALL WALKING GROUPS, AND 15 SYSTEMWIDE HIKES SERVED MORE THAN 250 ATTEN DEES OVER THEE PAST YEAR IN PERBUARY. SHARPS BEST HEALTH COMMITTEES COLLABORATED TO HOST THE 2ND ANNUAL 5K THE SHARP WAY FUN FAMILY WALKIRUN AT TIDELANDS PARK IN CORONADO, ENGAGING APPROXIMATELY 300 BMPLOYEES AND THEIR FAMILES SHARP BEST HEALTH ALSO PARTICIPATED IN COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR, INCLUDING THE AMERICAN CANCER SOCIETY (ACS) G REAT AMERICAN SMOKE OUT, NATIONAL INTERTION MONTH, NATIONAL RRESH FRUITS & VEGETABLES MONTH, THE ADA TOUR DE CURE BIKE RIDE AND NATIONAL WITH SODEXO WITH THE MIN DFUL PROGRAM, SHARPS CAFETERIA MENUS WERE REDESIGNED TO INCLUDE SUSTAINABLE, NUTRITIOUS A ND ENTITION FOOD DITITATIVE IN PARTINERSHIP WITH SODEXO WITH THE MIN DFUL PROGRAM, SHARPS CAFETERIA MENUS WERE REDESIGNED TO INCLUDE SUSTAINABLE, NUTRITIOUS A ND E

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH ALSO HOSTED RECIPE-SHARING AND TASTING EVENTS FOR EMPLOYEES, AS WELL AS PROVIDED HE ALTHY FOOD OPTIONS AT SYSTEM EVENTS SECTION 2 EXECUTIVE SUMMARY THIS EXECUTIVE SUMMARY PR OVIDES 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 COM MUNITY 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 BYTTITES *SHARP CHULA VISTA MEDICAL CENTER *SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER *SHARP GROSSMONT HOSPITAL *SHARP MARY BIRC H HOSPITAL FOR WOMEN & NEWBORNS *SHARP MEMORIAL HOSPITAL *SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER *SHARP HEALTH PLAN COMMUNITY BENEFIT PLANNING AT SHARP HEALTH HEADS ASSESSMENTS (CHNA) COMBINED WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL FOR DETAILS ON SHARPS CHAN PROCESS PLEASE SEE SECTION 3 COMMUNITY BENEFIT PLANNING PROCESS LISTING OF COMMUNITY NEEDS ADDRESSED IN THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL FOR REPORT *ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROV IDER AND SUPPORT FOR HIGH-RISK, UNDERSERVED AND UNDERFOUNDED PATIENTS *EDUCATION AND SCREENING PROGRAMS ON HEALTH CONDITIONS, SUCH AS HEART AND VASCULAR DISEASE, STROKE, CANCER, DI ABETES, PRETERM DELIVERY, UNINTENTIONAL INJURIES AND BEHAVIORAL HEALTH *HEALTH EDUCATION, SUPPORT AND SCREENING ACTIVITIES FOR SENIORS *WELFARE OF SENIORS AND DISABLED PEOPLE *S PECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND BEHAVIORAL HEALTH *CARE PROFESSIONALS *STUDENT AND INTERN SUPERVISION AND SUPPORT *COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS *CANCER EDUCATION, PATIENT NA VIGATION SERVICES AND PARTIENT NA VIGATION *MEETING THE NEEDS OF NEW MOTHERS AND THEIR L

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HIGHLIGHTS OF COMMUNITY BENEFIT PROVIDED BY SHARP IN FY 2016 THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 20 16 * 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 HOF THE US DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA), AND TRICARE - THE REGIONALLY MANAG ED HEALTH CARE PROGRAM FOR A CTIVE-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 SER VICES, 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), FINA NCIAL AND OTHER SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM, AND OTHER ASSISTANCE FO R 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 FACLITIES AVAILABLE FOR USE BY COMMUNITY HEALTH SIRG OF SHARPS INVOLVEMENT IN COMMUNITY ORGANIZATIONS. COMMUNITY IN COMMUNITY ORGANIZATIONS ON AND SUPPORT GROUPS TO THE COMMUNITY, AS WELL AS PROVIDING FLU VACCINATIONS AT PROMOTE INTEREST IN HEALTH CARE CAREERS AND MADE ITS

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	AL FEE PROGRAM FOR THE TIME PERIOD OF JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 THIS RESULTED IN AN INCREASED REIBURISEMENT 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 TOTAL ING \$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 UNDERSTATE THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR THE PAST FISCAL YEAR TABLE 8. SHARP HEALTHCARE TOTAL COM MUNITY BENEFIT: FY 2016 NOTE: THE TABLE SHOWS ESTIMATED FY 2016 UNREIMBURSED COSTS AND THE DATA IS PRESENTED BY \$8.697 CATEGORY AND BY PROGRAMS AND SERVICES INCLUDED IN SB 697 CAT EGORY MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL - \$79,239,017 NOTE METHODOLOGY FOR CAL CULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SHARPS PAYOR-SPECIFIC COST-TO-CHARGE R ATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYSTEM, OFFSET BY THE ACTUAL PAYMENTS RE CEIVED 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 SHARPS 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 SHARPS 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 SHORTFALLS IN PUB

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	DE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURC HASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DED UCTED 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 CO MMUNITY HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COMMUNITY EVEN TS - \$2,062,814 NOTE UNREIMBURSED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICE SUNREIMBURSED COSTS WERE ESTIMATED BY EACH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PRO GRAM OR SERVICE HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS - \$5,019,420 NOTE UNREIMBURS ED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING THE PROGRAM OR SERVICES UNREIMBURSED COSTS WERE ESTIMATED BY EACH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE TOTAL \$319,497,417 TABLE 9 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENTITY TA BLE 9 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP HEALTHCARE ENTITIES - F Y 2016 ESTIMATED BY 2016 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER - \$60,805,123 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER - \$13,791,050 SHARP HEALTHCARE CENTER - \$60,805,123 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER - \$15,015,699 SHAR P HEALTH PLAN - \$75,000 TOTAL FOR ALL ENTITIES - \$319,497,417 TABLE 9 HOURLING FOR AUTHORITY BASED ON THE CATEGORIES NOTE TABLE SHOWS ESTIMATED FY 2016 UNREIMBURSED COSTS FOR EACH SHARP HOSPITAL EN

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SHARP CHULA VISTA MEDICAL CENTER MEDICAL CARE SERVICES - \$59,362,219 OTHER BENEFITS FOR V ULNERABLE POPULATIONS - \$318,613 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$248,531 HEALT H RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$875,760 TOTAL ESTIMATED FY 2016 UNREIMBURSE D COSTS - \$60,805,123 SHARP CORONADO HOSPITAL AND HEAL THCARE CENTER MEDICAL CARE SERVICES - \$13,346,669 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$32,822 OTHER BENEFITS FOR THE B ROADER COMMUNITY - \$64,013 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$347,546 TOT AL 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 HOS PITAL 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 RESEAR CH, 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 - \$823,317 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$300,746 HEALTH RESEAR CH, EDUCATION AND TRAINING PROGRAMS - \$1,721,704 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 - \$540,428 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 - \$10,600 ALL ENTIMETED FY 2016 UNREIMBURSED COSTS - \$15,015,699 SHARP HEALTH PLAN MEDICAL CARE SERVICES - \$-0THER BENEFITS FOR VULNERABLE POPULATIONS - \$608,878 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$52,062,

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	PROVIDE A FOUNDATION FOR COMMUNITY BENEFIT PROGRAM PLANNING AND IMPLEMENTATION METHODOLO GY TO CONDUCT THE 2016 SHARP HEALTHCARE COMMUNITY HEALTH NEEDS ASSESSMENTS SHARP HAS BEEN A LONGTIME PARTINER 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 THA T INCLUDES A BROAD RANSE OF HOSPITALS, HEALTH CARE ORGANIZATIONS AND COMMUNITY AGENCIES TO CONDUCT A TRIENNIAL CHNA THAT IDENTIFIES AND PRIORITIZES HEALTH NEEDS FOR SAN DIEGO COUNT Y (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 INDIV IDUALLY 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 HEAL TH NEEDS FOR COMMUNITY MEMBERS ACROSS THE COUNTY, WITH A SPECIAL FOCUS ON VULNERABLE POPUL ATIONS FURTHER, THE PROCESS SEEKS TO HIGHLIGHT HEALTH NEEDS THAT HOSPITALS COULD IMPACT THROUGH PROGRAMS, SERVICES AND COLLABORATION FOR THE 2016 CHNA PROCESS, SHARP ACTIVELY PAR TICIPATED IN A COLLABORATIVE CHNA EFFORT LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTES (HASDAIC) AND IN CONTRACT WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) THE PROCESS AND FINDINGS OF THE COLLABORATIVE HASDAIC 2016 CHNA SIGNIFICANTLY INFORMED THE PROCESS AND FINDINGS OF SHARPS INDIVIDUAL HOSPITAL CHNAS, SHARP ANALYZED HOSPITAL-SPECIFIC DATA AND CONTRACTE DEPARATELY WITH 1PH TO CONDUCT COMMUNITY BENGAGEMENT ACTIVITIES EXPRESSLY FOR THE PATIENTS AND COMMUNITY MEMBERS IT SERVES IN ACCORDANCE WITH FEDERAL REGULATIONS, THE SHARP MEMORIAL HOSPITAL CHNAS, SHARPE AND YED INDIVIDUAL HOSPITAL CHNAS, SHARP ANALYZED HOSPITAL-SPECIFIC DATA AND CONTRACTED SEPARATELY WITH 1PH TO CONDUCT COMMUNITY BENGERS FOR COMMUNITIES EXPRESSLY FOR THE PATIENTS AND COMMUNITY MEMBERS IT SERVES IN EXCENSIVE HER PROCESSES AND FINDINGS FOR

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ITY MEDICAL CENTER * UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH CHNA OBJECTIVES IN RESPONS E TO COMMUNITY FEEDBACK ON THE 2013 CHNA PROCESS AND FINDINGS, AND IN RECOGNITION OF THE C HALLENGES THAT HEALTH PROVIDERS, COMMUNITY ORGANIZATIONS AND RESIDENTS FACE IN THEIR EFFOR TS TO PREVENT, DIAGNOSE AND MANAGE CHRONIC CONDITIONS, THE HASD&IC 2016 CHNA PROCESS FOCUS ED 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 * ACUTE RESPIRATORY INFECTIONS * ASTHIMA * BACK PAIN * BREAST CANCER * CARDIOVASCULAR DISEAS E * 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 SHARPS 2013 CHNA PROCESS AND FINDINGS WERE SIGNIFICANTLY INFORMED BY THE COLLABORATIVE HASD&IC CHNA MODEL CONSEQUENTLY, SHARPS 2016 CHNA PROCESS SOUGHT TO GAIN FURTHER INSIGHT INTO THE NEEDS IDENTIFIED ACROSS ITS DIFFERENT HOSPITALS IN 2013, IN CLUDING (IN ALPHABETICAL ORDER) BEHAVIORAL HEALTH, CANCER, CARDIOVASCULAR DISEASE, TYPE 2 DIABETES, HIGH-RISK PREGNANCY, OBESITY AND SENIOR HEALTH SPECIFIC OBJECTIVES OF SHARPS 2 016 CHNA PROCESS INCLUDED * GATHER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE M OST SIGNIFICANT HEALTH NEEDS IMPACTING COMMUNITY MEMBERS IN SDC, PARTICULARLY SHARP PATIEN TS * CONNECT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DETERMINANTS OF HEALTH (S DOH) TO FURTHER UNDERSTAND THE CHALLENGES THAT COMMUNITY MEMBERS AND SHARP PATIENTS - PART ICULARLY THOSE IN COMMUNITIES OF HIGH NEED - FACE IN THEIR ATTEMPTS TO ACCESS HEALTH CARE AND MAINTAIN HEALTH AND WELL-BEING * IDENTIFIED HEALTH NEEDS WITH A SSOCIATED SOCIAL DETERMINANTS OF HEALTH (S DOH) TO FURTHER UNDERSTAND THE CHALLENGES THAT COMMUNITY MEMBERS AND SHARP PATIENTS - PART ICULARLY THOSE IN COMMUNITIES OF HIGH NEED - FACE IN THEIR ATTEMPTS TO ACCESS THE IDENTIFIED HEALTH CONDITIONS AND HEALTH CHALLENGE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 DEWOGRAPHICS, SOCIOECONOMIC FACTORS, ACCESS TO CARE, HEALTH BEHAVIORS, AND THE PHYSICAL ENVIRONMENT CAN BE FOUND IN THE FULL HASD&IC 2016 CHNA REPORT AT HITP/HASDIC OR G. AS THE STUDY AREA FOR BOTH THE COLLABORATIVE HASD&IC 2016 CHNA REPORT AT HITP/HASDIC OR G. AS THE STUDY AREA FOR BOTH THE COLLABORATIVE HASD&IC 2016 AND SHARP 2016 CHNAS COVER SD. C. THE HASD&IC 2016 CHNA PROCESS AND FINDINGS SIGNIFICANTLY INFORMED SHARPS CHNAS FOR COMPLETE DETAILS ON THE HASD&IC 2016 CHNA PROCESS, PLEASE VISIT THE HASD&IC 2016 CHNA PROCESS, PLEASE VISIT THE HASD&IC WEBSITE OR CONTACT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LIND SSY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT HIS PROCESS, PLEASE VISIT THE HASD&IC AND SHARP SCHOOL AND SHAPP SCHOOL AND SHAPP SCHOOL AND SHAPP SCHOOL AND SHAPP SCHOOL AND SCHOO

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 PARTNER DISCUSSION PARTICIPA NTS * 91 HHSA 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 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 NEED SO FHIGHLY VULNIERABLE PATIENTS AND COMMUNITY MEMBERS IN ADDITION, SHARP CONDUCTED SPECI FIC OUTREACH TO COMMUNITY PROMOTERS, AND MEMBERS OF ARAPPS PATIENT FAMILY ADVISORY COUNCILS - COMMUNITY MEMBERS WHO ARE ALSO CURRENT OR FORMER SHARP PATIENTS MORE THAN 40 SHARP P ROVIDERS AND NEARLY 150 SHARP PATIENTS OR COMMUNITY MEMBERS WERE REACHED THROUGH THESE ENG AGEMENT EFFORTS FINDINGS THE COLLABORATIVE HASD&IC 2016 CHNA PRIORITIZED THE TOP HEALTH NEED FOR SOCTHROUGH APPLICATION OF THE FOLLOWING FIVE CRITERIA 1 MAGNITUDE OR PREVALENCE 2 SEVERITY 3 HEALTH DISPARTIES 4 TRENDS 5 COMMUNITY CONCERN USING THESE CRITERIA, I PH CREATED A SUMMARY MATRIX FOR REVIEW BY THE CHNA COMMITTEE AS A RESULT, THE CHNA COMMITTEE DENTIFIED BHAVIORAL HEALTH A FILE DAS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORITY AREAS D UE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA SOURCES AND IN RECOGNITION OF THE COMPLEXITIES WITHIN EACH HALTH, HEED S IDENTIFIED BOR SHARP (BEHAVIORAL HEALTH, CARDIOV A SCULAR, TYPE 2 DIABETES, AND OBESITY) IN ADDITION, FINDINGS FROM SHARPS 2016 CHNAS CONDESS TON IN

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 NE EDS IDENTIFIED IN SHARPS 2016 CHNA ARE DETAILED IN SHARPS FY 2017 - FY 2020 IMPLEMENTATI ON PLANS, WHICH ARE PUBLICLY AVAILABLE ONLINE AT HITTP //WWW SHARP COMABOUT/COMMUNITY/HEAL TH-NEEDS-ASSESMENTS CFM THE FINDINGS OF SHARPS 2016 CHNAS HELP INFORM THE PROGRAMS AND SERVICES PROVIDED TO IMPROVE THE HEALTH OF ITS COMMUNITY MEMBERS AND ARE A CRITICAL COMPON ENT OF SHARPS COMMUNITY BENEFIT REPORT PROCESS, OUTLINED BELOW STEPS COMPLETED TO PREPAR E SHARPS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FO LLOWING STEPS IN THE PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN THE PREPARATION OF ITS COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN THE PREPARATION OF ITS COMMUNITY BENEFIT REPORT OF THE ENTITY CHNA AND EVALU ATION OF THE ENTITY'S SERVICE AREA AND EXPERTISESERVICES PROVIDED TO THE COMMUNITY 'VERIFIES THE NECESSITY FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS AND/OR ADDS NEWLY ID ENTIFIED COMMUNITY NEEDS * REPORTS ON ACTIVITIES CONDUCTED IN THE PRIOR FISCAL YEAR - FY 2 016 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCOMING FISCAL YEAR, INCLUDING SPECIFI C STEPS TO BE UNDERTAKEN - FY 2017 PLAN 'REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF CO MMUNITY 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 HOSPITA L BOARDS OF DIRECTORS, HIGHLIGHTING ACTIVITIES PROVIDED IN THE PRIOR FISCAL YEAR - MIPLEMENT COMMUNITY BENEFIT ACTIVITIES IDENTIFIED FOR THE UPCOMING FISCAL YEAR ONGOING COMMITMENT TO COLLABOR ATION UNDERSCORING SHARPS ONGOING COMMITMENT TO COLLABORATION IN ORDER TO ADDRESS

${\bf 990 \; Schedule \; O, \; Supplemental \; Information } \\$

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	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 AND CHARPETICALLY YEAR 2016 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY '2-1-1 SAN DIEGO BOARD'A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALING) *ADULT PROT ECTIVE SERVICES *AGING AND DISABILITY RESOURCE CONNECTION *A CAING 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 COLLEGES OF NURSING *AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, SAN DIEGO CHAPTER *AMERICAN CANCER SOCIETY *AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) *AMERICAN DIABETES ASSOCIATION OF AMERICAN HONDATION FOR SUICIDE PREVENTION *AMERICAN HEART ASSOCIATION *AMERICAN HONDATION *AMERICAN HEART ASSOCIATION *AMERICAN PORTION *AMERICAN PARKINSON DISEASE ASSOCIATION OF AMERICAN PARKINSON DISEASE ASSOCIATION *AMERICAN PARKINSON DISEASE ASSOCIATION *AMERICAN PARKINSON DISEASE ASSOCIATION OF AMERICAN *AMERICAN PARKINSON DISEASE ASSOCIATION OF ALAIDARIA *AMERICAN PARKINSON DISEASE ASSOCIATION OF ALAIDAR *AMERICAN

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	IDE 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 & REC REATION * THERAPEUTIC RECREATION SERVICES DISABLED SERVICES AD VISORY COUNCIL * COMMUNITY CENTER FOR THE BLIND AND VISUALLY IMPAIRED * COMMUNITY BMERGENCY RESPONSE TEAM * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO * CORONADO FIRE DEPARTIMENT * 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 MINUTECLINGS * CYCLE EASTLAKE * DOWNTOWN SA N DIEGO PARTINERSHIP * EAST COUNTY ACTION NETWORK * EAST COUNTY SENIOR SERVICE PROVIDERS * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYER ASSISTANCE PROFESSIONALS ASSOCIATION * EMSTA COLLEGE * FAMILY HEALTH CENTERS OF SAN DIEGO * FEEDING SAN DIEGO * GRAY AND MARY WEST SENIOR WELLNESS CENTER * GIRL SCOUTS SAN DIEGO * GIRLS WITH GOALS * GREATER SAN DIEGO EAST COUNTY ADVISORY BOARD * GROSSMONT COLLEGE * GROSSMONT HEALTH COCUPATIONS CENTER * GROSSMONT HEALTH CARE DISTRICT * GROSSMONT MINIOR LLC BOARD * GROSSMONT UNION HICH SCHO OL DISTRICT * HEALTH CARE COMMUNICATORS BOARD * HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM * HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHINC) * HELEN WOODWARD ANIMAL CENTER * HOME START, INC * HOSPITAL ASSOCIATION OF SAN DIEGO * DIEGO AND IMPERIAL COUNTIES (HASD&IC) * HAS D&IC COMMUNITY HEALTH CENTERS SENSENT ADVISORY GROUP * HSHINC BOARD * HUNGER ADVOCACY NETW ORK * ILOVE A CLEAN SAN DIEGO * INNER CITY ACTION NETWORK * INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS * THE JACOBS & CUSHMAN SAN DIEGO ON BANK * KIWANIS CLUB OF CHULA VISTA * LA MAESTRA COMMUNITY HEALTH CENTERS * LA MESA LIONS CLUB * LA MESA PARK A ND RECREATION FOUNDATION BOARD * LAS DANGE ON THE HEADS ASSESSMENT ADDITION LAS PATRONAS * LAS PRIMERAS * LIFE ROLLS ON FOUNDATION * LIGHTBRIDGE HOSPICE COMMUNITY FOUNDATI

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	E*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 * S AN DIEGO COUNTY CVILLANMILITARY LIAISON WORK GROUP * SAN DIEGO COUNTY COALITION FOR IMPR OVING END-OF-LIFE CARE * SAN DIEGO COUNTY COUNCIL ON AGING * SAN DIEGO COUNTY EMERGENCY ME DICAL 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 STROKE CONSORTIUM * SAN DIEGO COUNTY SUICIDE PREVENT ION 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 DIETETIC ASSOCIATION 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 HEALTH-CARE DISASTER COALITION * SAN DIEGO HISTORY PROJECT COMMITTEE * SAN DIEGO HOUSING COMMISSION * SAN DIEGO HUMANE SOCIETY * SAN DIEGO HUNGER COALITION * SAN DIEGO INSTRUCT SAN DIEGO HEALTH COALITION * SAN DIEGO HEALTH COMMITTEE * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO MESA COLLEGE * SAN DIEGO OMESA COLLEGE ADVISORY BOARD * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO MESA COLLEGE * SAN DIEGO OMESA COLLEGE ADVISORY BOARD * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO OMESA COLLEGE ADVISORY BOARD * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE ADVISORY BOARD * SAN DIEGO MENTAL HEALT

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	* SAN DIEGO REGIONAL CHAMBER OF COMMERCE * SAN DIEGO REGIONAL HOME CARE COUNCIL * SAN DIEGO RESCUE MISSION * SAN DIEGO RIVER PARK FOUNDATION * SAN DIEGO STATE UNIVERSITY * SAN DIEGO WORKFORCE PARTNERSHIP * 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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Related Organizations and Unrelated Partnerships

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

DLN: 93493214003197 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Attach to Form 990.

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

Inspection

Name of the organization SHARP HEALTHCARE FOUNDATION		dentification number					
Part I Identification of Disregarded Entities Con	mplete if the organization	answered "Yes" o	n Form 990, Part	95-34924 IV, line 33.	.01		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga		ne organization an	swered "Yes" on	Form 990, Pa	rt IV, line 34 because it h	nad one	e
or more related tax-exempt organizations durin (a) Name, address, and EIN of related organization	ng the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta	atus Direct controlling entity	Section (13) co enti	
(1)SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	HEALTHCARE ORGANIZATION	СА	501(C)(3)	LINE 3	N/A	Yes	No No
95-6077327 (2)SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SAN DIEGO, CA 921231489 95-3782169 (3)GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	_
SAN DIEGO, CA 921231489 33-0449527 (4)SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	_
SAN DIEGO, CA 921231489 95-2367304 (5)SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	_
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579							
(6)SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
33-0519730 (7)GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD	HOSPITAL FOUNDATION	CA	501(C)(3)	LINE 7	GROSSMONT HOSPITAL CORPORATION	Yes	\vdash
SAN DIEGO, CA 921231489 33-0124488						<u></u>	

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Pa	art 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	unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging	(k) Percentag ownershi
				sections 512- 514)			Yes	No		Yes	No	
Part TV Identification of Related Organizations Taxab												

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.

	(1-)	T (-)	(4)	(-)	(6)	(-)	/L\	1	
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of end-of-	(h) Percentage	Section) 1 512
related organization	, asame,	domicile	entity	(C corp, S corp,	income	year	ownership	(b)(:	13)
		(state or foreign				assets		contro	olled
		country)		or trust)				entit	
								Yes	No
CONTINUOUS QUALITY (1)INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	N/A	C					No
23 LIME TREE BAY AVENUE PO BOX 1 GRAND CAYMAN CJ									
C									
CHARITABLE REMAINDER (2)TRUST (23)	PROGRAM SUPPORT	CA		Т					No
-									
-									
-									

Part V	Transactions With Related Organization	s Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36	5.

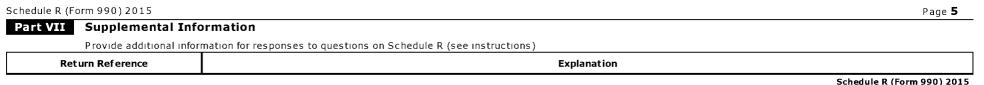
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			ı
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	ı
c	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		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
				l
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
•		1m	1 !	No
	Trenominate of services of membership of fundations by related organization(3).			NU
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		<u> </u>
0	Sharing of paid employees with related organization(s)	10	Yes	
				—
		1 p	Yes	-
q	Reimbursement paid by related organization(s) for expenses	1q		No
				—
		1r	Yes	.
S	Other transfer of cash or property from related organization(s)	1 s	لـــــا	No
	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			
	(5)	—		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SHARP MEMORIAL HOSPITAL	В	2,398,053	ACCRUAL BASIS
(2)SHARP MEMORIAL HOSPITAL	С	101,055	ACCRUAL BASIS
(3)SHARP CHULA VISTA MEDICAL CENTER	В	2,950,196	ACCRUAL BASIS
(4)SHARP CHULA VISTA MEDICAL CENTER	С	508,900	ACCRUAL BASIS
(5)SHARP HEALTH PLAN	В	1,200,000	ACCRUAL BASIS

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

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

revenue) that was not a related organization See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>



Software ID: Software Version:

EIN: 95-3492461

Name: SHARP HEALTHCARE FOUNDATION

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	Section (b)(contraction entited)	n 512 13) folled ity?
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A	Yes	No No
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	СА	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(C)(3)	LINE 7	GROSSMONT HOSPITAL CORPORATION	Yes	